

Safety and Health in Japan

A Newsletter from Japan Industrial Safety and Health Association (JISHA)



In This Issue

Viewpoint.....2-3

*Mutual Understanding among Experts
in Occupational Safety and Occupational Health*2-3

Activities of Industrial Safety and Health Organizations.....4-6

63rd National Industrial Safety and Health Convention4
 First Safety and Health Photo Contest Winners Decided5
 2004 Year-End and New Year Zero-Accident Campaign5
 Zero-Accident Record Certificates Awarded to 151 SMEs in 20045
 16th Workplace Medical Examination Promotion Campaign6
 New Japan-EU Web Site6

Labour Administrative Activities7-11

Completion of Manual on Workplace Reentry Support for
Workers Returning from Leave Due to Mental Health Issues7
 Points to Consider Regarding the Handling of Health Information
Components of Personal Information Relating to Employment Management ...8
 Points to Consider Regarding Viral Hepatitis Infection in the Workplace9
 MHLW Begins to Investigate Chemical Substance Risk
Assessment Methods 10
 Fact Sheets Issued to Provide General Public with Information
on Chemical Substances 10
 Winners Recognized at 7th Safety Master Awards 11

Research and Statistics12-13

Violations of Industrial Safety and Health Law Found at
More than Half of Construction Sites in Tokyo 12
 Safety Considerations an Issue at 40% of Workplaces
that Employ Persons with Disabilities 12
 Results of the 2003 Study on the Health Effects of Dioxins 13
 Preliminary Data on Fatalities and Serious Occupational Accidents
in 2004 13

Domestic Topics14-15

Campaign to Eliminate Unpaid Overtime 14
 Global Asbestos Congress 2004 Held in Tokyo 15

Mutual Understanding among Experts in Occupational Safety and Occupational Health



Yoshikatsu KIMURA
Senior Managing Director
JISHA

Japanese occupational accident statistics for 2003 indicate that there were 1,628 fatalities due to occupational accidents. Casualties (including fatalities) requiring four or more days off work totaled 125,918, decreasing to about one-quarter of the highest number on record (1961). The annual rate of casualties requiring four or more days off work per 1,000 workers was 2.6, decreasing to about 1/13th of the peak figure (1956), and the number of workers that had to take four or more days off work due to occupational diseases was 8,055, down to one-quarter of the peak figure (1972). To promote the development of safe, healthy, and comfortable work environments while the number of occupational accidents is already decreasing, the time has come to shift the focus of the standards for evaluating workplace safety and health from the number of occupational accidents to potential risks in the workplace.

Occupational accidents may be fundamentally attributed to the inadequate development of safety management systems or a lack of safety and health management activities. However, the circumstances surrounding actual occupational accidents indicate that they are most often the combined result of unsafe conditions affecting either the machinery and equipment or the work environment, and unsafe behaviors by workers. For example, work in environments where one is exposed to intense light from arc welding, to dust or organic solvents, or to high noise levels, or work under stressful conditions, increases the risk of occupational accidents. These conditions, by impairing the worker's concentration, can trigger unsafe behaviors. Also, if a worker suffers from high blood pressure or diabetes, experiences serious mental stress due to poor relationships in the workplace, or works in an unhealthy environment, there is increased potential for that worker to engage in unsafe behaviors. Since unsafe behaviors by workers can be triggered by the safety and health conditions of the work environment or the worker's own health condition, efforts to prevent occupational accidents must focus not only on enhancing safety measures, but on giving greater attention to work environment control and health management for workers.

The Guidelines for Occupational Safety and Health Management Systems were issued by the Ministry of Health, Labour and Welfare (MHLW) in 1999, and the ILO Guidelines on OSH/MS, ILO-OSH 2001, were issued by the ILO in 2001. Since 2003, JISHA has been providing the JISHA OSHMS Registration Service, a program which, based on the JISHA OSHMS Standards, which are in line with both guidelines, evaluates and certifies whether systems based on the Standards have been properly introduced at workplaces and whether they are being properly managed to steadily improve safety and health. Many workplaces have already been registered under this system. To promote the dissemination of the MHLW Guidelines, JISHA also holds seminars on the Guidelines and training sessions aimed at cultivating management system leaders to follow up on notifications from the MHLW. The roles required of safety management personnel in occupational safety management, and of health management personnel in occupational health management, are key components in the operation of the OSHMS, but mutual understanding and close cooperation among these safety and health management personnel is also crucial.

