



職業健康服務國際研討會

International Conference on Occupational Health Services

會議手冊

講義資料僅限本次會議使用



日期：2014年04月26-27日

地點：行政院新莊聯合辦公大樓B1國際會議廳

主辦單位：勞動部職業安全衛生署

執行單位：職業傷病管理服務中心、九大職業傷病防治中心、
中華民國環境職業醫學會



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International Conference on Occupational Health Services

職業健康服務國際研討會議程表

April 26, 2014 (Saturday)

| | | |
|-------------|--------------------------------------|--|
| 09:30~10:00 | Registration | |
| 10:00~10:30 | Opening Ceremony | |
| 10:40~11:15 | Location: B101 | Japanese History on policy in occupational health 日本職業健康政策與應用 Dr. Seichi HORIE |
| | Chair and Discussant | |
| 11:15~11:50 | 主持人： Dr. Jiin-Chyuan LUO 羅錦泉醫師 | Korean experience on occupational health services 韓國職業健康服務之經驗 Dr. Eun-A KIM |
| 11:50~13:10 | Lunch Break | |
| 13:10~13:45 | Location: B101 | Activities of full- and part-time occupational physicians in Japan 日本職業醫學醫師(全職與兼職)角色與功能 Dr. Masayuki IKEDA |
| | Chair and Discussant | |
| 13:45~14:20 | 主持人： Dr. Yue-Leon GUO 郭育良醫師 | Occupational Safety and Health Act-- opening new era for Worker's Health Policy in Taiwan 職業安全衛生法 --我國勞工健康政策邁入新紀元 Director-general Fuh , Hwan-Ran 傅選然署長 |
| 14:20~14:40 | Coffee Break | |
| 14:40~15:15 | Location: B101 | Occupational health service at hospitals 醫療院所之臨廠健康服務實務 Dr. Ching-Chun HUANG 黃敬淳醫師 |
| | Chair and Discussant | |
| 15:15~15:50 | 主持人： Dr. Jou-Fang DENG 鄧昭芳醫師 | Health effects of Day-and-Night rotating shift work: The Taiwan Experience 日夜輪班之健康影響：台灣經驗 Dr. Yu-Cheng LIN 林育正醫師 |
| 15:50~16:25 | Location: B101 | Occupational health services at CSC 職場健康服務實務—以中鋼為例 Dr. Kuan-Chun LIU 劉冠群醫師 |
| | Chair and Discussant | |
| 16:25~17:00 | 主持人： Dr. Tsun-Jen CHENG 鄭尊仁醫師 | Occupational health services: Practical approaches in Southern Taiwan 職場健康服務實務—以南臺灣為例 Dr. Mei-Chu YEN JEAN 顏簡美珠醫師 |
| 17:15 | 接駁車搭車地點：綠廊(榮華路)外側往台北車站 | |

April 27, 2014 (Sunday)

| | | | | | |
|-------------|--|------|---|------|------|
| 09:30~10:00 | Location: B101 | | Re-emergence of old workplace hazards 重新崛起的古老職場危害 Dr. Malcolm SIM | | |
| 10:00~10:30 | Chair and Discussant 主持人： Dr. How-Ran GUO 郭浩然醫師 | | Types of organic solvents used in industries and research institutions in Japan 日本有機溶劑在不同機構之應用與管理 Dr. Masayuki IKEDA | | |
| 10:30~10:45 | Coffee Break | | | | |
| 10:45~11:15 | Location: B101 | | Occupational Diseases Compensation System of Korea, recent change 韓國近期職業疾病補償系統之變革 Dr. Eun-A KIM | | |
| 11:15~11:45 | Chair and Discussant 主持人： Dr. Jung-Der WANG 王榮德醫師 | | Recent amendments in legislations of occupational health in Japan 日本近期職業衛生法修訂之方向 Dr. Seichi HORIE | | |
| 11:45~12:15 | | | The Australian experience on occupational health services 澳洲職業健康服務之經驗 Dr. Malcolm SIM | | |
| 12:15~13:40 | Lunch Break | | | | |
| 13:40~15:00 | B101 | 1006 | 1008 | 1009 | 1012 |
| | 職業健康服務 綜合論壇 | 心理健康 | 職業醫學論文 口頭報告 | 勞動法學 | 馬兜鈴酸 |
| 15:00~15:20 | Coffee Break and Poster Session (綠廊一樓海報區) | | | | |
| 15:20~16:40 | 勞工特殊作業 | 復工經驗 | 職業毒物 | 勞動法學 | 職業癌症 |
| 16:50 | 接駁車搭車地點：綠廊(榮華路)外側往台北車站 | | | | |

為響應環保，本次會議僅提供講者講題摘要紙本，講者演講簡報檔內容將在取得講者同意後，上傳至(<http://www.tmsc.tw/>)，請有需要的貴賓自行下載，如造成不便，尚祈海涵。

Afternoon Session, April 27, 2014 (Sunday)

地點：B101

| 題目 | 時間 | 演講人(與談人)及講題 | 主持人 |
|--------------------|-------------|--|-------|
| 職業健康 服務 綜合論壇 | 13:40-15:00 | 陳秋蓉副署長 (勞動部職安署) 郭育良教授 (臺大職業醫學與工業衛生研究所) 許繼峰教授 (中正大學勞工關係學系) 張哲豪教授 (成大物理治療系) 張 彧教授 (臺大職能治療系) 賀光卍先生 (社團法人中華民國工作傷害受害人協會) | 傅還然署長 |
| 勞工特殊 作業 | 15:20-16:40 | 林育正醫師 (恩主公醫院職業醫學科) 無機汞—健康危害與管理分級說明 | 陳仲達醫師 |
| | | 謝蕙宜醫師 (國泰醫院職業醫學科) 有機汞—健康危害與管理分級說明 | |

地點：1006

| 題目 | 時間 | 演講人及講題 | 主持人 |
|------|-------------|---|-------|
| 心理健康 | 13:40-15:00 | 職場性騷擾防治探討 林瑜茵醫師 (高醫環職醫學科) | 郭浩然醫師 |
| | | Predictors For Progression Of Sleep-disordered Breathing In Taiwan Public Transport Drivers: A 3-year Follow-up Study 林政佑醫師 (台南醫院耳鼻喉科) | |
| | | 職業傷病門診勞工心理諮商服務與初步分析：以醫學中 心為例 杜宗禮醫師 (臺大環職部) | |
| 復工經驗 | 15:20-16:40 | 復工—醫師的角色與職責 梁蕙雯醫師 (臺大醫院復健科) | 羅錦泉醫師 |
| | | 復工實務中廠護的角色與權責 莊雅婷副理 (群創光電台灣環安處健康管理部) | |
| | | 復工實務中工作強化的功能與成效 陳月霞老師 (林口長庚職業災害重建中心) | |

地點：1008

| 題目 | 時間 | 演講人及講題 | 主持人 |
|--------------------|---------------------------------|---|----------------|
| 職業醫學 論文口頭 報告 | 13:40~15:00 (每位講者約 8分鐘時間) | 一個聽力損失的病患兼具噪音暴露及血鉛上升 何國榮(高醫附醫環職醫學科) | 朱柏青醫師 |
| | | 奈米氧化鋅微粒在小鼠氣喘模式中誘發嗜伊紅性呼吸道發炎反應 ZINC OXIDE NANOPARTICLES (ZNONP) INDUCE EOSINOPHILIC AIRWAY INFLAMMATION IN BALB/C MICE 黃國良(慈濟胸腔內科) | |
| | | 修車工人苯暴露與白血病一個案討論與文獻回顧 簡玉雯(成大環職醫學部) | |
| | | 檳榔包裝從業者手部接觸性皮膚炎之相關性探討 Contact dermatitis among Betel quid assemblers 林淑娟(成功大學工業衛生與環境醫學研究所) | |
| | | Association between Serum Trace Elements and Renal Toxicology in Elderly Diabetic Patients: A Cross-Sectional Study In Taiwan 林健良(高醫公衛職安所/屏東基督教醫院) | |
| | | 航空地勤業勞工工作環境與肌肉骨骼不適之調查報告 翁茂中(中山醫附醫職醫科) | |
| | | 某光電廠「目檢站」員工之健康評估 - BOHS 經驗 HEALTH ASSESSMENT FOR VISUAL INSPECTION STATION WORKERS OF A PHOTONICS ENTERPRISE-BOHS EXPERIENCE 吳雪菁(新生醫護管理專科學校護理科講師暨台灣大學護理學研究所) | |
| | | 男性成人鄰苯二甲酸酯暴露對芳香轉化酶影響之探討 連柏鈞(成大環醫所) | |
| 職業毒物 | 15:20-15:30 | 概論局限空間及溫泉硫化氫中毒 楊振昌醫師 (臺北榮總臨床毒物與職業醫學科) | 鄧昭芳醫師 楊振昌醫師 |
| | 15:30-15:40 | 罕見硫化氫中毒事件 吳明玲醫師 (臺北榮總臨床毒物與職業醫學科) | |
| | 15:40-15:55 | 硫化氫中毒的治療及緊急應變 洪東榮醫師 (中國醫藥大學附設醫院臨床毒物科) | |
| | 15:55-16:10 | 新興溶劑溴丙烷中毒事件報告 王德皓醫師 (臺北榮總臨床毒物與職業醫學科) | |
| | 16:10-16:25 | 溴丙烷中毒之環境暨生物偵測 林澤聖教授 (國立聯合大學環境與安全衛生工程學系) | |
| | 16:25-16:40 | 處理非預期溶劑中毒之挑戰 鄧昭芳醫師 (臺北榮總臨床毒物與職業醫學科) | |

