

The logo for the British Occupational Hygiene Society (BOHS) features the letters 'BOHS' in a bold, blue, sans-serif font. The letter 'O' is stylized with a white circle inside it.

British Occupational  
Hygiene Society



**IOHA**



OCCUPATIONAL  
HYGIENE SOCIETY  
OF IRELAND

# 13th IOHA International Scientific Conference

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Dublin, Ireland  
June 2024

The Occupational Hygiene Society of Ireland (OHSI) and the British Occupational Hygiene Society (BOHS) are privileged to jointly host this conference and to contribute to its successful outcome.

The conference theme has been confirmed as - 'Protecting workers from health hazards: Advancing in this changing world'.

The conference aims to promote occupational hygiene and worker health protection by the minimisation of worker exposure to hazardous agents globally through plenary sessions, keynote lectures, parallel talks, workshops, poster presentations and

professional development as well as networking opportunities and social functions.

A strong Global media campaign will publicise the main causes of occupational disease throughout the conference.

More information including venue, dates and abstract submission arrangements will be announced very soon. Please mark your diaries for June 2024 in Dublin, Ireland!

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# IOHA National Accreditation Recognition Committee

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To support its strategic objectives, the International Occupational Hygiene Association (IOHA) has committed to the development and operation of a global system for the recognition of the occupational hygiene credentialing bodies. This is delivered through the IOHA National Accreditation Recognition (NAR) scheme. The primary purpose of the NAR scheme is to raise professional standards in the practice of occupational hygiene on a global scale; to achieve better health and safety outcomes for all workers. The NAR scheme establishes a global benchmark against which the certification programmes of participating credentialing bodies can be assessed. It provides a measure of proof that certificants of individual credentialing bodies meet globally recognised best practices and standards. It also aims to set a global standard, which other occupational hygiene credentialing bodies can strive to achieve.

## Vision

The vision of the NAR scheme is to have a world in which there are sufficient occupational hygienists certified by credentialing organisations, recognised by IOHA, to make an impact on the global burden of occupational disease.

## Mission

The mission of the NAR scheme is to promote global respect for, and recognition of, professional certification programmes that meet or exceed the IOHA Model Certification Programme as ratified by the IOHA Board.

The IOHA National Accreditation Recognition Committee (NARC) is responsible for administering the scheme and delivering the global system for the recognition of the occupational hygiene credentialing bodies. The NARC comprises one representative from each credentialing body recognised under the scheme. Currently, there are 17 credentialing bodies recognised by IOHA under the NAR scheme. The NARC is presently assessing an application from a new credentialing organisation, and expects to receive another application by March 2022. The process of recognition under the NAR scheme is voluntary and open to any occupational hygiene certification programme, i.e. it is not limited to IOHA members.

## Requirements of the NAR scheme

To be recognised by IOHA, credentialing programmes must meet or exceed the requirements of the IOHA Model Certification Programme, which has been ratified by the IOHA Board and is based on seven criteria. The NAR scheme requires credentialing organisations recognised by IOHA to have policies, systems and procedures that comply with these criteria.

## Criterion 1: Definition and goals

Criterion 1 outlines the general requirements of the IOHA Model Certification Programme, including the definition and goals. The organisation seeking recognition by IOHA under the NAR scheme must have a formal structure, which includes a definition of occupational hygiene, and objectives consistent with those of IOHA. The definition of occupational hygiene and other relevant documentation can be obtained from the IOHA website.

## Criterion 2: Code of ethics

Criterion 2 requires the credentialing body to have a code of ethics that is aligned with, and meets the requirements of, IOHA. It must also have mechanisms for administering its code of ethics. The model code of ethics is available from the IOHA website.