Thus, it is becoming even more important that future safety and health management activities in the workplace encourage safety management personnel to accumulate knowledge and experience related to occupational health, and health management personnel to gain knowledge and experience related to safety. It is likewise increasingly important that workplaces take advantage of the unique expertise of both their safety and health management personnel, while also striving to integrate occupational safety and occupational health by lowering the barriers between experts in these two fields.

To reduce potential risks in the workplace and contribute to the further improvement of safety and health, JISHA remains committed to actively developing OSHMS support services, such as the registration service and seminar organization activities mentioned above.

Activities of Industrial Safety and Health Organizations

63rd National Industrial Safety and Health Convention

The 63rd National Industrial Safety and Health Convention was held from October 27 to 29, 2004 in Osaka, Japan. It attracted more than 15,000 participants from around the nation.

Following the opening ceremony at the plenary session on the first day of the convention, awards were presented to recognize the achievements of individuals and companies in promoting safety and health. This session also featured a speech by Mr. Seichi ODA, Director-General of the Industrial Safety and Health Department of the Ministry of Health, Labour and Welfare (MHLW), entitled “Trends in Occupational Safety and Health

Administration,” and a special lecture by His Imperial Highness Prince Tomohito of Mikasa, entitled “The Welfare of Japan: Cancer and Sports Crisis Management.”

On day two, the convention was split into three tracks (safety and health combined, safety, and health) with fourteen individual sessions that included lectures, symposia, and various

presentations of safety and health activities in the workplace. The session on overseas safety and health featured a lecture by Mr. Atsuo HAMADA, Deputy Director of the Japan Overseas Health Administration Center of the Japan Labour Health and Welfare Organization, entitled “Infectious Disease Countermeasures for Companies Moving Overseas: Beware of Disease,” and three other presentations. The Green Cross Exhibition and the Comfortable Workplace Forum were held concurrently with the convention.



His Imperial Highness Prince Tomohito of Mikasa addresses the plenary session



Plenary session



Green Cross Exhibition

First Safety and Health Photo Contest Winners Decided

JISHA held the First Safety and Health Photo Contest as one of the activities to commemorate the 40th anniversary. The winning photographs (one gold prize, two silver prizes, three bronze prizes, and one special judge's prize were awarded) were selected from 196 entries and displayed at the Industrial Safety Museum from November 8 to 19, 2004. The gold prize winner, entitled "Safety Rope is the Bond of Life," is shown at right.



Gold prize winning photograph

2004 Year-End and New Year Zero-Accident Campaign

The Year-End and New Year Zero-Accident Campaign is held in workplaces nationwide by JISHA with the support of the MHLW for the purpose of preventing the occupational accidents that tend to occur frequently around the year-end and New Year period.

2004 marked the 34th anniversary of the campaign, which extended from December 15, 2004 to January 15, 2005.

The slogan for this year was "Take the time to check! Follow the safety rules during the year-end and New Year!" During this campaign,



2004 Year-End and New Year Zero-Accident Slogan poster

participating workplaces conducted various activities aimed at promoting

occupational safety and health, such as promoting safety and health management reviews and improvements, offering medical guidance, and carrying out educational activities like displaying posters on occupational safety and health-related issues.

Zero-Accident Record Certificates Awarded to 151 SMEs in 2004

JISHA established the System for Zero-Accident Record Certificates for Small and Medium-Sized Enterprises (SMEs) to encourage SMEs to voluntarily promote safety and health activities. Under this system, JISHA confers Zero-Accident Record

Certificates upon SME workplaces (workplaces with 10-100 employees operated by SMEs [defined as companies with less than ¥100 million in capital or fewer than 300 employees]) where employers and workers have cooperated to promote safety and health activities and achieved a record of zero accidents. Zero-Accident Record Certificates ranging from Class 1 (outstanding effort) to Class 5 (gold award, the top award) were conferred upon a total of 151 workplaces in 2004.