地點：1009

| 題目 | 時間 | 演講人及講題 | 主持人 |
|-------------|-------------|--|------------------|
| 勞動法學 | 13:40-15:00 | 由臺灣高等法院民事判決 100 年度重勞上更(三)字第 1 號 談勞工的特別休假權 王德皓醫師(北榮臨床毒物與職業醫學科) | 趙坤郁醫師 徐婉寧助理教授 |
| | | 職災判斷基準—法院判決之研究 何國榮醫師(高醫附醫職業及環境醫學科) | |
| | | 板機指—臺灣臺北地方法院 100 年度勞訴字第 278 號民 事判決評釋 簡玉雯醫師(成大職業與環境醫學部) | |
| | | 環境汙染—高雄高等行政法院 94 年度簡字第 193 號簡易 判決 羅崇庭醫師(高雄醫學大學附屬中和紀念醫院) | |
| | | 信賴利益—臺灣高等法院 88 年勞上字第 50 號民事判例 評釋 李惠珍醫師(北榮臨床毒物與職業醫學科) | |
| 15:20-16:40 | 15:20-16:40 | 出借名義投標與承攬責任 林純吉醫師(國立陽明大學附設醫院) | 黃百榮醫師 劉士豪教授 |
| | | 不平之鳴-臺北高等行政法院 102 年訴字第 1635 號判決簡 評 黃靖雅醫師(北榮臨床毒物與職業醫學科) | |
| | | 外勞薪資 DISPUTE ON COMPENSATION OF FOREIGN LABOR'S SALARY IN LEGAL PROCEEDING FOR REPARATION IN A CASE OF OCCUPATIONAL INJURY 顏簡美珠醫師(義大職業醫學科) | |
| | | 「醫師也會過勞」—臺灣臺南地方法院 100 年度勞訴字 第 46 號民事判決 醫師與醫院之雇傭關係與職業災害保 護法之適用對象範圍 陳志瑜醫師(台大環職醫學部) | |

地點：1012

| 題目 | 時間 | 演講人及講題 | 主持人 |
|------|-------------|---|-------|
| 馬兜鈴酸 | 13:40-15:00 | 中藥行勞工因馬兜鈴酸導致腎衰竭與癌症 楊孝友醫師(花蓮慈濟醫院職業醫學科) | 王榮德教授 |
| | | 泌尿上皮癌在洗腎患者的風險與馬兜鈴酸的關聯 王碩盟醫師(臺大醫院泌尿科) | |
| 職業癌症 | 15:20-16:40 | Causal determination in occupational cancers 郭育良教授(臺大職業醫學與工業衛生研究所) | |
| | | 職業性癌症之認定與實例 李俊賢醫師(國家衛生研究院主治醫師) | |

Chair and Discussant 主持人

| | |
|---|---|
| Dr. Jiin-Chyuan LUO 羅錦泉醫師 | 財團法人林口長庚紀念醫院職業傷病防治中心 主持人 Director, Center for Prevention and Treatment of Occupational Injury and Disease in Linkou Chang Gung Memorial Hospital 中華民國環境職業醫學會 理事長 Chief of Taiwan Environmental and Occupational Medicine Association |
| Dr. Yue-Leon GUO 郭育良醫師 | 臺大醫院環境職業醫學部 主治醫師 臺大職業醫學與工業衛生研究所 教授 Professor, Institute of Occupational Medicine and Industrial Hygiene, College of Public Health, NTU |
| Dr. Jou-Fang DENG 鄧昭芳醫師 | 台北榮民總醫院內科部臨床毒物科主任 國立陽明大學內科副教授 Director, National Poison Center at Taipei Veterans General Hospital |
| Dr. Tsun-Jen CHENG 鄭尊仁醫師 | 臺大職業醫學與工業衛生研究所 教授 Professor, Institute of Occupational Medicine and Industrial Hygiene, College of Public Health, NTU |
| Dr. How-Ran GUO 郭浩然醫師 | 成功大學工業衛生學科暨環境醫學研究所所長 Director, Department of Environmental and Occupational Health, College of Medicine, National Cheng Kung University |
| Dr. Jung-Der WANG 王榮德醫師 | 成功大學公共衛生學系講座教授 Chair Professor, Department of Public Health, National Cheng Kung University College of Medicine |
| Director-general Fuh , Hwan-Ran 傅還然署長 | 勞動部職業安全衛生署署長 Director-general, Occupational Safety and Health Administration, OSHA |
| 陳仲達醫師 | 新光吳火獅紀念醫院職業醫學科主任 |
| 朱柏青醫師 | 臺大醫院環境職業醫學部 主治醫師 中華民國環境職業醫學會 秘書長 |
| 楊振昌醫師 | 陽明大學環境與職業衛生研究所教授 |
| 趙坤郁醫師 | 前國民健康局副局長 |
| 徐婉寧助理教授 | 政治大學法律系助理教授 |
| 黃百榮醫師 | 臺北醫學大學附設醫院主治醫師 市立萬芳醫院主治醫師 |
| 劉士豪教授 | 銘傳大學財經法律系教授 |

(依照演講順序排序)

講者簡介

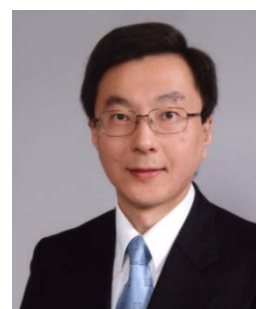
**CV overview
(in order of
appearance)**

CURRICULUM VITAE

Dr. Seichi HORIE

Professor and Director

Department of Health Policy and Management,
Institute of Industrial Ecological Sciences,
University of Occupational and Environmental Health,
Japan (UOEH)



Education:

- | | | |
|------|---------------------------------------|---|
| 1986 | School of Medicine(MD) | University of Occupational and Environmental Health (Japan) |
| 1993 | MPH. in Environmental Health Sciences | School of Public Health, University of California at Berkeley |
| 2002 | Ph.D. in Medicine | University of Occupational and Environmental Health (Japan) |

Experiences:

- | | |
|-------------------------|--|
| 2010- | Director, Institute of Industrial Ecological Sciences (IIES), UOEH |
| 2003- | Professor, Department of Health Policy and Management, IIES, UOEH |
| 2001- 3 | Associate Professor, Department of Health Policy and Management, IIES, UOEH |
| 1997- 2001 | General Manager, Center for Occupational Health at Keihin, NKK Corporation, Japan |
| 1991- 3 | Medical Resident in Occupational Medicine, School of Medicine, University of California at San Francisco |
| 1989- 91 and 1993- 2001 | Occupational Physician, Keihin Steel Works, NKK Corporation, Japan |

Licenses and certificates:

- | | |
|------|---|
| 1999 | Senior Certified Occupational Health physician, Japan Society of Occupational Health |
| 1994 | Industrial Health Consultant, Ministry of Health, Labour, and Welfare, Japan |
| 1994 | Certified Occupational Health physician, Japan Society of Occupational Health |
| 1990 | ECFMG Certificate valid indefinitely, Educational Commission for Foreign Medical Graduate, U.S.A. |

Professional Activities at present:

- National Secretary of Japan, International Commission on Occupational Health
- Board member of Japan Society of Occupational Health (JSOH)
- Member of Committee of Occupational Health, Japan Medical Association (JMA)
- Member of American College of Occupational and Environmental Medicine (ACOEM)
- Member of American Conference of Governmental Industrial Hygienists (ACGIH)

CURRICULUM VITAE

Dr. Eun-A KIM

Director of Department of Occupational Health Research,
OSHRI, KOSHA



Education:

- | | | |
|---------|--|-----------------------------------|
| 2001-3 | Ph.D in Preventive Medicine (Major Title of Thesis : Monitoring of Polycyclic Aromatic Hydrocarbons and the metabolites in Workers using Coal tar Paints) | Inje University, Pusan, Korea |
| 1995- 8 | MPH in Occupational Medicine (Title of Thesis : Application of Profile of Mood States (POMS) in Manganese exposed workers) | Catholic University, Seoul, Korea |

Experiences:

- | | |
|-----------|---|
| 2008 | Team leader for Epidemiologic Investigation Team, Center for Occupational Disease Research (CODR), Occupational Safety & Health Research Institute (OSHRI), Korea Occupational Safety and Health Agency (KOSHA) |
| 2004-7 | Senior Researcher, CODR, OSHR, KOSHA |
| 2004 | Hazard Evaluation and Technical Assistance Branch (HETAB), NIOSH, CDC, US. as Visiting Scientist |
| 2000-3 | Senior Researcher, Team for Occupational Epidemiology & Surveillance, OSHRI, KOSHA |
| 1998-2000 | Fellowship Researcher, CODR, OSHRI, KOSHA |

Board certification:

- | | |
|-----------------------|-------------|
| Occupational Medicine | 1999, Korea |
| Preventive Medicine | 1998, Korea |
| Medical Doctor | 1992, Korea |

CURRICULUM VITAE

Dr. Masayuki IKEDA

Kyoto Industrial Health Association, Kyoto, Japan



Education:

| | | |
|---------|--|--|
| 1951-3 | Undergraduate education | Kyoto University Faculty of Science, Kyoto, Japan |
| 1953-7 | Undergraduate education (M.D. awarded in 1957) | Kyoto University Faculty of Medicine, Kyoto, Japan |
| 1957-8 | Internship (clinical license awarded in 1958) | Wakayama Red Cross Hospital, Wakayama, Japan |
| 1958-60 | Postgraduate education | Kyoto University Faculty of Medicine, Kyoto, Japan |

Research appointments, teaching experiences, and others:

| | |
|-----------|---|
| 1962-73 | Lecturer, the Department of Public Health, Kyoto University Faculty of Medicine, Kyoto, Japan (Ph.D. awarded in 1963) |
| 1964-5 | Postdoctoral Fellow, Laboratory of Clinical Biochemistry (Chief; Professor S. Udenfriend), National Heart Institute, NIH, Bethesda MD, U.S.A. |
| 1965-6 | Postdoctoral Fellow, Albert Einstein College of Medicine (the Welcome Research Laboratories: Chief; Dr. J.J. Burns), New York, NY, U.S.A. |
| 1966 | Postdoctoral Fellow, Physiological Chemistry Institute (Chief; Professor Hj. Staudinger), Justus-Liebig University, Giessen, F.R. Germany |
| 1973-4 | Associate Professor, the Department of Public Health, Kyoto University Faculty of Medicine, Kyoto, Japan |
| 1974-88 | Professor of Environmental Health, Tohoku University School of Medicine, Sendai, Japan (Professor Emeritus awarded in 1989) |
| 1988-96 | Professor of Public Health, Kyoto University Faculty of Medicine, Kyoto, Japan (Retired in 1996; Professor Emeritus awarded in 1997) |
| 1996-2010 | Director (Head of Research Section), Kyoto Industrial Health Association, Kyoto, Japan |
| 2010-2 | Consultant (Head of Research Section), Kyoto Industrial Health Association, Kyoto, Japan |

Major fields of scientific interest:

Occupational and environmental health, particularly in biological monitoring of occupational exposure to organic solvents and other low molecular weight industrial chemicals, and of general population exposure to cadmium, lead and other metals

