

The project "Health: a valuable resource in the Waste Sorting Unit Asten" is an innovative initiative looking at health among migrant workers in the waste disposal industry. The waste sorting unit in Asten is a branch of the A.S.A. concern which has 14 sites in Austria, employing over 400 people. In Asten, about 40 employees sort out material (mostly industrial waste), before sending it on to a recycling plant.

About the Company

Working in the waste disposal industry can be extremely hazardous. Workers contend with noise, heat, cold and poisonous or dangerous materials that not only cause physical problems but lead to high stress levels, particularly as the work has to be carried out very swiftly.

The impetus behind the health promotion project in the A.S.A. Waste Sorting Unit came from the occupational doctor. She found that there was an abnormally high risk of accidents in the enterprise and also an extremely bad atmosphere at work. Before the project started, there had been a fatal accident in the company.

The worksite is run as an independent limited company, and is similar in structure to any other medium sized enterprise. The bulk of responsibility, including that of industrial safety, falls on the plant manager. However, industrial safety is only adhered to as a minimum legal requirement. As is often the case in poorly paid industries employing unskilled workers, there is no works council.

With the agreement of the management and the support of the Upper Austrian Sickness Fund (OÖGKK), a health circle project requiring the active participation of the workers (who were mostly non-German speakers) was launched. The objective was to improve working conditions and reduce health hazards by putting the expertise of the people affected to good use.

Bringing health circles to the workplace

The project team, including the plant manager, an occupational doctor, health circle facilitator and the employee of the OÖGKK responsible for health promotion, initiated the following measures in the A.S.A. Waste Sorting Unit:

■ Evaluation of occupational accidents and sick leave data

Prior to the circle work, information was gathered on sick leave and work-related accidents so that a comparison could be made with the industry in general.

■ Keeping the workforce informed

The purpose of the project was explained to the workforce and a

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written invitation to participate was circulated in both German and Turkish. A meeting conducted in both languages provided staff with further information.

n Health circles

Work groups included staff employed on the conveyor belt where the materials are sorted – a particularly hazardous place to work. As most of the employees here are migrant workers, it was decided that the health circles should be bilingual, i.e. conducted in German and Turkish. An external mediator joined the groups, helped by an interpreter. The 5 circle meetings took place between the middle of June 1999 and the middle of August 1999.

n Presentation of the results

When the health circle meetings finished, the results were presented to the plant manager for his comments. The implementation of the proposed measures was discussed with the circle members (with the help of the Turkish interpreter) and prioritised according to urgency.

n Leaflets

The occupational doctor produced leaflets which were translated into Turkish. They contained information about safety at work (the use of masks and gloves) and how to avoid injuries.

n Final report

The final report, currently being written in two languages, gives information about the most important results and measures. Every employee will receive a copy.

A promising future

Unqualified foreign workers tend to be employed in the waste disposal industry and feeling undervalued is a common problem among them. However, by involving these workers in the problem solving process, management acknowledged their importance to the company.

The trust between the workers and the interpreter (known to be a supporter of the rights of migrant workers) was an important feature. This bilingual, trusting situation created a setting in which the Turkish workers could outline problems in their own language and gave them the confidence to work out solutions.

The opportunity to show their skill and intelligence improved employees' confidence, helped create a better working atmosphere and improved the level of understanding between the two nationalities.

After five meetings, no less than 38 problem areas (such as risk of accidents, noise, dust, stress and hygiene) along with suggestions for solutions had been identified.

Some deficiencies in the implementation of industrial safety also became obvious through the circle work. Within six weeks of the solutions being presented, 50% could be implemented through simple organisational measures and with a limited investment budget. This shows that actively involving the workforce is a powerful method of implementing effective health improving measures.

Experience has shown that continuity of health promotion can only be achieved if someone has specific responsibility for it. At A.S.A., health was placed firmly on the company agenda when the works doctor agreed to take on the responsibility for maintaining healthy working conditions.