16th Workplace Medical Examination Promotion Campaign

The Workplace Medical Examination Promotion Campaign emphasizes the implementation and promotion of medical examinations among SMEs as a means of ensuring appropriate health management so that workers can enjoy a healthy work life. This annual campaign is implemented nationwide by JISHA and the National Federation of Industrial Health Organizations (Zeneiren), with support from the MHLW, to help raise occupational health standards in Japan.

The slogan for this year's campaign, now in its 16th year, was "Medical exams help you recognize and modify your lifestyle habits." The campaign was conducted in workplaces throughout the month of February in

2005. During this period, JISHA and Zeneiren also held seminars and organized other meetings to encourage SMEs to take part in this campaign and to raise awareness regarding mental health and other aspects of THP. They also promoted the development of systems for implementing health exams both inside and outside of the workplace.

New Japan-EU Web Site

The European Agency for Safety and Health at Work (an organization set up by the EU to provide people involved in the field of occupational safety and health with the information they need) and the Japan International Center for Occupational Safety and Health (JICOSH), JISHA, have set up a new Japan-EU web site. The site provides occupational safety and health information on Japan, such as Japan's best practices in the field of occupational safety and health, in English. The basic design for the web site was developed by the Agency. Network member nations, including the EU nations, the US, Canada, and Japan, will all post information on the site on various topics. The primary advantage of the site is that it facilitates information sharing through a consistent format, making it easier for users to search for the information they need.

The Japan-EU web site can be found at <http://www.eujposh.org/> (in English).

Labour Administrative Activities

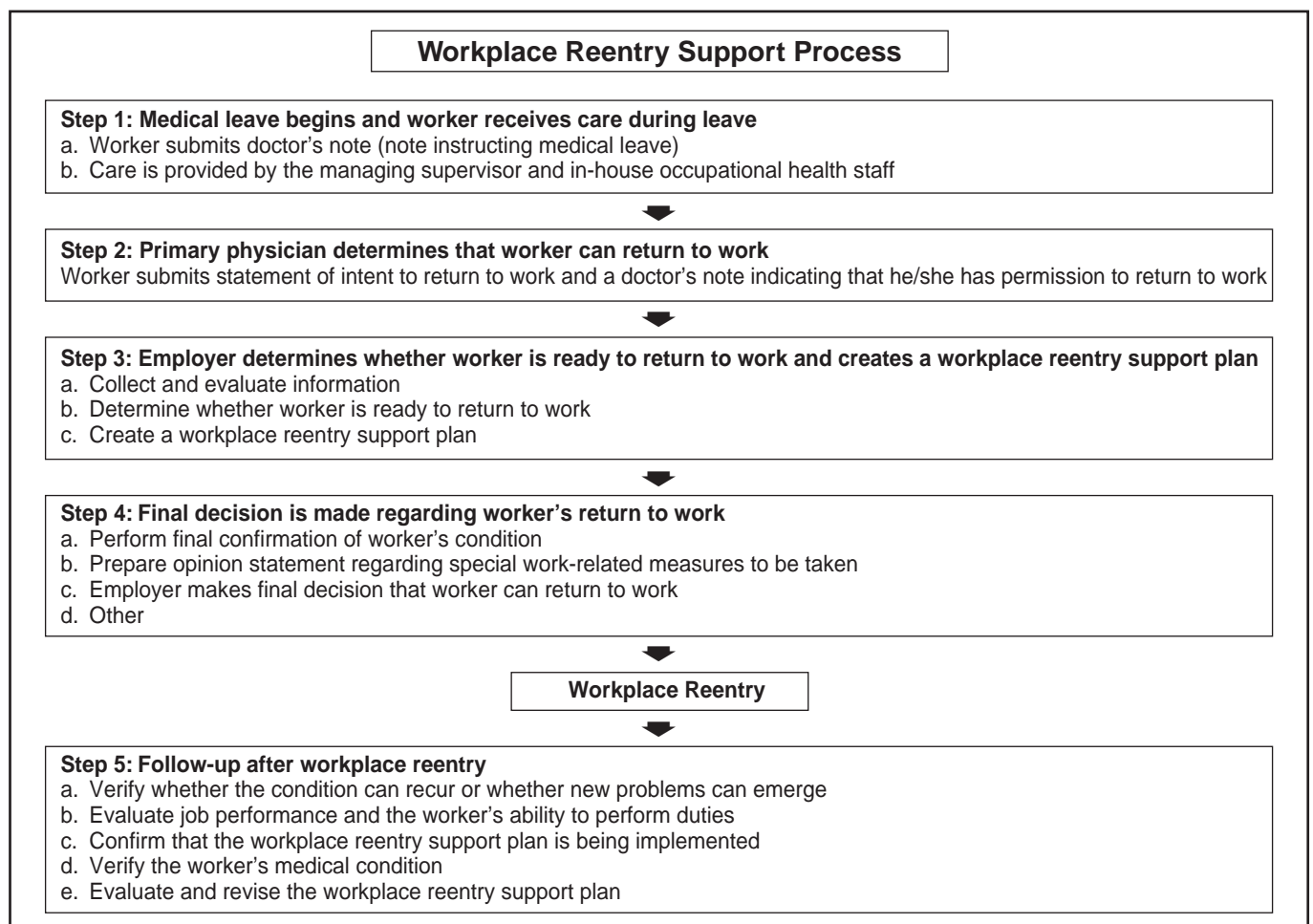
Completion of Manual on Workplace Reentry Support for Workers Returning from Leave Due to Mental Health Issues