Publications:

450 articles in English (2 articles in press and 3 articles in submission, in addition), and 162 articles in Japanese

Memberships and offices in professional societies:

Japan Society of Occupational Health

Japan Society for Hygiene

International Commission on Occupational Health (ICOH)

Chairman, ICOH Scientific Committee on Occupational Toxicology (SCOT)
(1991-1996; retired)

Biological Exposure Index Committee, American Conference of Governmental
Industrial Hygienists (Retired)

Editorial Board, International Archives of Occupational and Environmental Health

Editorial Board, Toxicology Letters

Awards:

1988 Prize of Occupational Health, from the Ministry of Labor, the Government of
Japan

1996 Prize of Environmental Protection, from the Environment Agency, the
Government of Japan

1997 Prize of Public Health, from the Ministry of Health and Welfare, the
Government of Japan and the Dai-ichi Health Insurance Company

2002 Prize, from the Japan Society of Occupational Health

2006 Prize of Environmental Health, from Hitachi Environment Foundation

2006 Prize, from the Ministry of Health, Labor and Welfare, the Government of
Japan

2008 William D. Wagner Prize, from American Conference of Governmental
Industrial Hygienists

2012 Medal, from the Government of Japan

CURRICULUM VITAE

Fu Huan-jan 傅還然署長

Chief, Occupational Safety and Health Administration,
OSHA, Taiwan



Education:

Bachelor in Department of Mechanical
Engineering
MSc. in School of Engineering and
Technology

Chung Yuan Christian University

Asian Institute of Technology

Experiences:

Director
處長

Department of Labor Inspection, The Council of Labor Affairs
(CLA), Executive Yuan
行政院勞工委員會勞工檢查處

Director
處長

Department of Occupational Safety and Health, The Council of
Labor Affairs (CLA), Executive Yuan
行政院勞工委員會勞工安全衛生處

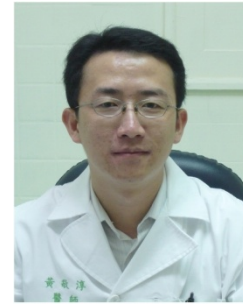
Director-general
署長

Occupational Safety and Health Administration (OSHA),
Ministry of Labor (MOL)
勞動部職業安全衛生署

CURRICULUM VITAE

Dr. Ching-Chun HUANG 黃敬淳

Attending Physician, Department of Environmental and Occupational Medicine, National Taiwan University Hospital, Taiwan



Education:

| | | |
|-----------|---------------------------|--|
| 1999-2006 | Doctor of Medicine 醫學系 | Chun Shan Medical University, School of Medicine 中山醫學大學 Institute of Occupational Medicine and Industrial Hygiene, Institute of Occupational Medicine and Industrial Hygiene, National Taiwan University College of Public Health 國立台灣大學公共衛生學院職業 醫學與工業衛生研究所 |
| 2011- | Ph.D. student 博士班 | |

Experiences:

| | | |
|-----------|--|---|
| 2008-2009 | Residency 住院醫師 | Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan 台大醫院內科部 Environmental and Occupational Medicine, National Taiwan University Hospital, Taipei, Taiwan 台大醫院環境及職業醫學部 |
| 2009-2011 | Residency 住院醫師 | Environmental and Occupational Medicine, National Taiwan University Hospital, Taipei, Taiwan 台大醫院環境及職業醫學部 |
| 2011-2012 | Project Attending Physician 專案主治醫師 | Environmental and Occupational Medicine, National Taiwan University Hospital, Taipei, Taiwan 台大醫院環境及職業醫學部 |
| 2012- | Attending Physician 主治醫師 | Environmental and Occupational Medicine, National Taiwan University Hospital, Taipei, Taiwan 台大醫院環境及職業醫學部 |

Research interest:

- Cardiovascular diseases and occupational drivers (職業駕駛心血管危害)
- The health effects of air pollution (空氣汙染健康效應)
- Application of Geographic Information System (地理資訊系統整合運用)

List of Publications:

Refereed Paper/Conference

1. Practice of basic occupational health services in Taiwan, 30th International Conference of Industrial Hygiene and Occupational Medicine (2010) [**oral**]
2. Wang XH, Huang CC, Lukas Lee JH. Health Effect and Sleep Disorder in Shift Workers. *Medicine Today*, 2012;7:507-513 (In Chinese)
3. Occupational health services ~ experiences from a hospital, 33th International Conference of Industrial Hygiene and Occupational Medicine (2013) [**poster**]
4. Nationwide survey of work stress and health condition in transportation drivers, 33th International Conference of Industrial Hygiene and Occupational Medicine (2013) [**poster**]
5. Lien GW, Huang CC, Wu KY, Chen MH, Lin CY, Chen CY, Hsieh WS, Chen PC. Neonatal-maternal factors and perfluoroalkyl substances in cord blood. *Chemosphere* 2013 Aug; 92(7): 843-850. **PubMed**

Book or Book Chapters

1. Translation: C.C Huang, et al., 「Jonathan Z Li, Holbrook E. Kohr, Aaron B. Caughey , Blueprints Clinical Cases in Medicine, 2e.」, Ho-Chi, 2012.

| Research/project grant | | | |
|--|------------------------------------|------------------|--|
| 計畫名稱 Program | 計畫內擔任的 工作 Task | 起訖年月 Duration | 補助或委託機構 Funding Agent |
| 102 年度北區甲類職業傷病防治中心計畫 Center for prevention and treatment of occupational injury and disease, 2013 | 協同主持人 Co-Project Director | 2013.1-2013.12 | 勞委會 Council of Labor Affair |
| 細懸浮微粒(PM2.5)之心臟血管疾病流行病學調查研究 Epidemiological survey of the PM2.5 on cardiovascular diseases | 協同研究員 Assistant Investigator | 2013.8-2014.8 | 環保署 Environmental Protection Administration |

CURRICULUM VITAE

Dr. Yu-Cheng LIN 林育正

Director, Department of Occupational Medicine
En Chu Kong Hospital, Taiwan



Education:

2008-11 Ph.D. in Occupational Medicine and Industrial Hygiene National Taiwan University College of Public Health

Experiences:

| | | |
|---------|----------------------------------|---|
| 2005-10 | Director 職業醫學科主任 | Department of Occupational Medicine, Tao Yuan General Hospital 署立桃園醫院 |
| 2006- | Adjunct Visiting Staff 兼任主治醫師 | Department Occupational Medicine, Shin Kong Wu Ho-Su Memorial Hospital 新光醫院職業醫學科 |
| 2011- | Assistant Professor 助理教授 | School of Medicine, Fu Jen Catholic University 輔仁大學醫學系 |
| 2011- | Director 主任 | Department of Occupational Medicine, En Chu Kong Hospital 恩主公醫院職業醫學科 |

Research interest:

Workplace Health Management (職場健康管理), Shift Work and Metabolic Syndrome (輪班與代謝症候群), Shift Work and Female Workers' Health (輪班與女性健康)

List of Publications:

1. Work Characteristic and Cardiovascular Disease- hospital based study. Jong-Dar Chen, Yu-Cheng Lin, Shu-Tin Hsiao, Tsun-Jen Cheng. Journal of Occupational Safety and Health 2006, 14:36-47.
2. Sonographic fatty liver and hepatitis B virus carrier status: synergistic effect on liver damage in Taiwanese adults Yu-Cheng Lin, Shu-Tin Hsiao, Jong-Dar Chen World J Gastroenterol 2007 March 28; 13(12): 1804-1809.
3. Job Categories and Acute Ischemic Heart Disease: A Hospital-Based, Case-Control Study in Taiwan. Jong-Dar Chen, Tsun-Jen Cheng, Yu-Cheng Lin, Shu-Tin Hsiao. American Journal of Industrial Medicine. 2007, 50:409-414.
4. Association between Sonographic Fatty Liver and ischemic Electrocardiogram among Non-obese Taiwanese Male Adults. Yu-Cheng Lin, Jong-Dar Chen. Journal of Medical Ultrasound. 2007, 14:58-66

5. Abnormal liver function and central obesity associate with work-related fatigue among the Taiwanese workers. Lin YC, Chen JD, and Chen CJ World J Gastroenterol 2008 Nov 14 (42):6541-5
6. Persistent Rotating Shift-Work Exposure Accelerates Development of Metabolic Syndrome among Middle-Aged Female Employees: A Five-Year Follow-Up. Yu-Cheng Lin; Tun-Jen Hsiao; Pau-Chung Chen Chronobiology International, Volume 26, Issue 4 May 2009 , pages 740 – 755
7. A better parameter in predicting insulin resistance: Obesity plus elevated alanine aminotransferase. Chen PH, Chen JD, Lin YC World J Gastroenterol, 28 November 2009, vol./is. 15/44(5598-603), 1007-9327
8. Shift work aggravates metabolic syndrome development among early-middle-aged males with elevated ALT Yu-Cheng Lin, Tun-Jen Hsiao, and Pau-Chung Chen World J Gastroenterol. 2009 December 7; 15(45): 5654–5661.
9. Obesity and high blood pressure of 12-h night shift female clean-room workers. Jong-Dar Chen, Yu-Cheng Lin, Shu-Tin Hsiao. Chronobiology International, 2010, Vol. 27, No. 2 , Pages 334-344 .
10. Lin YC, Chen JD, Chen PC. Severity of 5-year weight gain is associated with the development of metabolic syndrome among early-middle-aged adults: a follow-up observation. [poster] The 1st International Congress on Abdominal Obesity, Hong Kong, January 28-30, 2010.
11. Worksite Health Screening Programs for Predicting the Development of Metabolic Syndrome in Middle-Aged Employees: a Five-Year Follow-up Study. Yu-Cheng Lin, Jong-Dar Chen, Su-Huey Lo and Pau-Chung Chen BMC Public Health BMC Public Health 2010, 1471-2458-10-747
12. Excessive 5-year weight gain predicts metabolic syndrome development in healthy middle-aged adults. Yu-Cheng Lin, Jong-Dar Chen and Pau-Chung Chen. World J Diabetes 2011; 2(1): 8-15
13. Effect of rotating shift work on childbearing and birth weight: a study of women working in a semiconductor manufacturing factory. Lin YC, Chen MH, Hsieh CJ, Chen PC. World Journal of Pediatrics 2011 May; 7(2): 129-135. **Free Article**
14. Persistent rotating shift work exposure is a tough second hit contributing to abnormal liver function among on-site workers having sonographic fatty liver. Lin YC, Chen PC. Asia-Pacific Journal of Public Health 2012; 24: epub ahead of print. **PubMed**
15. Risk for work-related fatigue among the employees on semiconductor manufacturing lines. Lin YC, Chen YC, Hsieh HI, Chen PC. Asia-Pacific Journal of Public Health 2013; 25: epub ahead of print. **PubMed**
16. Long-term day-and-night rotating shift work poses a barrier to the normalization of alanine transaminase. Lin YC, Hsieh IC, Chen PC. Chronobiology International 2013; epub ahead of print. **PubMed**

