



BIENNIAL REPORT OF THE OCCUPATIONAL HEALTH AND SAFETY COMMITTEE (OHSC) 2024–2025

1. The IARC Occupational Health and Safety Committee (OHSC) consists of ten members who represent each floor, the Staff Association Committee (SAC), the Administrative Services Officer (ASO), the Laboratory Safety Officer and the Staff Physician.
2. Since June 2025, Mrs Nathalie Forey is a member of the OHSC as the Staff Association Committee representative.
3. Since September 2024, IARC did not have a Staff Physician, following Dr Berth Ntanga Atik's transfer to WHO Headquarters to assume the role of SHI Medical Officer, leaving the Committee without a medical professional and complicating the work of the OHSC.
4. The minutes of each meeting of the OHSC are posted on the Intranet.

General well-being

5. Employers in France are required to assess the health and safety risks to which employees may be exposed, and to record them in a dedicated document, which also contains measures to mitigate those risks, and which is updated on a regular basis. The preparation of this *Document Unique d'évaluation des risques professionnels (DUERP)* was coordinated by the OHSC and it was finalized with the help of an external company and IARC staff. The DUERP was published on the IARC Intranet at the beginning of 2025, it captures all risks associated with the building and specific activities, scores them by severity, and calculates the residual risks according to the mitigating actions already in place, and it serves as a resource that is available to all IARC personnel.
6. During the Biennium 2024–2025, the OHSC worked closely with ASO and the IARC Direction to implement measures to mitigate some of the risks with the highest risk scores identified in the DUERP. The action plan for risk mitigation in 2025 was funded by a dedicated budget provided by the Director, and it reduced key risks related to chemical exposures in the laboratories, ergonomics, insufficient lighting, communication systems in the building, circulation on-site and in the building, and biobanking activities.
7. The associated risks in the DUERP have been updated accordingly, and the highest remaining risks have been prioritized for risk mitigation in the new Biennium (2026–2027). The DUERP is a « living document », which, guided by the OHSC, will be updated on a yearly basis. The process of risk mitigation is carried out in close collaboration with the IARC Direction and ASO, through regular meetings to discuss the main updates.

8. For most of the Biennium 2024–2025, IARC did not have a dedicated Staff Physician. To mitigate the impact of this situation, Dr Vivien Muller, World Health Organization (WHO) Temporary Medical Officer, was deployed to Lyon from 6 December 2024 to 26 March 2025 to ensure continuity of medical monitoring for IARC staff, with priority given to statutory medical examinations. As of 6 April 2025, Dr Berth Ntanga Atik resumed partial support to IARC, attending one day per week to manage medically sensitive cases. From September 2025 onwards, her availability was further reduced to two days per month, essentially dedicated to the follow-up of sensitive medical cases. As a consequence of clinics being fully dedicated to sensitive medical cases, combined with limited medical availability, the organization and monitoring of statutory medical examinations, including the follow-up of laboratory personnel in the case of pregnancy, have become increasingly difficult. As of the end of the Biennium 2024–2025, a large number of medical clearances were no longer valid, the follow-up of serology for laboratory staff had to be discontinued, the medical monitoring of staff for duty travel was no longer possible, and the monitoring of early career and visiting scientists holding contracts for more than six months had to be suspended.

Considering that the situation raised serious concerns regarding occupational health compliance and adequate medical monitoring of IARC staff, the OHSC discussed the situation with the Human Resources Office and the IARC Administration to stress the need for a timely solution.

9. Various planned OHSC activities were delayed or had to be temporarily stopped, as they greatly depended on the contribution of the IARC Staff Physician. These included an initiative on “Laboratory activity health risk assessment & interventions”, jointly organized by the Staff Physician and the Laboratory Safety Officer, and a “Cancer screening initiative for IARC staff”. Overall, the limited Staff Physician presence considerably complicated the implementation of preventive and good health measures at IARC. The OHSC considers the screening initiative particularly relevant, as IARC staff are not included in national cancer screening programs. The Committee reviewed the status of the Cancer screening initiative and confirmed that the Centre Léon Bérard (CLB) remains willing to host screening consultations for IARC staff. An updated implementation model was proposed by the Director, based on a general agreement (Memorandum of Understanding (MoU)) with the CLB. Under this agreement, IARC Medical Services will publish eligibility criteria and screening recommendations on its Intranet page, and staff will be provided with CLB contact details to arrange appointments directly.

10. This item concerns accidents and identification of potentially hazardous situations for IARC personnel during the biennium. Different types of work accidents are captured and the ones reported during the last biennium are summarized below:

- Lab accidents (0)
- Commuting accidents (4)
- Accidents during duty travel (2)

The circumstances of each accident were evaluated, and rectifications were made, when appropriate, to prevent associated risks of recurrence.