The Ministry of Health, Labour and Welfare (MHLW) has issued a Manual on Workplace

Reentry Support for Workers Returning from Leave Due to Mental Health Issues. To promote mental health measures for workers, the MHLW enacted Guidelines for the Promotion of Workers' Mental Health at Work in 2000 and is now in the process of ensuring that workers are familiar with those guidelines. As part of these efforts, the ministry asked JISHA to begin studying the creation of the current manual in

FY2002. The results of that study have now been compiled and released.

This manual provides comprehensive coverage of what employers can do to support the workplace reentry of workers who have taken time off due to mental health issues and have recovered to a point where there are no medical problems preventing them from returning to work. In workplaces, employers need to provide workplace



reentry support programs based on the information contained in this manual as well as on the specific needs of each workplace, and need to make organizational and systematic efforts to develop these programs. It was deemed that this manual would be an integral component in making workers aware of efforts to develop systems and regulations regarding workplace reentry support. The program outlined in this manual divides the workplace reentry support process into five stages, as shown in the figure on the previous page, from the time the worker's leave begins to follow-up after reentry, and it specifically explains the steps that need to be taken at each stage. It is important that programs be implemented with due consideration for the worker's privacy, and that full communication be maintained between the workplace's in-house occupational health staff, the worker, and the worker's managing supervisor. It is also important to include the worker's primary care physician in this process.

The MHLW is striving to further promote worker mental health measures by ensuring that workers are informed about its guidelines as well as this manual. Employers are expected to use this manual in their workplaces as a reference tool to provide workplace reentry support programs that suit the specific needs of their workplaces, and to promote the development of systems for workplace reentry support.

Points to Consider Regarding the Handling of Health Information Components of Personal Information Relating to Employment Management

The MHLW issued the Guidelines for Measures to Be Taken by Employers to Properly Handle Personal Information Relating to Employment Management on July 1, 2004. Based on a notification from the Director-General of the Labour Standards Bureau, the MHLW has identified the following points for employers to consider, in addition to the stipulations of those guidelines, regarding the handling of the health information components of the personal information they keep on employees related to employment management (results of medical exams, medical history, and other health related information), which is governed by those guidelines.

(1) Matters pertaining to the employee's consent regarding unintended use or sharing of information with third parties

When an employer needs to obtain health information from a medical institution regarding information other than that contained in a

medical exam report submitted by a worker, the employer should obtain the worker's permission prior to obtaining that information and, if necessary, ask the worker to provide the information themselves.