CURRICULUM VITAE

Dr. Kuan-Chun LIU 劉冠群

Director, China Steel Corporation (CSC) clinic, Taiwan
中鋼員工診所主任



Education:

1986-93 Doctor of Medicine 醫學系 Kaohsiung Medical University,
Taiwan 高雄醫學大學

Experiences:

1995-2000 Resident and fellow GI surgery, Kaohsiung Medical University
Chung-Ho Memorial Hospital (KMUH) 高雄
醫學大學附設中和紀念醫院

2000-2 Staff of Emergency Room Kaohsiung Municipal Hsiao-Kang Hospital 高
雄市立小港醫院

2002- Director China Steel Corporation (CSC) clinic

Conference Presentation:

1. Kuan-Chun Liu, Fang-Ming Chen, Zhao-Yuan Wang, Zong-Ren Huang;
“Gastrointestinal Trichobeziar-A Case Report” 59 th Annual Meeting of Taiwan
Surgical Association, 2000, Taipei. (Oral)
2. Kuan-Chun Liu, Jie-Han Zhuang, Yu-Sheng Huang, Zong-Ren Huang; “Involvement
of Terminal Ileum by Endometriosis Producing Ileus-A Case Report” 59 th Annual
Meeting of Taiwan Surgical Association, 2000, Taipei. (Oral)

Licenses and certificates:

ATLS Advanced Trauma Life Support
ISO 14001 Internal Auditor Training Course
OHSAS 18001 Internal Auditor Training Course
ISO 9001 Internal Auditor Training Course
ACLS Advanced Cardiac Life Support

Professional Activities/Memberships and offices in professional societies:

Member, Taiwan Surgical Association
Member, Taiwan Surgical Society of Gastroenterology
Member, Breast Cancer Society of Taiwan
Member, Taiwan Environment and Occupational Medicine Association
Member, Taiwan Society of Ultrasound in Medicine

CURRICULUM VITAE

Dr. Mei-Chu YEN JEAN 顏簡美珠

Chief, Department of Occupational Medicine, E-Da Hospital, Taiwan
Assistant Professor, Department of Nursing and School of Medicine for
International Students, I-Show University, Taiwan



Education:

| | | |
|--------|---|---|
| 1979 | Doctor of Medicine | Kaohsiung Medical College |
| 1985 | Master of Medical Science | Kaohsiung Medical College |
| 1987 | Doktors der Medizin (Doctor of Medicine) | Eberhard-Karls-Universitaet Tuebingen, Germany |
| 1993-4 | Academic Fellowship Program | Department of Family & Community Medicine, Faculty of Medicine, University of Toronto, Canada |
| 1999 | Special Study Program in Adolescent Medicine | Department of Family & Community Medicine, Faculty of Medicine, University of Toronto, Canada |
| 2004-7 | MSc. in Occupational Medicine and Industrial Hygiene | College of Public Health, National Taiwan University |

Experiences:

| | | |
|---------|--|---|
| 1979-81 | Resident of Internal Medicine | Chung-Ho Memorial Hospital, Kaohsiung Medical College, Taiwan |
| 1981-4 | Resident of Pediatrics | Kaohsiung City Ta-Torng Hospital, Taiwan |
| 1985 | Fellow | Dept of Pediatrics, University Wuerzburg Children's Hospital, Germany |
| 1986-7 | Fellow | Dept of Pediatrics, University Tuebingen Children's Hospital, Germany |
| 1986-7 | Adjunct Lecturer | General Biology of Military Emergency Medical Service program, City College of Chicago in Wuerzburg, Germany |
| 1987-93 | Visiting Staff Physician & Specialist | Dept of Pediatrics Kaohsiung Municipal Min-Shen Hospital, Taiwan |
| 1993-4 | Fellow | Dept of Family Medicine, Women's College Hospital, Toronto, Canada |

| | | |
|-----------|---|--|
| 1993-7 | Visiting Staff Physician & Specialist | Dept of Family Medicine, Kaohsiung Municipal Min-Shen Hospital, Taiwan |
| 1997-2000 | Chief | Dept of Family Medicine, Kaohsiung Municipal Min-Shen Hospital, Taiwan |
| 2000-4 | Chief | Dept of Family Medicine, Pingtung Christian Hospital, Taiwan |
| 2001-4 | Part-time Associate Professor | Faculty of Nursing, Mei-Ho Technology Institute, Taiwan |
| 2004-7 | Adjunct Resident of Occupational Medicine | National Taiwan University Hospital, Taiwan |
| 2004- | Visiting Staff Physician & Specialist | Dept of Family Medicine, E-Da Hospital, Taiwan |
| 2008- | Chief | Dept of Occupational Medicine, E-Da Hospital/I-Shou University, Taiwan |
| 2005- | Assistant Professor | Faculty of Nursing, I-Show University, Taiwan |
| 2013- | Assistant Professor | School of Medicine for International Students, I-Show University, Taiwan |

Board certification:

| | |
|-------------------------------------|---------------|
| Pediatric Board Taiwan | Oct. 14, 1989 |
| Family Physician Board Taiwan | Jan. 6, 1997 |
| Occupational Physician Board Taiwan | Jan. 18, 2008 |

Research interest:

Occupational Medicine, Family Medicine, Smoking Cessation, Workplace Health Management

List of Publications:

Publication in Journals in last 5 years

1. Yaw-Huei Hwang, Han-Yueh Chiang, Mei-Chu Yen-Jean, and Jung-Der Wang. The association between low levels of lead in blood and occupational noise-induced hearing loss in steel workers. *Science of the Total Environment* 2009; 408(1): 43-49.
2. I-Cheng Lu, Mei-Chu Yen Jean, Sio-Meng Lei, Hsiang-Huo Cheng, Jung-Der Wang. BSRS-5 (5-item Brief Symptom Rating Scale) scores affect every aspect of quality of life measured by WHOQOL-BREF in healthy workers. *Qual Life Res.* 2011;20(9):1469-1475.
3. 顏簡美珠：治療吸菸與菸品依賴的臨床技巧。台灣家庭醫學醫學會主編：門診戒菸治療醫師訓練計畫教育課程基本教材 第六版。新北市：行政院衛生署國民健康局，民 100 年 8 月；p35-44。

CURRICULUM VITAE

Dr. Malcolm SIM

Professor and Director, Centre for Occupational and Environmental Health,
School of Public Health and Preventive Medicine,
Faculty of Medicine, Nursing and Health Sciences, Monash University



Education:

| | | |
|------|--|-------------------------|
| 1980 | Bachelor of Medicine, Bachelor of Surgery (MD) | University of Melbourne |
| 1988 | MSc. in Occupational Medicine | University of London |
| 1989 | Graduate Diploma of Occupational Hygiene | Deakin University |
| 1993 | Ph.D. in Environmental Epidemiology | Monash University |

Experiences:

| | | |
|-----------|---|--------------------------------------|
| 2013- | Faculty of Public Health, Mahidol University, Thailand | Adjunct Professor |
| 2000-1 | Postgraduate Coursework degrees, Faculty of Medicine, Nursing and Health Sciences | Associate Dean(Part time) |
| 1999-2006 | Dept of Epidemiology & Preventive Medicine | Associate Professor |
| 1994-8 | Department of Epidemiology & Preventive Medicine | Senior Lecturer |
| 1993 | National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC), Cincinnati, USA. | NH&MRC Visiting Research Fellow |
| 1990-2 | Department of Epidemiology & Preventive Medicine. | NH&MRC Public Health Research Fellow |
| 1988-9 | Department of Epidemiology & Preventive Medicine | Lecturer |

Scholarships, distinctions and awards:

| | |
|------|--|
| 1977 | Thomas and Elizabeth Ross Scholarship to undertake the BMedSc degree, University of Melbourne. |
| 1987 | Rotary Foundation Scholarship to undertake the MSc in Occupational Medicine, London School of Hygiene and Tropical Medicine. |
| 1988 | Distinction in the final MSc (Occupational Medicine) examinations at the London School of Hygiene and Tropical Medicine. |
| 1988 | Shared the Society of Occupational Medicine Prize for gaining equal highest marks in the final MSc examinations at the London School of Hygiene. |
| 1988 | Worksafe Australia scholarship to complete the research project component of the Graduate Diploma of Occupational Hygiene, Deakin University. |
| 1991 | Menzies Scholarship from the Australia-Britain Society to undertake a study tour visiting research bodies in occupational and environmental health in the USA, United Kingdom and Singapore. |
| 2003 | Royal Australasian College of Physicians Medal for Outstanding Service to the College. |
| 2003 | Australasian Faculty of Occupational Medicine (RACP) Certificate for Outstanding Service to the Faculty. |
| 2005 | Awarded the Public Health Research Excellence Award from the Victorian Dept of |

2013 Human Services.
Dean's Award for Excellence in External Engagement – Monash University

International Work:

- Member of the Scientific Advisory Board for the Gerohnimo study, Barcelona Spain 2013-
- Invited member of the Program Development Committee of the Asia Pacific Academic Consortium for Public Health (APACPH) (2006-09)
- Member of the APACPH Environmental and Occupational Epidemiology Network (2005-)
- Invited member of a WHO international workshop to develop a case definition of arsenicosis in Dhaka, Bangladesh in January 2002
- Invited representative on the International Steering Committee of a WHO/UNICEF project in Bangladesh aimed at building community-based arsenic mitigation response capacity, which had a large research component (2002-2003)
- Monash representative on the Asia Pacific Academic Consortium for Public Health (APACPH) (2001-6)
- Member of the Epidemiology in Occupational Health Scientific Committee of the International Commission on Occupational Health (ICOH) (1997-)

Editorial Board and other journal activities:

- Editor-in-Chief of *Occupational and Environmental Medicine* (2013-), which is one of the two highest Impact Factor (3.02) occupational health journals. Member of the Editorial Board of this journal since 1994. Appointed an Associate Editor in 2002, Commissioning Editor in 2008 and Deputy Editor since 2009.
- Appointed to Editor Board of the Cochrane Collaboration OSH Review Group 2013.
- Associate Editor of the journal *Asia Pacific Journal of Public Health* (2007-2013).
- Member of the Editorial Board for the *Journal of Military and Veterans' Health* (2006-13).
- Member of the Editorial Committee of the Asia Journal of Public Health, Mahidol University, Bangkok Thailand (2009-).
- Regular reviewer of submitted articles to several Journals, including; *Occupational and Environmental Medicine*, *BMJ*, *International Journal of Epidemiology*, *Asia-Pacific Journal of Public Health*, *Journal of Occupational and Environmental Hygiene*, *Annals of Epidemiology*, *Clinical and Experimental Pharmacology and Physiology*, *Clinical Sciences*, *Chemosphere*, *Internal Medicine* and *The Australian and New Zealand Journal of Public Health*.