## Criterion 3: Candidate education and experience

Criterion 3 outlines the minimum education and experience requirements for candidates. These have been determined by the IOHA Board. Candidates are required to have a Baccalaureate degree plus four years of suitable experience, as a minimum. This equates to seven years of academic study and experience, which can comprise:

- Baccalaureate degree (3 years) + 4 years' experience
- Master's degree (4 years) + 3 years' experience
- Doctorate (5 years) + 2 years' experience

## Criterion 4: Testing the candidate

Criterion 4 specifies the requirements for the testing of candidates. The professional competence of a candidate is to be determined by a written examination, which covers both knowledge (as defined by the education criteria) and professional practice. An optional oral examination can be included to assess the technical expertise, problem solving, and communication skills of the candidate.

## Criterion 5: Evaluation process

Criterion 5 outlines the general requirements for the evaluation of candidates. It requires the credentialing body to demonstrate how its candidate evaluation procedures are consistent and verifiable, to ensure objectivity, standardisation, and documentation of the evaluation process. The assessment criteria reference the relevant sections of ISO 17024 with respect to:

- Documented methods for the examination of candidates to ensure that examination of candidates is fair, valid and reliable
- Procedures for the periodical assessment of the fairness, validity, reliability and overall performance of each examination
- Adequacy of resources to run the certification programme

- Systems for maintaining confidentiality
- Policies and procedures for the management and resolution of appeals and complaints from applicants
- Sufficient staff with the necessary education, training, technical knowledge and experience to perform certification assessments and administrative functions

#### **Criterion 6: Maintenance process**

IOHA is committed to the concept of ongoing professional development as a means of improving the practice of occupational hygiene, and the knowledge, competence and standing of its practitioners. Criterion 6 requires the credentialing organisation to develop and maintain a formal mechanism of professional development for its certificants. It also requires detailed reporting and random auditing of the certificants' certification maintenance information.

#### **Criterion 7: Interface with related discipline professional certification**

Criterion 7 specifies how the credentialing organisation should interface with related professional disciplines. It requires the organisation to have a process for working with other professional organisations and credentialing bodies to ensure that it does not become inwardly focused, and to broaden the knowledge base, allowing technical expertise to expand or evolve.

Guidance and support are available for organisations seeking to develop and implement a credentialing programme. Further details regarding the IOHA National Accreditation Recognition scheme are available from the IOHA Executive Secretary, Retha van Niekerk, at [retha@ioha.net](mailto:retha@ioha.net), or the NARC Chairman, Philip Hibbs, at [philiphibbs@ioha.net](mailto:philiphibbs@ioha.net).

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## Malaysia's approach to the COVID-19 pandemic

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The COVID-19 virus took the world by storm when it first appeared in Wuhan, China, in December 2019. Although the outbreak began as a common pneumonia case, the virus infected and killed millions of people. Others suffered from prolonged symptoms such as loss of sense of taste. COVID-19 was declared a pandemic by the World Health Organization (WHO) on 12 March 2020, after invading more than 180 countries, including Malaysia. Due to Malaysia being the country with the third highest number of cases in Asia, the Government of Malaysia implemented multiple phases of lockdown such as the Movement Control Order (MCO), the Conditional Movement Control Order (CMCO), and the Recovery Movement Control Order (RMCO), which were eventually placed under the National Recovery Plan (NRP).

One of the most affected industries in Malaysia was small and medium-sized enterprises (SMEs) in which clusters of COVID-19 had originated due to lack of awareness, proper countermeasures, and efficient air ventilation systems.

In 2021, the Department of Occupational Safety and Health (DOSH) published an air quality and ventilation guide for building offices. The Guide includes the recommendation of controls applied to premises with mechanical ventilation and motor vehicle air conditioning (MVAC) systems; those with air conditioning without fresh air; and those with natural ventilation. The most common recommendations include reducing room occupancy, installing a stand-alone air cleaner with recommended filters, and opening windows to let in natural air as frequently as possible. For offices with MVAC systems, it is crucial to