(2) Matters pertaining to safety management measures and employee surveillance

a) Because the use of raw data such as diagnosis names and test results generated by a medical examination require processing and assessment based on medical knowledge, these activities should be performed by an industrial physician.

b) When health information is to be handled by persons other than occupational health personnel, measures should be taken, as necessary, to provide this health information in an appropriately processed format so that the health information that such persons have access to will be limited to the range of information necessary for them to achieve the intended purpose.

(3) Matters pertaining to the handling of complaints

To ensure that inquiries are properly addressed, a system for lodging complaints and handling inquiries regarding health information should be developed which enables

employers to communicate with occupational health personnel when necessary.

(4) Matters requiring consideration when taking measures to ensure that other employers are handling personal information regarding employment management properly

- a) Employers should pre-establish internal regulations regarding the purposes for which health information is to be used, and should publicize these among workers.
- b) When establishing the regulations described in clause (a), employers should, after having the regulations deliberated upon by their health committees, notify the labour unions about these regulations and hold meetings to discuss them, as necessary.
- c) Employers should inform workers who have undergone medical examinations conducted in accordance with the regulations stipulated in Article 66, Clauses 1 and 2 of the Industrial Safety and Health Law, of the results of their examinations without delay.
- d) Except when necessary for special job-related reasons, employers do not need to obtain from workers information regarding infectious diseases such as HIV or Hepatitis B, or genetic information.
- e) Employers should take heed of

the guidelines circulated in the medical field especially regarding safety management measures.

Also, employers other than those that handle personal information which handle health information have been asked to ensure that they handle their information properly based on the abovementioned special points to consider.

Points to Consider Regarding Viral Hepatitis Infection in the Workplace

The MHLW has compiled some points to consider regarding viral hepatitis infection in the workplace, and has called for ministries and agencies, prefectural labour offices, prefectural governments, relevant organizations like JISHA, employers organizations, the Japan Medical Association, and the National Federation of Industrial Health Organizations (Zeneiren) to take advantage of various opportunities to disseminate this information to the people who need it.

Because some individuals may have been unknowingly infected with viral hepatitis through the administration of Fibrinogen, the MHLW is calling for individuals to whom that formulation was administered to be tested using a system developed as part of its Emergency Comprehensive Measures for

Hepatitis C, and to see their doctor. As part of this effort, the list of medical institutions that received deliveries of Fibrinogen prepared by Mitsubishi Pharma Corporation was made public on December 9, 2004. The MHLW took this opportunity to prepare points to consider to further promote the proper handling of information regarding comprehensive hepatitis measures and viral hepatitis.

In the document, the MHLW indicates that employers should give workers who want to be tested for viral hepatitis the option of being tested when they undergo their various medical exams in the workplace, or should make efforts to enable them to take viral hepatitis tests offered by their local governments. When employers offer viral hepatitis testing during medical exams provided in accordance with the Industrial Safety and Health Law, the test should only be performed with the individual consent of the worker and the results should be conveyed directly from the medical institution that conducted the test to the worker. Adequate measures must be taken to ensure that no one other than the worker undergoing the test is erroneously informed about whether the test was taken or of the results of the test without the worker's consent.

With regard to employment management, viral hepatitis tests will not be conducted as part of the process of deciding whether or not to hire a

worker unless there is a truly rational and objective need to know this information for the purpose of judging the applicant's suitability or capabilities. Since viral hepatitis may persist in the body for decades without causing any symptoms, with the liver continuing to function normally, there is neither any particular need to consider this condition in the hiring process nor any reason for infected workers to be treated differently from other workers. Naturally, the document states that a worker's viral hepatitis infection in and of itself does not constitute a valid reason to prevent the worker from doing his or her job or to terminate his or her employment. It also states that workers who begin to notice symptoms caused by viral hepatitis, just like workers with other illnesses, should be treated rationally in the hiring process by employers, consulting with an industrial physician if necessary.

MHLW Begins to Investigate Chemical Substance Risk Assessment Methods

The MHLW has begun to investigate the chemical substance risk assessment methods that the Japanese government should use for preventing worker health impairment.