講題摘要 Abstracts
(in order of
appearance)

Japanese history on policy in occupational health

Dr. Seichi Horie

Department of Health Policy and Management, IIES, UOEH

1. General structure of legislations in Japan

constitution - law - cabinet order - ordinance ...governmental notices
congress cabinet ministry bureaus, divisions, etc. in ministry
←———— legislations —————→ = non-binding documents

Constitution of Japan, Article 27, paragraph 2

Standards for wages, hours, rest and other working conditions shall be fixed by legislation.

→ Labor Standards Law (1947), Workers' Accident Compensation Insurance Law (1947), Minimum Wage Law (1959), Industrial Safety and Health (ISH) Law (1972), etc.

2. History until the development of ISH Law

ISH Law (1972): a criminal law diversified from Labour Standard Law; stipulates minimum requirements to work organization (company); enforced by labor standard officers

Article 1: The purpose of this Law is to secure, ... the safety and health of workers in workplaces as well as to facilitate the establishment of comfortable working environment, by promoting the comprehensive and systematic countermeasures concerning the prevention of industrial accidents, such as taking measures for the establishment of standards for prevention of danger and injury, the clarification of responsibility and the promotion of voluntary activities with a view to preventing industrial accidents.

Cabinet order of ISH Law: defines hazardous substances or works, etc.

Ordinances of ISH Law: composed of a general ordinance and specific ordinances by hazardous agents; work under high pressure, ionizing radiation, lead poisoning, organic solvent poisoning, hazards due to specified chemical substances, etc.

3. Five main components of occupational health managements in ISH Law

- 1) Working Environment Management
- 2) Work Management
- 3) Health Management
- 4) Organization for Occupational Health Management
- 5) Occupational Health Education

4. Amendments of ISH Law

1972 responsibility of work organization, general safety and health manager, health supervisor, occupational physician, chief operator, overall safety and health controller in construction industry, principal safety and health supervisor, industrial health consultant

1975 method of working environment measurement

1977 hazard assessments on new chemical substance by a manufacturer, epidemiological survey by the government

1988 health promoter, appointment of occupational physician as a health committee member, evaluation of working environment measurement, work management, occupational health education, health promotion for workers

1989 items checked in health exam included blood chemistry, ECG, etc. in ISH

ordinance

- 1992 creating comfortable workshop
- 1996 qualification requirement for occupational physician, aid for small workplaces, countermeasures based on health exams. health guidance by nurses
- 1999 financial aid on health exam for night-shift workers, use of safety data sheet
- 2005 medical interview for long-working workers, promotion of occupational safety and health risk assessment

5. Workers' compensation insurance in Japan

- 1) insurance owned and ruled by the government
- 2) non-fault liability (null or complete responsibility for reimbursement)
- 3) premium fully incurred by a company
- 4) a disease must be caused by the job (primary cause of the claimed disease)
- 5) a disease must be happened on the job

6. Infrastructures for occupational health services

- 1) Organizations for occupational health services
- 2) Training Course
- 3) Certification and Exams

7. Efficacy of ministerial policy

- 1) incentive for legal compliance
- 2) passive attitude against legislations
- 3) recent problems and future agenda

NOTE

Korean experience on Occupational Health Service

Dr. Eun-A Kim

Occupational Safety and Health Research Institute of Occupational Safety and Health Agency

With relatively late start of industrialization, development of occupational health service system in Korea begins from introduction of periodic workers' medical examinations system in 1956 which is enacted on labor standards law. Since then, Korean workers experienced diverse challenges on the occupational health service system according to the changing industrial structure and social-political atmosphere, during five decades. Industrial Accident Compensation Insurance Act was passed in 1962, and enforced in 1964. Since major industries increased since 1970s, most of the important policies for occupational health service conducted substantially after then. The Industrial Safety and Health Act (ISH Act) was enacted in 1981 to prevent injuries and diseases and to maintain workers' health. The ISH Act lays the groundwork for the full implementation of industrial accident prevention policy.

Two governmental authorities [Ministry of Employment and Labor (MOEL) and Ministry of health and welfare (MOHW)] control over the public system for workers' health service. MOEL managed the occupational aspect of worker's health: control of the workplace exposure, prevention and compensation of occupational disease, health promotion. Compensation of occupational disease provided from worker's compensation insurance system, which is obliged to all employer. Hundreds of chemical and physical risk factors are monitored in the workplace and the workers who are exposed to them should be medically checked by occupational physician regularly. Employer should provide occupational health service by three ways according to the company size. Enterprises with more than 300 employees should hire occupational health manager in the company (occupational physician, nurse or industrial hygienists). With 50 employees the employer can purchase service from occupational health service agencies (OHS agencies). OHS agencies provide regular visit by contract basis. Almost of the occupational health services in large and medium sized companies should be paid by employer. In the cases of small scaled enterprises, employers can be supported for subsidies from MOEL to purchase occupational health services of OHS agencies. Workers of small scaled companies (less than 10 employers) also can have free medical examinations and environmental assessment by governmental subsidies. There are 15 workers health centers where free occupational health service is provided to the workers from small scaled companies. MOHW provide general health service through national health insurance including periodic national medical examination and providing services from public health center, which has overlapping target population with health promotion by MOEL.

Recent challenge of occupational health service in Korea is that increasing demand for policies on contract workers who is unclear situation regarding on the responsible employer, self-employed workers which have not covered by OHS system, job stress, emotional workers, workplace violence and female workers' health problem. Improvement of the OHS system for coverage and the contents is still under discussion.

NOTE

Activities of full- and part-time occupational physicians in Japan

Dr. Masayuki IKEDA

Kyoto Industrial Health Association, Kyoto 604-8472, Japan

Background and Objectives Occupational physicians (OPs) are among the key persons in offering occupational health services (OHS) in industries. In Japan, there are three courses in obtaining certificates as occupational physicians. A majority (>73,000 doctors) are certified through the Japan Medical Association (JMA)-organized training course or as successful applicants of the Ministry of Health, Labour and Welfare-organized examination for Occupational Safety and Health Consultants (Occupational Health section). University of Occupational and Environmental Health (UOEH) also has a training course for OPs; the certified OPs accounts for some 2,000. In practice, OPs certified by the former two courses are usually based on their private clinics or affiliated to hospitals, and serve on a part-time basis, whereas those from the UOEH-course typically serve as full-time specialist OPs e.g. in large enterprises. The present survey was conducted to elucidate the activities of private clinic- or hospital-based part-time OPs in comparison with the activities of full-timers.

Methods A questionnaire survey on OP activities was conducted by mail to 557 OPs in Kyoto prefecture. Effective answers were obtained from 86 OPs who served on on a part-time basis. Results from similar questionnaire survey on 107 full-timers of UOEH-course graduates were cited for comparison.

Results The survey revealed that about 40% of the physicians studied were not active as OPs despite the acquisition of the JMA certification as OPs; the low active rate was reported also in other surveys. Service time was short for a majority (92%) of part-timers, i.e., <1 to 2 units/month (1 unit=3 hours). Whereas full-timers served longer per month, the service time per plant was more or less similar. The leading field of OHS by part-timers were general health examination (and its follow-up), prevention of overwork and mental health care, as well as support of workers on sick leave to return to work. Difficulties were encountered most often in the management of mental health and overwork, and support to return to work. Many OPs also reported difficulties with industrial hygiene-related issues such as risk assessment, and maintenance and management of working conditions, although they had no difficulties for health examinations and follow-ups.

Discussion and Conclusion From administrative viewpoints, employers in large-scale enterprises expect OPs to participate actively in dealing with mental health problems, proper allocation of manpower in worksites, and prevention of overwork, whereas the major areas of expectation in smaller enterprises are capability in conducting health examinations, participation in improvement of the work environment and health education of workers. The Japanese Government (Ministry of Health, Labour and Welfare) emphasizes the need to reduce metabolic syndrome cases, and efforts to improve mental health in relation to heavy work load. For Japan, under conditions of a shortage of specialist OPs, efficient participation of part-time OPs would be a practical measure. In this respect, meeting the current demand for information and skill in the areas of mental health, overwork and industrial hygiene is apparently important. It should be added that many OPs in large enterprises are real experts by self-training through experiences. The possible participation of occupational health nurses in routine worksite rounding to support activities of OPs has also been discussed. It should be stressed that OPs unanimously considered that employers are the key persons for improvement of OHS especially in small- and micro-scale enterprises, and employers' education is important for better OHS.

NOTE

NOTE

Occupational Safety and Health Act — opening new era for worker's health policy in Taiwan

Mr. Hwan-Ran Fuh, Director-general,
Occupational Safety and Health Administration, Ministry of
Labor, Taiwan, R.O.C

The Labor Safety and Health Act was promulgated on April 16, 1974 and was fully revised in 1991; in the 22 years since it has undergone no significant further revision. According to the implication of “everyone enjoys a safe and healthy work environment” revealed in the International Covenant on Economic, Social and Cultural Rights and the ILO’s Occupational Safety and Health Convention (No. 155) (1981) and the regulation that there should be no difference between industries, however, this Act is applicable to only 14 industries, including the construction and manufacturing industries, and is only directed at employed workers, and is thus clearly does not match the international consensus on protection of worker health and safety being a fundamental human right; the Act thus being revised.