carry out regular maintenance and use high-efficiency filters with a minimum efficiency reporting value of 13 (MERV 13), as recommended by the DOSH. MERV 13 is the highest-rated filter recommended for residential and commercial applications as it can remove > 99% of bacteria and viruses from the air, keeping the indoor air quality and environment free of common pollutants and allergens. The temperature should be maintained at 23–26 °C with 40–70% relative humidity. The Guide encourages the consistency of indoor air quality (IAQ), based on the 2010 Industry Code of Practice. According to the United States Environmental Protection Agency (EPA), increasing ventilation can lower the risk of being exposed to resuspended particles, such as SARS-CoV-2 and other pollutants. Opening windows or doors, for example, can also reduce exposure to cleaning and disinfection agents.<sup>1</sup>

Vaccines against coronaviruses, such as the Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) viruses, have been in development for many years. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), or Coronavirus Disease 2019 (COVID-19), is linked to the other coronaviruses. In Malaysia, the National Immunisation Programme was initiated on 14 October 2020 by the Special Committee for Ensuring Access to COVID-19 Vaccine Supply. To speed up access to vaccines to the Malaysian workforce, the Ministry of International Trade and Industry (MITI) established a voluntary programme on 13 June 2021, in collaboration with the Government and the private sector, called the Public-Private Partnership Covid-19 Industry Immunisation Programme.

The companies that joined this programme must prepare vaccine distribution centres, with both medical and safety departments at their workplaces.<sup>2</sup> The company will bear the administration fee while the vaccines supply is provided by the Government at no cost, according to the MITI. The programme was established to increase the rate of immunisation of employees.

With increasing numbers of employees receiving vaccines, more are able to attend work, physically, according to the employee capacity provided by the MITI. Thus, many SMEs have reopened, which has increased the rate of recovery of the economy. Although the vaccination programme had a rocky start, with constant encouragement from the Government and information sharing, more than 20 million Malaysians were fully vaccinated as of 5 October 2021. The number of COVID-19 cases has gradually declined since then.

The Government introduced the 2021 National Recovery Plan (NRP), which focused on the staged reopening of society and the economy, through to the end of 2021. The NRP is a roadmap that provides the necessary standard operating procedures (SOPs) for public and business premises during different stages of healthcare recovery.<sup>3</sup> Now, most of the Malaysian states have reached the final stage of recovery (stage 4), although citizens, especially business owners, are still required to enforce SOPs for their workers.

The MITI introduced the Safe@Work guideline, which serves as a risk mitigation plan for COVID-19 outbreaks in workplaces. This plan provides preventive measures at workplaces, such as the mandatory wearing of masks, office and warehouse sanitisation, health screening, and the establishment of a Preparedness and Emergency Response Team (PERT), or the use of an existing PERT for the preparation and implementation of emergency case management procedures, in compliance with the National Security of Council (NSC).<sup>4</sup>

During the pandemic, many countries, including Malaysia, saw a shocking decline in mental wellbeing as lockdowns affected the psychological health of citizens. A study by Perveen et al. (2020) revealed the common mental issues faced by citizens during the earlier phase of lockdowns (April to July 2020), which included stress (70%), anxiety (67%), and depression (42.3%).<sup>5</sup> The Ministry of Health provided a Mental Health and Psychosocial Response to Disaster in Community Programme and a suicide prevention helpline for workers

and frontliners. These include guidelines for both the prevention of, and intervention measures for, mental health issues at workplaces, especially SMEs, during the Pandemic. An example of such measures is the early detection of psychological disturbance, which is assessed by performing health screening and providing the DASS (Depression, Anxiety, and Stress Scale) form to workers at both the work premises and work-from-home environment. The Malaysian Emergency Department also provides suicide acute response teams (SARTs) at workplaces, which consists of multiple members that intervene in potential suicide actions at workplaces.<sup>5</sup> The teams provide both rescue and psychological first aid, and communication with victims' families.

These are some of the significant occupational safety and health and industrial hygiene approaches taken by the Malaysian Government in response to the Pandemic.

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