More than 50,000 types of chemical substances are manufactured or used in

Japanese industry, and many pose the threat of potential health impairment. Some are regulated by law, but employers are generally responsible for performing risk assessments on and voluntarily managing the chemical substances they handle based on their harmfulness and their workers' level of exposure to them. On the other hand, information on occupational diseases shows that half are attributed to diseases caused by unregulated chemical substances. The government, recognizing the need to perform risk assessments and take appropriate measures for those substances known to involve higher levels of risk, has established the Committee on Risk Assessments for the Prevention of Worker Health Hazards.

Substances subject to risk assessment are those that meet certain conditions suggesting that they involve higher risk levels, such as a high level of harmfulness or a significant degree of exposure. All substances do not need to be assessed at once. Rather, conduct of assessments should be prioritized by risk level, starting with substances with the highest levels of risk. This committee will investigate a framework for future efforts, such as chemical substance risk assessment methods, matters pertaining to the collection of exposure related information, and measures to be taken after risk assessments are performed. The committee is scheduled to compile its report by March 2005.

Fact Sheets Issued to Provide General Public with Information on Chemical Substances

The Ministry of the Environment has created and published 2003 Chemical Substance Fact Sheets, which contain a wide range of information for general audiences on the uses of chemical substances, how they move within the environment, and their health effects. By facilitating an accurate understanding of information pertaining to chemical substances and chemicals among various users, such as employers and consumers who handle chemical substances, these fact sheets are intended to promote proper chemical substance management, thereby reducing the environmental risks caused by chemical substances. The sheets are being sequentially prepared for chemical substances governed by the Law Concerning Reporting, etc., of Releases to the Environment of Specific Chemical Substances and Promoting Improvements in Their Management (PRTR Law). Fact sheets have already been compiled for 47 of the chemical substances governed by the Law, for which high levels of emissions were reported in the FY2001 tabulation results of the pollutant release and transfer register (PRTR) based on the Law.

The fact sheets are comprised of about three pages per substance, and include basic information such as the substance name, synonyms, PRTR number, Chemical Abstracts Service (CAS) Registry Number, and structural formula, as well as its uses, emissions into the environment, movement within the environment, health effects such as its toxicity and absorption by the body, and ecological impacts. All of this information is provided in an easy to understand format. The fact sheets can be found in Japanese on the Ministry's web site at <http://www.env.go.jp/chemi/communication/factsheet.html>.

Winners Recognized at 7th Safety Master Awards

The MHLW has established the Safety Master Awards System to recognize outstanding front-line supervisors that are directly involved in guiding workers. The Minister's Award for Safety Masters is presented to individuals who possess outstanding skills and experience, and who have demonstrated excellent safety performance in their workplace or department. The 7th Safety Master Awards Ceremony was held on January 13, 2005. At this year's ceremony, 153 individuals were presented with the award. This system was established to raise the level of internal and public recognition of outstanding supervisors

who demonstrate a high level of safety awareness and provide appropriate safety guidance to their workers. At the same time, it aims to stimulate safety activities in workplaces and communities, revolving around these supervisors, by providing the award winners with the support they need to play an even more active role in this field.

Research and Statistics

Violations of Industrial Safety and Health Law Found at More than Half of Construction Sites in Tokyo

According to an announcement by the Tokyo Labour Office, violations of the Industrial Safety and Health Law were found at more than half of the 252 construction sites inspected within Tokyo. The Emergency Policy to Eliminate Construction Accidents, aimed at preventing occupational accidents in the construction industry, was implemented from October 1 through the end of December last year. As part of these efforts, the Tokyo Labour Office offered simultaneous inspection and individual guidance at about 252 construction sites in Tokyo from October 1 to 15, 2004, and assessed whether basic safety policies, such as those for preventing falling accidents, were being followed. This process yielded the results above.

Industrial Safety and Health Law violations were discovered at 138 sites, more than half of the 252 sites examined. Work suspension orders were issued at 46 of those sites.

The data shows that 86 sites, or 34.1%, were deemed to have potential falling hazards due to the lack of safety belt usage while performing work at high elevations. Problems related to the

safety and health management of subcontractors by prime contractors were found at 90 of the work sites, or 35.7% of the total. For example, prime contractors were not monitoring the inspection status of machinery brought to the site by subcontractors at 43 sites and site patrols were not being properly implemented by prime contractors at 40 sites.