Against a backdrop of globalization in recent years, the pursuit of international competitiveness by enterprises has left workers facing a working environment, long working hours and heavy workload; in addition, the innovation of new materials, new substances and new technologies might expose workers to new risks so as to make occupational health and safety face new challenges.

To strengthen occupational accident prevention and health and safety protection for workers the CLA, Executive Yuan has put forward a draft amendment to the Labor Safety and Health Act and amends the name to the Occupational Safety and Health Act. The bill was submitted to the Legislative Yuan by the Executive Yuan for examination on November 22, 2012 and has been passed third reading on June 18, 2013.

This amendment bill has 55 articles, with the following six amendment focus:

1. Expand health and safety protection for workers
2. Establish a machinery, equipment, appliance and chemical source management system
3. Build a complete occupational disease prevention system, strengthen protection of the mental and physical health of workers
4. Pay attention to both maternity protection and employment equality, revising maternity protection regulations for female workers
5. Strengthen high-risk business regularly implementing process safety assessment and supervision and increase penalties for illegal matters
6. Promote workplace health and safety culture and the development of related industries

With the changes in industrial structure and society in recent years, labor health and safety faces stern challenges. This draft amendment is of great significance in terms of protecting the fundamental rights of workers in Taiwan and promoting international competitiveness. The Act will enable Taiwan to build a complete occupational health and safety protection system so as to effectively protect the health and safety of all workers.

NOTE

醫療院所臨廠健康服務經驗

Occupational Health Service at Hospitals

台大醫院 環境及職業醫學部 黃敬淳 醫師

Ching-Chun Huang, Department of Environmental and Occupational Medicine, National Taiwan University Hospital

Skills required for occupational health service at hospitals are similar to services practiced elsewhere such as effective administrative management, knowledge of and collaboration with safety and industrial hygiene, and comprehensive preventive and clinical medicine. Activities for daily occupational health practices at hospitals include preplacement medical evaluation, periodic medical evaluation, disability management, and episodic medical evaluation like job transfer evaluation, return to work after injury/illness evaluation, and job fitness evaluation.

Several hazards are unique to hospitals and can be categorized into four categories:

1. Biological hazards: needlestick injuries, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), varicella, influenza, measles mumps rubella (MMR), tuberculosis, laboratory and animal handling, et al..
2. Physical hazards: laser safety, ionizing radiation, nonionizing radiation, ergonomic issues, et al..
3. Chemical hazards: latex hypersensitivity, ethylene oxide, formaldehyde, glutaraldehyde, asbestos, mercury, anesthetic gases, hazardous drugs, lead, et al..
4. Hazards related to general environment: waste management, long working hours, reproductive hazards, indoor air quality, violence prevention, et al..

The goal of occupational health service is different from medical service at hospitals. During the past one year, we have provided occupational health service to three different hospitals, and identified and gave suggestions for improvement; however the role of occupational physicians at hospitals weren't fully recognized and emphasized. Continuous communication with senior managers of the hospitals is warranted to ensure the good practice of occupational health service.

NOTE

Health Effects of Day-and-Night Rotating Shift Work

The Taiwan Experience

Dr Lin Yu-Cheng 恩主公醫院 林育正醫師

Background

Shift work is a worldwide health hazard among industrialized societies. Studies are needed for modern workplaces in Taiwan to figure out the associations between day-and-night rotating shift work (RSW) and health among workers.

Methods

The present study examined a cohort of workers from an electronics manufacturing company. Cross-sectional and longitudinal workplace surveys on shift work affecting the health conditions (including work related-fatigue, metabolic syndrome (MetS) and liver function) of workers were conducted by utilizing registration records, job contents and general health evaluation data. The health checkups included personal and need for recovery scale (NFR) questionnaires, physical examinations, abdominal ultrasound, blood tests. Data analyzed also included lifestyle factors, job type, occupational exposures and educational levels.

Results

After adjusted for potential confounders, shiftworkers had a 2.0-fold (95% confidence interval (CI) = 1.5 - 2.6) increased risk for high need for recovery after work (h-NFR), which represented the work-related fatigue. Significantly raised risks of developing MetS were found in the female workers with persistent RSW exposure (odds ratio (OR), 3.5; 95% CI=1.3 – 9.0) vs. day workers). Persistent RSW plus elevated alanine aminotransferase (e-ALT) increased a significant risk for MetS development (OR, 2.7; 95% CI = 1.4 – 5.3, vs. workers without baseline e-ALT nor RSW exposures) among male workers. In terms of liver health, analysis indicated that the workers exposed to RSW were 46% less likely (OR, 0.54; 95% CI = 0.3 – 0.95) to attain normal ALT levels comparing with the persistent daytime co-workers.

Conclusions

Day-and-night rotating shift works impact mental and physical health of Taiwanese employees. Shift works is apparently associated with work related-fatigue. Persistent day-and-night rotating shift contribute to the occurrence of MetS; and pose a vigorous obstacle to the normalization of e-ALT among the workers with preexisting abnormal liver function.

NOTE

職場健康服務實例—以中鋼為例

Occupational health services at CSC

中國鋼鐵 劉冠群 醫師

Dr. Kuan-Chun LIU

CSC(China Steel Corporation), located at Kaohsiung, Taiwan, was founded in December 1971. With annual production around 10 million tons, it is the largest steel company in Taiwan. Presently CSC and its 21 subsidiaries constitute the “CSC Group” in five business areas: steel, engineering and construction, industrial materials, logistics, and services & investments. We aspires to be a trustworthy steel company of global distinction that pursues growth, environmental protection, energy-saving and value innovation. CSC actively put into practice its corporate value of “teamwork, entrepreneurial approach, down-to-earthness and pursuit of innovation(團隊，企業，踏實，求新)”. As the former CEO said: “Without safety, everything is zero.”

“Employees’ health is our most important property.”, we have been perfecting the safety and health system for years, and won the Safety and health excellence recognition award 2012 from worldsteel association. Our distinguishing features are:

1. A clinic with about 30 medical staffs, providing primary diagnosis and treatment for employees, contract workers and families.
2. Health exams and follow-up system
3. Occupational services at job sites
4. Health promotion plans (fat burning weight loss plan, telemedicine, etc.)

NOTE

職場健康服務實例－以南臺灣為例

Occupational Health Services: A Practical Approach in Southern Taiwan

義大醫療財團法人義大醫院職業醫學科 顏簡美珠 醫師

YEN JEAN Mei-Chu

Chief, Department of Occupational Medicine, E-Da Hospital, Kaohsiung, Taiwan

It takes a lot of integrative efforts to deliver effective health services in the workplace. Employers desire not only to follow regulations, but also to benefit their workers in the hopes of increased productivity in return. On the other hand, when work-related injuries or illnesses do occur, and the affected worker subsequently receives the best care possible through a multidisciplinary team, the benefit is not limited to the worker but extends to the worker's family and society as a whole. Important programs such as assessment of fitness for work and injury prevention require a lot of time and collaboration to establish consensus among all levels within the organization.

Realistic attempts with different approaches to fit into the management policy of the individual organization's setting is the cornerstone to start the Building blocks of occupational health services. With goals aiming at provision of standard care and health protection, the occupational health team should include company managers, industrial hygiene personnel, and health practitioners from a range of backgrounds, including medicine, nursing and health services administration.

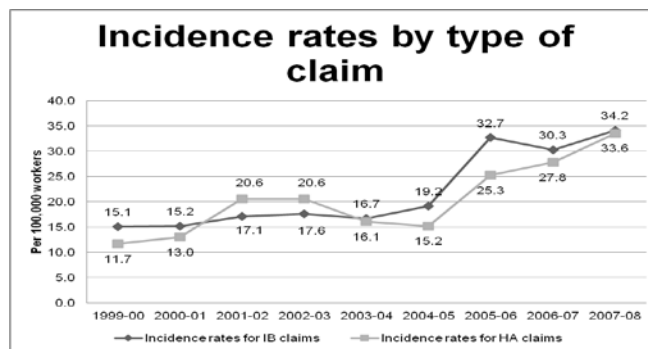
We will share our experience in setting up, running, and improving services for the occupational management of work-related health issues within companies of major industries. Details and reflections on services such as recordkeeping, periodic health surveillance, comprehensive health management, assessing fitness for work, adjustment of tasks for workers with specific health problems, mental health program, and health promotion will be presented for open discussion. Further development of occupational health services in Taiwan calls for collaboration from governmental efforts.

NOTE

Re-emergence of old workplace hazards

Professor Malcolm Sim
Monash University, Australia

While there is considerable concern about the impact of new and emerging hazards, such as nanomaterials, on the health of workers, it is also important to maintain vigilance in controlling, older more traditional work hazards. For example, noise induced hearing loss (NIHL) is a long-standing occupational disease with a well-established hierarchy of controls and associated prevention methods available for use in workplaces and therefore it is reasonable to assume that it is under good control. However, several studies around the world have demonstrated that the incidence of occupational NIHL is stable or even increasing. Our research in Australia, involving the analysis of workers' compensation claims, has shown a dramatic increase in NIHL claims and associated costs, especially since 2005, as demonstrated in the following figure:



The two industry sectors with the highest rates were construction and manufacturing and within the manufacturing sector, small industry had the greatest increase. The occupational group with the greatest increase was tradespeople. These Australian findings are consistent with published NIHL findings from New Zealand and other countries.

A recent Cochrane Collaboration review demonstrated a lack of good evidence for the effectiveness of interventions to prevent occupational NIHL. The main conclusions were that: there is low quality evidence that legislation can reduce noise levels in workplaces, the effectiveness of hearing protection devices depends on their proper use; and there is contradictory evidence that hearing loss prevention programs are effective in the long-term. There are many possible reasons for the re-emergence of NIHL as a major workplace problem. Some recent qualitative research in Australia has indicated that hearing loss is not viewed as an important health problem, that noise control is not perceived as a major problem in workplaces and that there is too much reliance on personal hearing protectors, rather than higher level controls to reduce noise levels. A greater awareness of the problem of occupational NIHL and greater emphasis on primary prevention measures, within a more effective regulatory framework, is needed.

This problem also other applies to many other traditional workplace hazards. For example, despite stringent bans on the import and use of asbestos for some decades in Australia, the incidence of mesothelioma continues to rise and the spectrum of affected workers has moved to tradespeople working on asbestos related materials in existing buildings, rather than more traditional asbestos related jobs. Recent research has also shown, that silicosis is a persisting problem, especially in small workplaces.

