

herbal coolant was also very prominent among them, such as *jal jeera*, mint, cucumber, onion garlic, lemon water, curd, etc., as these coolants were easily available to farmers. With reference to clothing habit wearing loose cloth was only adopted by 47 percent. The data regarding the protective methods to be adopted while performing the farm activities, it was revealed that sunglasses, hat, gloves, umbrella scarf etc. were least adopted by them due to their poor feasibility while performing the task.

**Conclusion** Thus, with the pace with which global average temperature is rising, emergency preparedness is very important among outdoor workers in order to keep themselves protected from heat stress. Creating awareness and developing PPE to safeguard is important.

### 1638 THE ENVIRONMENT AND HEALTH

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**Aim** This session looks at the environment and the workplace as contiguous entities and as such having many shared influences.

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### 1638a WORK RELATED MUSCULOSKELETAL DISORDERS, PHYSICAL WORK FACTORS AND PSYCHOSOCIAL WORK FACTORS FOR CHARTERED PHYSIOTHERAPISTS, PHYSICAL THERAPISTS AND ATHLETIC THERAPISTS IN IRELAND

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**Introduction** In the epidemiological literature, physical exposure and psychosocial work factors are now recognised as major contributing work environmental factors for work-related musculoskeletal disorders (WRMSDs). Healthcare workers such as physiotherapists and physical/athletic therapists are exposed to risk factors for WRMSDs on a daily basis, despite having specialist knowledge of body mechanics and injury prevention strategies.

**Methods** A cross-sectional study 'Health in Hand-Intensive Tasks and Safety' (HITS). Study sample consisted of 347 employed and self-employed practising therapists in Ireland. Postal questionnaires included questions about WRMSD symptoms, physical work risk factors, psychosocial and work organisational risk factors, among others. Analyses included logistic regression modelling.

**Results** 55.4% reported that they had experienced WRMSD that lasted for more than 3 days in the past 12 months. The highest physical effort perceived was repetitive thumb movements (mean=5.08) and the lowest was bending the elbows

(mean=3.5). Many affected therapists classified the following physical work factors as 'majorly significant' in negatively contributing to their musculoskeletal health, the repetitiveness of work motions (54.6%) and high quantitative workload due to treating many patients/clients (49.7%). In relation to psychosocial work factors, most therapists scheduled their appointments themselves (65.7%). The odds of upper limb symptoms more than doubled (OR=2.3, 95% CI) for those not booking their appointments. Social support emerged as an important issue for both the 12 month prevalence of any upper limb symptom and the prevalence of incapacitating symptoms. The level of self-reported influence at work and predictability of work were significantly associated with incapacitating symptoms after adjustment for confounders.

**Conclusion** The results suggest that therapist input into scheduling of clients/patients and supervisory support may be crucial to their musculoskeletal health. For employed therapists, social support is provided from colleagues and direct supervisors, however, for self-employed therapists social support has to take other forms, through the professional bodies and other organisations.

### 1638b THE FOOD CHOICE AT WORK TRIAL: FROM EVALUATION TO COMMERCIALISATION AND PRACTICAL APPLICATION IN EVERYDAY WORKPLACE SETTINGS

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**Introduction** The surrounding environments in which individuals live and work influences their health behaviours. Macro and micro-level modification of these environments is an important catalyst for behaviour change. However, evidence on effective workplace dietary interventions is limited. The FCW trial assessed the comparative effectiveness of a workplace dietary intervention involving nutrition education and system-level dietary modification both alone and in combination versus a control workplace on employees' dietary intakes, nutrition knowledge and health status. An economic evaluation assessed the cost-effectiveness of the FCW intervention from the perspective of healthcare providers in terms of QALYs and employers in terms of monetary benefits (reduced absenteeism).

**Methods** Four manufacturing workplaces in Ireland were allocated to control, nutrition education (Education), system-level dietary modification (System-level) and nutrition education and system-level dietary modification (Combined). Nutrition education included group presentations, individual consultations and detailed nutrition information. System-level dietary modification included menu modification, fruit price discounts, strategic positioning of healthier alternatives and portion size control. Data on dietary intakes, nutrition knowledge, health status, QALYs and absenteeism were obtained at baseline and at 7–9 months follow-up. Multivariate analysis of covariance compared changes across the groups. The economic evaluation included cost-utility and cost-benefit analyses.

**Results** Follow-up data were obtained for 541 employees (18–64 years) (64% of 850 recruited). There were significant positive changes in intakes of saturated fat ( $p=0.013$ ), salt ( $p=0.010$ ) and nutrition knowledge ( $p=0.034$ ) between baseline and follow-up in the combined intervention versus the control. Significant changes in BMI ( $-1.2 \text{ kg/m}^2$  ( $p=0.047$ )) were also observed in the combined intervention. System-level