Based on these results, the Office has decided to strengthen measures to eliminate occupational accidents by urging relevant organizations to prevent occupational accidents and by holding meetings for managers and seminars for top executives of the prime contracting companies.

Safety Considerations an Issue at 40% of Workplaces that Employ Persons with Disabilities

According to the 2003 Employment Survey on Persons with Disabilities issued by the Ministry of Health, Labour and Welfare (MHLW), as many as 80% of workplaces where persons with disabilities are employed cited “identifying suitable work for them in the company” as their most frequent challenge in the employment of persons with disabilities. The second-most frequently reported challenge, cited by more than 40% of those

workplaces, was “determining whether workplace safety considerations can be adequately made.” This survey was conducted among private workplaces with five or more employees to ascertain the employment situation of persons with disabilities in private-sector workplaces. An individual survey was also conducted among the full-time employees with physical, mental, or emotional disabilities at the workplaces surveyed.

Of the workplaces that employ persons with physical disabilities, 69.0% indicated the presence of employment-related challenges with regard to those employees. A breakdown shows that 76.6% have problems “identifying suitable work for them in the company,” followed by 45.4% that have problems “determining whether workplace safety considerations can be adequately made.” Of the workplaces that employ persons with mental disabilities, 73.5% indicated that they face employment-related challenges, with “identifying suitable work for them in the company” being the most frequently cited challenge, reported by 81.4% of workplaces, followed by “determining whether workplace safety considerations can be adequately made,” reported by 42.6%. Of the workplaces that employ persons with emotional disabilities, 72.7% indicated the presence of employment-related challenges, with “identifying suitable work for them in the company” being the most

frequently cited, by 79.6% of workplaces, followed by “determining whether workplace safety considerations can be adequately made,” cited by 41.2% of workplaces.

According to the individual surveys of the persons with disabilities, however, the most frequently cited needs for improvement to continue working for their current employer were “evaluations, raises, and promotions in accordance with ability” and “the development of means and systems for communication,” both cited by 29.8% of respondents. These were followed by “consideration for work conditions and hours,” cited by 24.8%, and “improvement of safety measures,” cited by 13.0%.

Results of the 2003 Study on the Health Effects of Dioxins*

Based on the Basic Guidelines for the Promotion of Measures against Dioxins, the MHLW has established, under JISHA, the Research Committee on the Health Effects of Dioxin Exposure on Sanitation Workers. The committee conducts an annual study on the health effects of dioxin on workers at waste incineration facilities. The MHLW has announced the results of analyses of dioxin concentrations in the blood found in a follow-up study on workers surveyed in FY2003 at the Toyono Clean Center in

Osaka Prefecture and in a study on workers at eight waste incineration facilities nationwide. Follow-up studies have been conducted annually at Toyono Clean Center because of the high levels of dioxin concentrations in the blood of workers found at the facility in 1998.

The average concentration of dioxin in the blood of workers at the Center has fallen every year from the average found in the initial FY1998 study. This year the average was down 41.4% from FY1998 levels, to 114.9pg-TEQ/g fat. The average concentration of dioxin in the blood of 165 workers at eight waste incineration facilities nationwide was 16.7pg-TEQ/g fat, about the same level measured by the Ministry of the Environment in the general population in FY2000.

Also, skin inspections conducted by physicians did not reveal any findings that would indicate exposure to dioxins among any of the workers involved in sanitation work.

Based on past findings, the MHLW has determined that contamination has only been found thus far in workers at the Toyono Clean Center and that other facilities are taking proper measures to manage dioxin exposure. However, ongoing studies will be conducted in the future.

*Dioxins include polychlorinated dibenzo para dioxins (PCDDs), polychlorinated dibenzofurans (PCDFs), and coplanar PCBs.

Preliminary Data on Fatalities and Serious Occupational Accidents in 2004

The MHLW has released its initial figures on the number of work-related fatalities and serious occupational accidents that occurred in 2004. There were a total of 231 serious occupational accidents involving simultaneous work-related death, injury, or illness of three or more workers, 12.7% higher than the 205 cases reported in 2003.