NOTE

Types of organic solvents used in industries and research institutions in Japan

Dr. Masayuki IKEDA

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Objectives This review work was intended to know the types of organic solvents (to be called solvents in short) in industries and research institutions in Kyoto and its vicinities in Japan. Attention was paid to elucidate possible changes in solvent types in past 30 years. Comparison was made in addition between the industries and large research institutions to clarify characteristic solvent use in research facilities.

Methods The targets were regulation-defined 47 solvents, i.e., 7 more toxic solvents in Group 1 (e.g., chloroform, carbon tetrachloride, etc.) and 40 less toxic solvents (e.g., toluene, isopropyl alcohol, etc.). 7 other solvents in the regulation list are natural mixtures of petroleum origin and not considered in the present reviewing. Air samples in workplaces (including research laboratories) were collected in Tedlar bags, and analyzed by automated gas-chromatography. In practice, 500-600 solvent workplaces in industries were examined annually. With regard to research facilities, about 4500 laboratories were surveyed in 2010-2011. Whenever possible, solvent concentrations in the workroom air were classified into three categories (i.e., 1. Adequately controlled, 2. Needing further improvements, 3. Requesting immediate improvements), according to the regulation-established standards. Results in industries were presented in terms of five major types of solvent use (i.e., printing, painting, surface-coating, glue application, and degreasing-cleaning-wiping), whereas it was in terms of five major scientific fields in research institutions [i.e., agriculture (AGR), biology (BIOL), medicine (MED), natural science (SCI), and technology and engineering (T&E)].

Results Typical pattern of solvent use in industries was as mixtures, with up to 10 components. The leading component was toluene followed by isopropyl alcohol, methyl alcohol and acetone. In contrast, 8 solvents (such as chlorobenzene and isoamyl alcohol) were never detected although they were in the regulatory-defined solvent list. Toluene/xylenes are most commonly used in printing and painting workplaces up to now. There have been gradual changes in solvent use in glue

application and surface coating workplaces so that ethyl acetate and methyl alcohol became the most commonly detected solvents in very recent years. The most dramatic changes took place in degreasing workplaces. Chlorinated hydrocarbon solvents (typically trichloroethylene) was most often detected in 1980s, but soon replaced by non-halogenated solvents such as isopropyl alcohol and acetone since 2000, due to regulation for environment protection (e.g., soil and ozone layer preservation). Improvement of workroom environment progressed remarkably in 1980s-1990s so that solvent levels in workroom air were adequately controlled in more than 90% of cases in 2000s and 2010s.

The situation in research institutions such as university laboratories were quite different in the sense that only one type of solvent vapor was detected in the laboratory air, because usually only one person worked in the room using single unmixed solvent. Out of 7 Group 1 solvents, chloroform and 1,2-dichloroethane were often detected. Among the 40 Group 2 solvents, 6 solvents were often detected, i.e., acetone and methyl alcohol in general, ethyl acetate, hexane and toluene in T&E, and xylenes in medical fields. Concentrations in laboratory air were generally low (i.e., adequately controlled in >99% of laboratories) due to extensive use of exhaust chambers.

Conclusions Multiple solvent mixtures have been used in industries, e.g., toluene/xylenes in printing and painting workplaces, ethyl acetate, methanol and isopropyl alcohol in glue application, surface coating and degreasing/cleaning/wiping workplaces. Nevertheless, the vapor concentrations were adequately controlled in >90% workplaces. In research laboratories (such as university laboratories), solvent was used typically unmixed. Extensive use of exhaust chambers succeeded to maintain the vapor concentrations at adequate levels, Nevertheless, the use of highly toxic solvent such as chloroform may cause potential hazards.

NOTE

NOTE

Occupational Diseases Compensation System of Korea, recent change

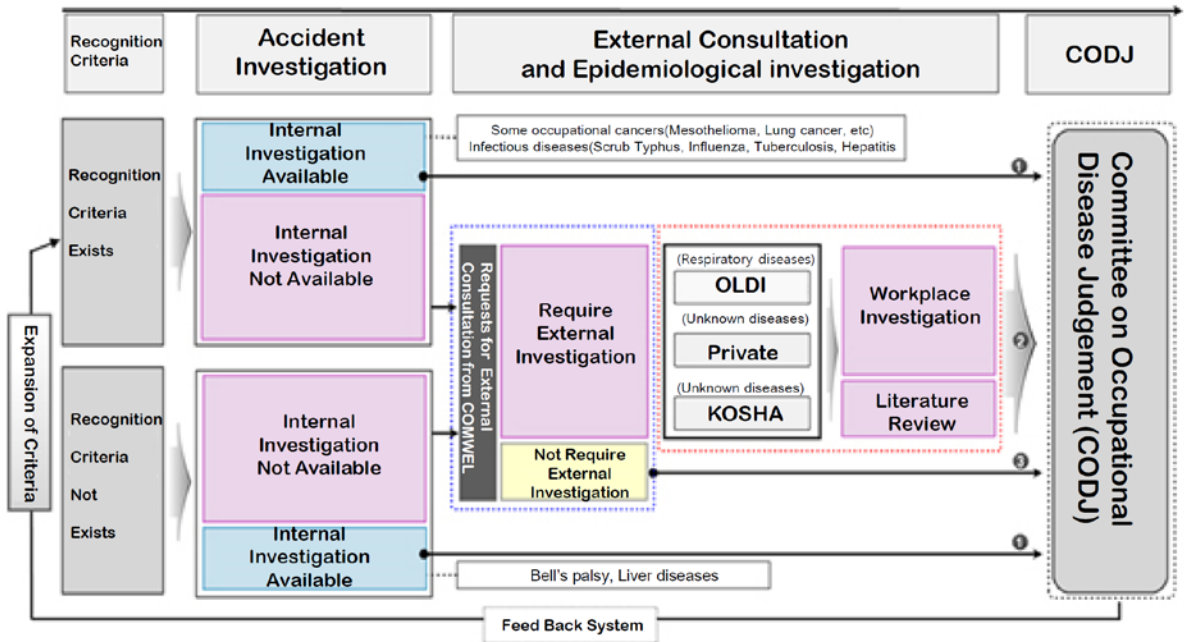
Dr. Eun-A Kim

Director of Department of Occupational Health Research, OSHRI, KOSHA

All employers in Korea having one or more regular employees are required to buy Workers' Compensation Insurance, except for agricultural, forestry, or fishery employers having fewer than five regular employees. When an occupational disease has occurred, the worker or the relevant medical institution must submit a written application for medical care benefit to the Korea Workers' Compensation and Welfare Service (COMWEL). After investigation by COMWEL, the application is approved or denied through judgments on occupational disease were made by individual opinions of the advisory doctors to individual branches of COMWEL. With increasing public opinion regarding insufficient accept rate of occupational disease, COMWEL introduced Committee on Occupational Disease Judgment (CODJ) were introduced since 2008 for transparency and fairness of the system. However, there still lots of criticism came up to compensation system of occupational diseases, especially regarding the narrowness of acceptance criteria on occupational diseases and the complexity of the whole process. As of June 2010, it took on average 109.4 days from the occurrence of a compensable OD to the receipt of an application for medical care benefit, and an average 48.1 days from the receipt to the approval.

Compensation for compensable occupational disease is determined pursuant to the specific criteria for recognition of the occupational diseases (schedule 3 of clause 3, article 34 in the Enforcement Decree of the Industrial Accident Compensation Insurance Act (ED-IACA). The specific criteria are lists of occupational diseases or condition with open system without detailed condition for acceptance. Therefore, for many cases of diseases having unclear causal relationship, COMWEL requests consultation and epidemiological investigations to Korea Occupational Safety and Health Agency (KOSHA).

June 28, 2013, Ministry of Employment and Labor announced the amendment of specific criteria for the recognition of occupational disease, schedule 3 of ED-IACIA. It includes inclusive criteria for recognition of occupational diseases ; all diseases due to work-related causes can be recognized as compensable occupational diseases even if those diseases are not in the list of recognized occupational disease, an increase in the number of harmful factors including a great increase in the number of carcinogens, an expansion of the list of compensable occupational disease using disease classification by anatomical system, reinforcement of linkage between the specific criteria, and increasing the scope of occupational diseases.



| | | | | |
|---------------------------------------|--------------------------|-------------|---|------|
| Recognition criteria Yes/no | Internal Consultation | -----> | | CODJ |
| | External Consultation | require | OLDI/private/KOSHA -> workplace> | |
| | | Not require | -----> | |

NOTE

NOTE

Recent amendments in legislations of occupational health in

Japan

Dr. Seichi Horie

Department of Health Policy and Management, IIES, UOEH

A. Occupational safety and health risk assessment

- 1992 UK; risk assessment in management of health and safety at work regulations
- 1996 EC; guidance of risk assessment at work
- 1999 Japan; Guideline of occupational safety and health management system
- 2001 ILO; Guideline of occupational safety and health management system
- 2001 Japan; Guidelines for the comprehensive safety standards of machinery
- 2005-2009 Japan; development of various industry-specific guidelines on risk assessment
- 2006 Japan; ISH Law Article 28-2 The employer shall endeavor to investigate the danger or harm, etc., due to buildings, facilities, raw materials, gases, vapors, dust, etc., and those arising from work actions and other duties, and to take necessary measures prevent dangers or health impairment to workers, in addition to taking the measures provided for by the provisions pursuant to this Act or the orders based on the results of the said investigations.
- 2006 Japan; guidelines for risk assessment

B. Newly recognized occupational disease caused by chemicals

- 1) Announcement of Guidelines (Official Notification No.1222-2 issued by Industrial Safety and Health Department, Labour Standard Bureau on December 22, 2010)
Amendment of Cabinet Order on ISH Law (September 20, 2012)
Amendment of Ordinance on specified chemical substances (October 26, 2012)
adding indium compounds in the list of specified chemical substances, group 2 health exam with checking serum In concentration and serum KL-6 level, etc.
- 2) Announcement of Guidelines for preventing chemical intoxications (Official Notification No.0919-1 issued by Chemical Substances Investigation Division, Industrial Safety and Health Department, Labour Standard Bureau on September 19, 2013)
peripheral neuropathy by 1-bromopropane
- 3) Amendment of the Ministerial Notification No.316 issued on September 30, 2013

defining the additional items on the Item No.4-1 in the list of occupational diseases in Table 1-2 based on Ordinance for Enforcement of the Labor Standards Act, Article 35, amended on October 1, 2013

reproductive dysfunction by 2-bromopropane

peripheral neuropathy by 1-bromopropane

pulmonary dysfunction by indium tin oxide

- 4) Amendment of the list of occupational diseases in Table 1-2 based on Ordinance for Enforcement of the Labor Standards Act, Article 35, amended on October 1, 2013
Item No.7-11: cholangiocarcinoma by 1,2-dichloropropane
Item No.7-12: cholangiocarcinoma by dichloromethane
- 5) Amendment of Cabinet Order on ISH Law on August 13, 2013
adding 1,2-dichloropropane in the list of specified chemical substances, group 2
- 6) Amendment of Ordinance on specified chemical substances on August 13, 2013
working environmental measurement, installation of local exhaust, implementation of health exam, etc. for the prevention of health impairment by 1,2-dichloropropane

