Objectives Research suggests an association between violence towards healthcare workers and poor return-to-work (RTW) outcomes. This association may be due to healthcare specific factors such as care setting and injury type. The aim of the study is to investigate RTW outcomes after injuries due to violence compared to other injuries in the British Columbia health and social services sector.

Methods The study used data on 42 080 time-loss workers' compensation claims from the health care and social services sector in British Columbia during 2009–2014. Cox regression and quantile regression were used for time-to-event analysis and final RTW status was assessed at one year.

Results The final cohort had 3173 violence-related claims (14.8%). Residential Social Services had the highest proportion of violence-related claims (34.2%). The effect of violence on RTW was greatest for counsellors and social workers, where 15.1% of workers with violence-related claims did not RTW compared to 8.0% with non-violent claims. For nurses, the largest occupation, 8.7% of workers with violence-related claims and 8.2% with non-violent claims did not RTW. Among injury types, violence is the strongest predictor for non-RTW for those with a mental illness. Among workers with a mental illness claim, 24.6% of those associated with violence did not RTW, whereas for those not associated with violence 15.0% did not RTW.

Conclusion Findings suggest that violence is associated with poorer RTW outcomes in certain care settings and injury types. Future work will use matched analysis and number of disability days paid to investigate this association in more detail.

Poster Presentation

Musculoskeletal

0419 ANXIETY AND DEPRESSIVE DIAGNOSES AMONG WORKERS WITH MUSCULOSKELETAL INJURY

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Background Evidence suggests that the prevalence of mental disorders is elevated following work-related physical injury, and that these disorders may contribute to disability outcomes. The objective of this study was to examine the prevalence of anxiety and depressive disorders by gender and injury type before and after work-related musculoskeletal injury.

Methods Accepted workers' compensation lost time claims for back strain/sprain or upper body connective tissue injury were extracted for workers in the Canadian province of British Columbia from 2000 to 2013. One-year period prevalence was measured using diagnoses from physician and hospital data. Workers with at least two diagnoses for anxiety or depression, or one of each, within 365 days were considered a case.

Results The prevalence of anxiety and/or depression was 13.2% before and 14.9% after injury. The prevalence in

women was approximately twice that of men. Women with back strain/sprain had a slightly higher prevalence (19.0% before and 21.8% after injury) than women with connective tissue injuries (17.3% before and 18.5% after injury), while men had no difference in prevalence by injury.

Conclusion A greater difference in the prevalence before and after injury was expected. These findings indicate that many anxiety and depressive disorders may precede work-related musculoskeletal injury. The higher prevalence for women with back strain/sprain compared to women with connective tissue injury was surprising given that return-to-work outcomes are better for back strain/sprain. The next analysis will investigate associations between demographic, clinical, and workplace characteristics and new-onset anxiety and depressive disorders following work-related musculoskeletal injury.

Oral Presentation

Other

0420 THE "THIRD WAVE" OF ASBESTOS EXPOSURE IN OCCUPATIONAL SETTINGS

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Exposure to asbestos in occupational circumstances has decreased considerably in most developed countries over the last three decades, with improved exposure control and monitoring in most work situations and the prohibition on the use of asbestos in most occupational circumstances. Unfortunately, occupational exposures do still occur through renovation, repair and demolition of buildings, either with asbestos removal being a specific focus of the work or asbestos exposure being incidental to the main purpose of the work. Focus has also increased in recent years on exposure in non-occupational circumstances to *in-situ* asbestos, particularly through "Do-It-Yourself" (DIY) home renovations. These occupational and non-occupational circumstances are the so-called "third wave" of exposure to asbestos.

Despite considerable efforts in terms of occupational education and training, and broader publicity, there appears to be a lack of awareness by many workers of the potential for asbestos exposure and the circumstances in which such exposures can be expected. This leads to potential exposures not being appropriately controlled and probably to workers being inadvertently exposed or exposed at levels higher than is necessary or considered acceptable. Although many of the high-risk situations are known or can be reasonably anticipated, there is a lack of information on the frequency and levels of exposures associated with many of these third wave exposure situations, making it difficult to develop appropriate guidance regarding preventing and controlling the exposures.

This presentation will consider these issues as part of the overall symposium on "In situ asbestos and the risks of exposure for workers".