Cochrane Work
first five years
2010 – 2015
The best source of evidence in occupational safety and health

About Cochrane Work

• One of 53 review groups within Cochrane, which is an international and independent not-for-profit research organization
• Manages production and publication of Cochrane systematic reviews assessing the effectiveness of occupational health and safety interventions
• Registered with Cochrane as Occupational Health Field in 2003
• Changed to Occupational Safety and Health review group in 2010
• Following Cochrane rebrand in 2015 changed to Cochrane Work
• Housed and funded by Finnish Institute of Occupational Health
• Website: www.work.cochrane.org
• Twitter: @CochraneWork
As Cochrane Work

We have a commitment to:

1. our readers to produce the highest quality systematic reviews that meet the high quality standards set by Cochrane.

2. our authors to provide the highest quality editorial services in a timely fashion.

3. our funders, the Finnish taxpayers, to provide good value for money by producing reliable and up-to-date information that can be used to inform decisions about ways to improve occupational safety and health at the level of policy, company and individual worker alike.

“As an occupational physician, Archie Cochrane was one of us!”

- Jos Verbeek,
  Coordinating Editor
  Cochrane Work
First five years achievements

- 38 titles registered
- 20 titles transferred from other groups
- 28 protocols published
- 22 reviews published
- 259 authors from 31 countries
- 3.0 2014 Impact Factor
- 2.6 FTE budget funded staff
- 148 Highest Altmetric score
### Most accessed reviews

<table>
<thead>
<tr>
<th>Review title</th>
<th>Full text downloads</th>
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<tr>
<td>Preventing occupational stress in healthcare workers</td>
<td>3,015</td>
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<td>Workplace pedometer interventions for increasing physical activity</td>
<td>1,544</td>
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<tr>
<td>Gloves, extra gloves or special types of gloves for preventing percutaneous exposure injuries in healthcare personnel</td>
<td>1,356</td>
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<td>Conservative interventions for treating work-related complaints of the arm, neck or shoulder in adults</td>
<td>1,260</td>
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<td>Ergonomic design and training for preventing work-related musculoskeletal disorders of the upper limb and neck among office workers</td>
<td>1,224</td>
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<tr>
<td>Workplace interventions to prevent work disability in workers on sick leave</td>
<td>857</td>
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### Highest impact in Altmetrics

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<tr>
<th>Score</th>
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<th>N</th>
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<td>148</td>
<td>Pharmacological interventions for sleepiness and sleep disturbances caused by shift work</td>
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<td>117</td>
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<td>Interventions to improve return to work in depressed people</td>
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<td>29</td>
<td>-</td>
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</table>
Who we are and what we cost

Jos verbeek
Coordinating Editor

Jani Ruotsalainen
Managing Editor

Kaisa Neuvonen
Trials Search Coordinator

Anneli Ojajärvi
Statistician

<table>
<thead>
<tr>
<th>Editorial base funding</th>
<th>2015 FTE</th>
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<tr>
<td>Coordinating Editor</td>
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<tr>
<td>Managing Editor</td>
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<td>Trials Search Coordinator</td>
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<tr>
<td>Statistical Advisor</td>
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<td>Review Production; externally funded</td>
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<td><strong>Total</strong></td>
<td><strong>3.6</strong></td>
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Our titles cover a wide range of occupational health and safety topics from classic occupational health and safety problems such as noise-induced hearing loss and safety interventions in the construction industry to more recent problems such as decreasing sitting at work and personal protective equipment for healthcare workers treating patients infected with Ebola.

The following pages illustrate the breadth of our output with three very different reviews.
Pharmacological interventions for sleepiness and sleep disturbances caused by shift work

Highlight review #1

- Low quality evidence that melatonin improves sleep length after a night shift by 24 minutes
- Modafinil and armodafinil increase alertness and reduce sleepiness in employees who suffer from shift work sleep disorder
- Modafinil and armodafinil have also serious adverse effects

Sleeping pills are widely used among shift workers but their benefits and harms have not been properly evaluated.
Blunt versus sharp suture needles for preventing percutaneous exposure incidents in surgical staff

Highlight review #2

- High quality evidence that blunt needles reduce the risk of glove perforations with 54% compared to sharp needles
- Usable in abdominal closure, caesarean section, vaginal repair and hip replacement
- Use rated as more difficult but still acceptable in 5/6 studies

✓ Blunt needles are a very low cost intervention that should be widely implemented especially in areas with high HIV prevalence.
Interventions to enhance return-to-work for cancer patients

Highlight review #3

• Moderate quality evidence that multidisciplinary interventions involving physical, psycho-educational and vocational components enhance the RTW of patients with cancer compared to care as usual

• Low quality evidence that physical training did not improve RTW more than care as usual

✓ 68% of adults now diagnosed with cancer can expect to be alive five years post-diagnosis
Reviews published by Cochrane Work up to August 2015

1. Blunt versus sharp suture needles for preventing percutaneous exposure incidents in surgical staff
2. Conservative interventions for treating work-related complaints of the arm, neck or shoulder in adults
3. Devices for preventing percutaneous exposure injuries by needles in healthcare personnel
4. Ergonomic design and training for preventing work-related musculoskeletal disorders of the upper limb and neck in adults
5. Gloves, extra gloves or special types of gloves for preventing percutaneous exposure injuries in healthcare personnel
6. Interventions for improving employment outcomes for workers with HIV
7. Interventions for preventing the spread of infestation in contacts of people with scabies
8. Interventions to enhance return-to-work for cancer patients
9. Interventions to improve return to work in depressed people
10. Interventions to increase the reporting of occupational diseases by physicians
Reviews published by Cochrane Work up to August 2015

11. Interventions to prevent occupational noise-induced hearing loss
12. Non-pharmacological interventions for preventing job loss in workers with inflammatory arthritis
13. Occupational safety and health enforcement tools for preventing occupational diseases and injuries
14. Organisational interventions for improving wellbeing and reducing work-related stress in teachers
15. Pharmacological interventions for sleepiness and sleep disturbances caused by shift work
16. Pre-employment examinations for preventing occupational injury and disease in workers
17. Preventing occupational stress in healthcare workers
18. Vocational rehabilitation for enhancing return-to-work in workers with traumatic upper limb injuries
19. Workplace interventions for reducing sitting at work
20. Workplace interventions for treatment of occupational asthma
21. Workplace pedometer interventions for increasing physical activity
Groups who can benefit from Cochrane Reviews

Policy makers

• EU OSHA in Europe and NIOSH/OSHA in the USA
• Workers’ compensation organisations such as WorkSafe British Columbia and the Danish Work Environment Fund

Practitioners

• Professional organizations producing clinical practice guidelines

Employers, Unions

• Could use research evidence in their negotiations on improving safety and health at work

New funding model - a Global Alliance

To achieve a more sustainable funding model for the editorial base, we want to involve the beneficiaries of our reviews in a global alliance for evidence-based occupational health and safety.

The idea is that any organization could donate a yearly sum of their own choosing in exchange for acknowledgement in all Cochrane Work reviews as a funder of the work.

This model has worked well with Cochrane Oral Health Group for a number of years already.
Our special thanks to our:

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