

Observation (CEACR) - adopted 2011, published 101st ILC session (2012)

Occupational Cancer Convention, 1974 (No. 139) - Italy (Ratification: 1981)

Other comments on C139

Observation

Legislation. The Committee notes the information provided by the Government in its last report. It notes with **satisfaction** that the Legislative Decree No. 81 of 9 April 2008, the “Single Text for the Protection of Safety and Health in Workplaces (TULS)”, establishes a comprehensive framework for the protection of workers exposed to carcinogenic substances and agents (Part IX, Chapter II). Concerning its previous comments, the Committee takes note of the fact that the new legislation replaces different regulations on safety and health at workplace, *inter alia*, the Legislative Decree No. 626 of 19 September 1994. In addition, the Committee takes notes of the fact that, by means of sections 234 and 245 of the Legislative Decree No. 81 of 2008, Italian law, in line with *Article 1 of the Convention*, provides for a list of carcinogenic and mutagenic substances and ensures that this list is periodically reviewed by the National Consultative Commission for Toxicology. The Committee notes the update of the list of carcinogenic and mutagenic substances attached to the Government’s report. Section 243 of the named Legislative Decree ensures the conformity of Italian legislation with *Article 3* of the Convention, by establishing a system of records, composed of a registry and a sanitary file for each worker at risk and the obligation to keep those files at the Higher Institute for Occupational Safety and Health (ISPESL). This body is in charge of data collection and monitoring on occupational hazards related to exposure to carcinogenic substances (the data are received from the National Institute for Social Security, the National Institute of Statistics, the National Insurance Institute for Employment Injuries, physicians and public and private hospitals); each year the ISPESL communicates them to the Ministry of Health and the Ministry of Labour.

Article 5. Medical examinations and health supervision. Alternative employment or other measures offered for maintaining income where continued assignment to work involving exposure is medically inadvisable. In its previous comments the Committee referred to the situation of workers for whom a continued assignment to work involving exposure to carcinogenic substances was found medically inadvisable. The Committee pointed out that, in case a relocation of the workers to other positions (at equivalent or lower level) within the same enterprise was not possible, they needed to be assisted in finding alternative employment or with measures to protect their income. Against this background, the Committee takes note of the fact that the previous legislation regulating this issue is no longer in force but that section 42 of the TULS requires the employer to assign the worker who has been declared unable to work under exposure to carcinogenic substances to an equivalent position and, when this is not possible, to a lower position (while retaining the same remuneration). The Committee further notes that, according to section 8, Law No. 68 of 12 March 1999, in case the assignment to another position with the same employer is not possible, the placement agencies are in charge of helping the dismissed workers to find

alternative employment, thus in conformity with point 14 of the ILO Occupational Cancer Recommendation, 1974 (No. 147). In addition, the Committee takes note of the fact that, according to Decree 1124 of 30 June 1965, when workers contract an occupational disease (as under the list contained in Annex 4 of the named Decree), the National Insurance Institute for Employment Injuries (INAIL) provides for, between others, compensation for temporary and permanent inability to work. Concerning health supervision, the Committee notes the information supplied by the Government on the medical examinations to be conducted before and during the employment activities of workers exposed to carcinogenic substances. The Committee reminds the Government that, under the terms of this Article, these examinations must also be carried out after the period of employment. ***The Committee requests the Government to make provision in law and in practice for medical examinations following the period of employment and requests it to provide information in this respect.***

Part IV of the report form and Article 6(c). Inspection reports, statistics and appropriate system of inspection. With reference to its previous comments, the Committee notes with **interest** the detailed information provided by the Government. The Committee notes the data on occupational diseases collected by the INAIL in the period between 2006 and 2011, with statistics disaggregated by region, sector of activity and type of disease. According to these statistics, between 2006 and 2010 there has been an increase of 58.3 per cent of occupational diseases reported (from 26,752 in 2006 to 42,347 in 2010), out of which the majority is related to musculoskeletal disorders (from 10,069 in 2006 to 25,937 in 2010, with an increase of 157.6 per cent), and hearing loss (from 6,483 in 2006 to 6,277 in 2010, with a decrease of 3.2 per cent). The Committee also notes that the asbestos exposure-related diseases continue to increase. The Committee further notes the information provided by the Government on the Italian Information System on Occupational Exposure to Carcinogens (SIREP), which has been created by the ISPESL with the aim to monitor the exposure of workers to carcinogenic substances and the report of the National Registry of Mesotheliomas (ReNaM) for the period 1993–2004, which contains data on the types of cancers contracted at workplaces disaggregated by gender. According to this data, out of 6,640 cases of mesothelioma, in the period between 1993 and 2004, the majority of which are pleural cancers (6,203 cases); amongst the others there are cancers developed on the peritoneum area (396 cases). The Committee also notes the data concerning asbestos-related lung cancer mortality for the period 1980–2001 (12,216 pleural cancer deaths). ***The Committee, therefore, invites the Government to continue providing updated information and statistics on the number of professional cancers, with data disaggregated also by type of cancer.***