

THE EFFECT OF COMPANY SYSTEM ON WORKERS' HEALTH RISK IN ABROAD

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Objects and Methods

Individual companies have the responsibility of risk management and emergency coping for workers temporarily in abroad. The SARS epidemic imposed the need of unified local risk management beyond individual companies. This study focused on the ways of grasping workers' health in abroad and the counterplan for SARS. In March 2004 we sent an anonymous questionnaire to health supervisors of 401 manufactures employing over 100 workers in Fukushima Prefecture. It included company type and size, health state of workers in abroad less than three months per year and their medical control, the principle coping with SARS, available information on health risk at the spot, and the contribution of human resources (industrial physicians, nurses, and workers themselves).

Results and Discusison

1. Of 163 respondents (40.6%), 95 companies had workers in abroad (machinery 32.6% and other industry 30.5%). Large companies over 300 employees shared only 21.1%. Major countries visited were China (60.0%) and Southeast Asia (37.9%). The number of workers was 1 to 5 persons (45.3%) and 6 to 10 persons (20.0%) per company. Major health information source was the local manager at the spot (64.2%), mass media (47.4%), and Japanese government (30.5%). Some companies experienced medical troubles in abroad (8.4%) and admitted (5.3%) in abroad or in Japan. Only three companies developed the network of risk counterplan by experienced workers.

2. The counterplans for SARS (new, conventional, or others) were significantly related with the way of health risk management, but not with the experience of medical troubles. The companies with new principle to SARS had more treatment in the spot (43.3%), in contrast to those with conventional principle, which depended more on workers' judgment

(38.9%). In addition, the former had more conference with workers in abroad (63.0%) than the latter, which took more responsibility to themselves (45.5%). The former also judged workers' medical safety more frequently at head office (50.0%) than at local company respondents (factory superintendent, health supervisor, and industrial physician) (36.1%). It means that the head office unified the judge and decision of the principle but that individual counterplans were decided by workers themselves and at the spot for flexible risk management.

3. Using past health information ("some extent and more" were 46.6%) was more frequent than "no use" and "unnecessary", and related with counterplans for SARS. The companies with new principle used more information than other groups and fewer cases of "no use" and "unnecessary". As the reason not to use health information, they depicted more incredibility of information (unavailability or uncertainty) than poor information quality and difficulty in judgment. They also got information from other companies in case of unavailable information.

These differences in principle against health risk between companies may be related with the experience of SARS epidemic. A system promoting information exchange and improvement of risk management would help to develop a unified counterplan against common health risk beyond the merit/demerit of individual companies.