The number of fatalities in 2004, however, fell to 1,509, down 16 from the 1,525 provisionally reported in the previous year. By major industry, the number of fatalities was: construction, 565; manufacturing, 274; and overland cargo transportation, 229. By type of accident, the largest number was caused by road traffic accidents (410 fatalities). This was followed by accidents involving a fall to a lower level (394 fatalities) and accidents in which the victim was caught in or compressed by equipment (221 fatalities).

These are preliminary figures as of January 7, 2005, but final figures are expected to be announced in April.

Research and Statistics

Domestic Topics

Campaign to Eliminate Unpaid Overtime

The Ministry of Health, Labour and Welfare (MHLW) regularly makes efforts to eliminate unpaid overtime, and has decided to designate every November as the “Campaign Month to Eliminate Unpaid Overtime” in order to implement activities promoting efforts led by labour and management to end unpaid overtime. During the campaign in 2004, the MHLW conducted activities, including poster displays, to raise awareness, and requested cooperation from employers’ organizations in familiarizing workers and employers with the Guidelines Regarding Required Measures for Ending Unpaid Overtime.

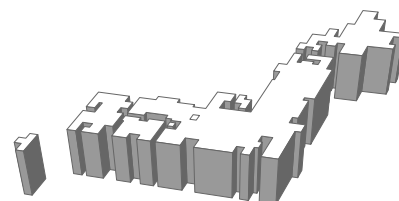
Free telephone consultations on unpaid overtime were provided in conjunction with Labour Thanksgiving Day on November 23, 2004, and the relevant officials from the Prefectural Labour Office responded to inquiries on proper work time management and the elimination of unpaid overtime. A total of 1,430 calls were received from all around the country. Of those, 958 were from workers, 399 were from a worker’s family member, and five were from employers. The Japanese Trade Union Confederation also offered telephone consultations for four days from November 18 to 21.

A total of 1,184 of the companies that followed the guidance issued by the Labour Standards Inspection Offices nationwide and paid out supplemental wages for unpaid overtime in FY2003, paid out ¥1 million or more per company. Total supplemental wages of ¥23,874,660,000 were paid to a total of 194,653 eligible workers.

Global Asbestos Congress 2004 Held in Tokyo

The Global Asbestos Congress 2004 in Tokyo (GAC 2004), whose goal is the complete prohibition of the use of asbestos, was held by the GAC 2004 Organizing Committee Tokyo at the Waseda University International Conference Center from November 19 to 21, 2004. The congress began with a session highlighting the importance of taking urgent action to deal with the health effects of asbestos all around the world. It featured seven plenary sessions on such topics as crisis preparedness, risk communication, and empowerment of victims and their families, eight workshops on themes including asbestos lawsuits, and a poster session, all of which encouraged the brisk discussion of issues from numerous perspectives. On the final day of the congress, in view of the devastating health effects of all forms of asbestos, the congress issued an appeal to eliminate asbestos risks, calling for a prohibition on the use of asbestos, the protection of the lives of workers and the general public, and the promotion of substitute products. This appeal was adopted by the congress as the GAC 2004 Tokyo Declaration.

A “mesothelioma and asbestos hotline” was set up at the congress venue by the Mesothelioma - Pneumoconiosis - Asbestos Center to offer telephone consultation services in conjunction with the congress. During the event, hotline workers responded to 87 consultation calls, 16 of which dealt with health care and workmen’s accident compensation issues (including eight persons with malignant mesothelioma), and 71 of which addressed the issue of asbestos dispersion in the environment.



Japan Industrial Safety and Health Association (ILO-CIS Nation Centre in Japan)

5-35-1 Shiba, Minato-ku, Tokyo 108-0014, Japan Tel/Fax: +81-3-3454-4596

E-mail: kokusai@jisha.or.jp Website: <http://www.jisha.or.jp>

JISHA was established in 1964 under the Industrial Accident Prevention Organization Law. Its purpose is to eliminate industrial accidents by improving Japan's industrial safety and health levels through voluntary accident prevention activities among businesses throughout Japan.

President: Mr. Kazuo Hiromi Executive Director: Mr. Hideyo Nakano

Contact: Mr. Hirotohi Goto, Senior Director, International Affairs