**Results**

RCS-levels among highly exposed workers were five times higher than the OEL and ten times higher in the early 1970s compared with 2000. Workers exposed to RCS had an increased risk of mortality from respiratory diseases, SMR 1.75 (95% CI 1.22–2.44). The risk was more pronounced in men, SMR 1.86 (1.22–2.70). Among women, mortality from diseases of the circulatory system was increased, although not statistically significant.

A non-significant increase in the incidence of AMI was also observed, with slightly higher point estimates for women than for men. No dose-response relationship was observed in any analysis. We observed eight cases of silicosis, and seven appeared with more than 30 years latency.

**Conclusions**

The RCS-levels at the porcelain factory were well above the OEL in the 1970s. We found an increased mortality from respiratory diseases which can be attributed to the harmful effects of RCS on the lung.

**References**

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**Introduction**

Chemicals in the workplaces have been known to cause various health effects to the workers ranging from just irritation to causing cancers. A risk assessment was conducted in a hospital-based health care monitoring facility in Kuala Lumpur, Malaysia.

**Methods**

The method is a Qualitative Risk Assessment method using the combination of techniques of Hazard Identification, Risk Assessment and Control (HIRAC) and the Job Safety Analysis (JSA). A questionnaire survey on the medical and health problem assessments and controls were patients with clinical disability due to other medical conditions, confirmed by social security medical doctors. Cases were randomly selected in an agency of Brazilian Social Security Institution.

**Results**

A non-significant increase in the incidence of AMI was also observed, with slightly higher point estimates for women than for men. No dose-response relationship was observed in any analysis. We observed eight cases of silicosis, and seven appeared with more than 30 years latency.

**Conclusions**

The RCS-levels at the porcelain factory were well above the OEL in the 1970s. We found an increased mortality from respiratory diseases which can be attributed to the harmful effects of RCS on the lung.
aborted and ectopic pregnancy, and a 33 years old male and 32 years old female worker with primary infertility. The risk assessment has identified all workers were at risk of exposure to hazardous chemicals due to the general ventilation. The chemicals are Chloroform, n-Hexane, Methanol, and Isopropyl alcohol which are known to have evidence of reproductive effect.

**Discussion** Earlier researches have shown an association between exposure to chloroform and volatile organic compound to infertility and abortion. This study had found the association between exposure to chloroform and VOC with abortion and infertility. There should be more emphasis on the safety and health of workers working with chemicals in the workplace.

**Session: C. Health Impact I**

**EVIDENCE-BASED CLINICAL QUALITY INDICATORS FOR OCCUPATIONAL HEALTH SERVICES IN THE NATIONAL HEALTH SERVICE (NHS)**

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**Objectives** The use of clinical quality indicators (QI) has been shown to raise standards and reduce variability in clinical care. Clinical QI can also be used for benchmarking and for commissioning services. Few occupational health QI are available. This project developed evidence-based QI for the spectrum of activities carried out by NHS occupational health services.

**Methods** A systematic literature search was performed, using a two-step hierarchical search strategy. Evidence-based national audits, national guidelines, Cochrane reviews, and systematic reviews were included. Evidence from the literature was translated into QI. Infeasible or irrelevant indicators and indicators based on low level evidence were excluded. Each indicator was assigned a score, reflecting its likely suitability for use in practice.

**Results** 151 evidence statements were extracted from 44 included publications, resulting in 131 QI. Excluding low grade evidence and irrelevant and infeasible indicators left 65 QI. From these the most suitable 18 QI were developed for activities relating to occupational health clinics, pre-commencement assessments, occupational health monitoring of organisations and occupational health interventions at an organisational level.

**Conclusions** These 18 QI will populate a new UK based occupational health data registry, the aim of which is to establish an evidence-based quality monitoring system for OHS in the NHS. However, many aspects are also applicable to services outside the NHS and outside the UK. Although these indicators were systematically developed and are based on best available evidence, further work needs to be done to validate these QI in practice.