C. Mental health care within the framework of occupational health

1. Historically important cases of work-related psychological disease in Japan
2. Employers' obligation of consideration for safety and health by judicial decision
3. Amendments of policies for judging work-relatedness of psychiatric disease
4. Guideline for the prevention of psychiatric diseases of workers

D. Health impairment from overwork such as working long hours

- 1 Notion of "karoshi," cardiovascular diseases and strokes caused by overwork, was proposed by Dr. Uehata in 1978
- 2 Many epidemiological studies in 1990's suggested short sleeping hours and long working hours may be one of the probable aggravating factor of circulatory diseases
- 3 Development and amendment of labour policies

NOTE

NOTE

The Australian experience of occupational health services

Professor Malcolm Sim
Monash University, Australia

The Australian approach to occupational health services has been heavily influenced by asbestos related diseases, as the mining and use of asbestos was high during the middle of the 20th Century and since then the incidence of mesothelioma in Australia has been one of the highest in the world. This led to the establishment of the Australian Mesothelioma Surveillance Program in 1980 and the introduction in the 1980s of many controls on asbestos use, culminating in total bans on all forms of asbestos by 2004, as well as regular screening of asbestos-exposed workers. This model of hazard prevention, worker screening and workplace monitoring has also been applied to many other workplace hazards, such as for silica and other types of dusts, lead and other metals, pesticides, solvents, as well as noise and other physical hazards.

The responsible national occupational health and safety (OHS) body in Australia is Safe Work Australia (SWA), although legislative responsibility resides in the six States and two Territories. Having several bodies involved at different levels of government has made it difficult to establish a harmonised approach to OHS throughout the country. SWA has recently released a 10 year Australian Work Health and Safety Strategy 2012-2022, which includes a range of prevention targets and covers the following priority disorders: musculoskeletal disorders, mental disorders, cancers, asthma, contact dermatitis, and noise-induced hearing loss.

In Australia, there is no national surveillance program for occupational diseases, apart from the Australian Mesothelioma Registry, which monitors the incidence of mesothelioma and relevant asbestos exposures. Instead, there is reliance on workers' compensation statistics, despite their known limitations and underestimation of the true incidence of OHS problems, especially for occupational diseases. Other surveillance activities include ongoing cohort studies in specific industries, such as petroleum industry and aluminium industry workers and firefighters. In recent years a major focus in OHS surveillance activity has been devoted to hazard surveillance, based on the principle that monitoring exposures and reducing exposure levels will lead to a reduction in occupational diseases in the future. One example is the Australian Workplace Exposures Study, which has monitored exposure to carcinogens and, more recently, asthma causing agents. This program is being extended to investigate surveillance of control measures for workplace hazards.

While hazard reduction and monitoring of workers for the early detection of occupational disease has been a longstanding model of OHS service delivery in Australia, over the past decade there has been an increasing emphasis on disability reduction and return to work programs. This is a form of tertiary prevention and is a reflection of the increasing importance of musculoskeletal disorders and mental health problems in Australian workplaces. For these types of occupational disorders, primary and secondary prevention is often ineffective and therefore this is why there is an increasing focus on tertiary prevention. While occupational physicians and other occupational health professionals continue to provide the main occupational health services, primary care health providers are playing an increasingly important role in tertiary prevention.

NOTE

NOTE

活動地點地圖與交通資訊 (新莊聯合辦公大樓地圖及交通資訊)



| | |
|-------------------|--|
| <p>公車</p> | <p>至行政院新莊聯合辦公大樓(榮華)：F208、652、橘 17、環狀線、環狀線區間車、環狀線直達車、813 區間車 至行政院新莊聯合辦公大樓：859、783、786、環狀線、環狀線區間車、813 區間車 至中原中平路口：257、617、835、藍 18 至中原路：617、622、813</p> |
| <p>小客車</p> | <p>1. 行政院新莊聯合辦公大樓 B2 停車場，提供免費車位。 2. 請由中環路的入口進入停車場，需抽卡並保管，離場時需感應票卡。</p> |

| 公車路線 | 起訖路線 | 尖峰班距(分) | 離峰班距(分) | 例假日班距(分) |
|---------------------|-------------------|---|---------|----------|
| 大有巴士 257 | 新莊高中-忠孝醫院 | 12 - 15 | 15 - 20 | 15 - 20 |
| 三重客運 617 | 新莊-內湖 | 7-10 | 10-15 | 15-20 |
| 三重客運 622 | 新莊高中-南港 | 固定班次發車 5:30、6:00、7:00、7:30、8:00、9:30、10:10、12:00、13:00、14:00、15:10、16:10、17:10 | | 假日停駛 |
| 大都會客運 652 | 新莊高中-內湖 | 12-15 | 15-20 | 15-20 |
| 指南客運光華巴士 813 | 五股-中和 | 8-12 | 15-20 | 15-20 |
| 指南客運光華巴士 813 區間車 | 中和-行政院新莊聯合辦公大樓 | 固定班次發車：06:15、06:25、06:55、16:20、16:40、17:00 | | 假日停駛 |
| 三重客運 835 | 新北產業園區-捷運台大醫院站 | 固定班次 | 固定班次 | 固定班次 |
| 三重客運 859 | 泰山-樹林 | 20-30 | 30-60 | 30-60 |
| 大都會客運橘 17 | 新莊中原路-捷運三民高中站 | 15 | 20-60 | 45-60 |
| 首都客運大都會客運環狀線 | 新莊-新店 | 6-10 | 20-30 | 20-30 |
| 首都客運大都會客運環狀線區間車 | 新北產業園區-捷運府中站 | 固定班次，每日兩班：06:35、17:30 | | 假日停駛 |
| 首都客運大都會客運環狀線直達車 | 捷運新埔站-行政院新莊聯合辦公大樓 | 捷運新埔站往聯合辦公大樓：7:30、7:40、7:50、8:00 聯合辦公大樓往捷運新埔站：17:15、17:35 | | 假日停駛 |
| | | 捷運大坪林站往聯合辦公大樓：7:30 | | |
| 首都客運臺北客運藍 18 | 中和-新莊 | 20 | 30-60 | 30-70 |
| 新巴士 F208 | 捷運新莊站—捷運新莊站 | 固定班次發車：7:00、7:30、8:00、8:30、9:00、10:00、11:00、12:00、13:00、14:00、15:00、16:00、17:00、17:30、18:00、18:30、19:00 | | 假日停駛 |
| 三重客運 783 | 五股-臺北北門 | 20-30 | 25-30 | 30-40 |
| 三重客運 786 | 公西-板橋 | 15-20 | 30 | 30 |

職業健康服務國際研討會「問卷調查」

時間：2014/4/26-27

地點：新莊聯合辦公大樓

課程滿意度：

| 編號 | 課程名稱/主講者 | 課程內容 | 講解情形 |
|----|--|---|---|
| 1 | Japanese History on policy in occupational health 日本職業健康政策與應用/ Dr. Seichi HORIE | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |
| 2 | Korean experience on occupational health services 韓國職業健康服務之經驗 Dr. Eun-A KIM | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |
| 3 | Activities of full- and part-time occupational physicians in Japan 日本職業醫學醫師(全職與兼職)角色與功能 Dr. Masayuki IKEDA | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |
| 4 | Occupational Safety and Health Act-- opening new era for Worker's Health Policy in Taiwan 職業安全衛生法--我國勞工健康政策邁入新紀元 傅還然署長 | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |
| 5 | Occupational health service at hospitals 醫療院所之臨廠健康服務實務 Dr. Ching-Chun HUANG 黃敬淳醫師 | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |
| 6 | Health effects of Day-and-Night rotating shift work: The Taiwan Experience 日夜輪班之健康影響：台灣經驗 Dr. Yu-Cheng LIN 林育正醫師 | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |
| 7 | Occupational health services at CSC 職場健康服務實務—以中鋼為例 Dr. Kuan-Chun LIU 劉冠群醫師 | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |
| 8 | Occupational health services: Practical approaches in Southern Taiwan 職場健康服務實務—以南臺灣為例 Dr. Mei-Chu YEN JEAN 顏簡美珠醫師 | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |

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|----|---|---|---|
| 9 | Re-emergence of old workplace hazards 重新崛起的古老職場危害 Dr. Malcolm SIM | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |
| 10 | Types of organic solvents used in industries and research institutions in Japan 日本有機溶劑在不同機構之應用與管理 Dr. Masayuki IKEDA | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |
| 11 | Occupational Diseases Compensation System of Korea, recent change 韓國近期職業疾病補償系統之變革 Dr. Eun-A KIM | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |
| 12 | Recent amendments in legislations of occupational health in Japan 日本近期職業衛生法修訂之方向 Dr. Seichi HORIE | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |
| 13 | The Australian experience on occupational health services 澳洲職業健康服務之經驗 Dr. Malcolm SIM | <input type="checkbox"/> 很有用 <input type="checkbox"/> 有用 <input type="checkbox"/> 普通 <input type="checkbox"/> 沒有用 <input type="checkbox"/> 很沒有用 | <input type="checkbox"/> 很滿意 <input type="checkbox"/> 滿意 <input type="checkbox"/> 普通 <input type="checkbox"/> 不滿意 <input type="checkbox"/> 很不滿意 |

行政服務滿意度：

場地：很滿意 滿意 普通 不滿意 很不滿意

餐點：很滿意 滿意 普通 不滿意 很不滿意

服務：很滿意 滿意 普通 不滿意 很不滿意

建議事項：(請填寫) _____

_____ (填寫不需具名，歡迎提供寶貴意見)