

Poster Presentation

Developing Countries

0010 EPIDEMIOLOGY OF ROAD CRASH AND ACCIDENT FATALITIES AMONG BUS AND TRUCK DRIVERS: VULNERABLE OCCUPATIONAL GROUP

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Aim This study looked at occupational road crashes among truck and bus drivers in comparison to other drivers and motorists on the road of Metro Manila which is one of the cities with a high traffic density. One of the most precarious and risky occupations is driving especially buses used for public transportation, and trucks for commercial activities.

Methods The study used meta-analysis of previous studies conducted, grey literature, government statistics, and validation through key database research in concerned national government agencies involved in road traffic from 2010–2015.

Results The study found that in terms of the number of public utility vehicles registered in Metro Manila (2015), 51.27% were buses and 20.21% were trucks. Majority of the drivers worked more than 12 hours a day. In terms of time and peak of accidents, it is alarming to note that about 35% of the road crashes occurred from 22–23 gmt (2010–2015), and 30% from 23–24 (2010–2015) gmt. Human error accounted for the overwhelming cause of road crashes such as drunk driving, beating the red light, sleepiness, at 99.52% in 2012, 99.47% in 2013, 95.33% in 2014, and 97.19% in 2015.

Conclusion The study has shown how risky driving is as an occupation especially due to the work schedule. The study suggests developing better information, education and communication campaign and policies particularly on pedestrian safety, road safety, road-sharing concepts. Moreover, it is suggested that occupational health and safety among drivers as a special occupational group should be carried out.

Poster Presentation

Respiratory

0012 PULMONARY FUNCTION AND HIGH-RESOLUTION COMPUTED TOMOGRAPHY (HRCT) IN OFFSHORE OIL DRILLERS

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Purpose 1 to study short-term changes in pulmonary function in drill floor workers exposed to airborne contaminants from drilling fluids offshore compared to a reference group of non-exposed offshore workers; and 2 to detect possible signs of pulmonary disease by HRCT scans in previously exposed workers.

Methods In a follow-up study 51 drill floor workers and 55 referents were examined with measurements of pulmonary function at the heliport before and after 14 days of work.

Additionally 57 drill floor workers exposed to drilling fluids in the 1980's were examined in a cross sectional study with HRCT of the lungs.

Results Mean declines in forced vital capacity (FVC) and forced expiratory volume in 1 s (FEV₁) were 50 mL and 60 mL in the drill floor workers, respectively, and in the referents 60 mL and 70 mL. Average base-line examination time was 10:47 a.m., and re-examination time 14 days later was 15:05. After adjusting for possible diurnal changes in pulmonary function, the exposed workers still experienced a statistically significant decline in FEV₁ while the referents did not. Declines in FEV₁ and FVC among exposed workers were correlated to fewer days of active drilling during the 14 days offshore.

HRCT abnormalities were detected in 54%, but coarse fibrosis with honeycombing was not observed.

Conclusion After correction for diurnal variation in pulmonary function, a statistically significant decline in FEV₁ was observed among the drill floor workers. There were indications of a connexion between pulmonary function decline and exposure factors other than oil mist.

Poster Presentation

Disease Surveillance

0014 HOW DO WE ELIMINATE OCCUPATIONAL DISEASES IN GREAT BRITAIN?

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In our view there is an inverse care law operating in Great Britain (GB), in that access to occupational health services (OHS), which are adequate to find occupational diseases (ODs) at an early enough stage to prevent progression, is accessible to only the circa 13% of the labour force¹, who are mostly at low risk².

This is because:

- There is no access to OHS through the National Health Service²
- There is no legal obligation, either on the state or on employers, to provide OD surveillance, except for circa 0.1% of the workforce².
- There is no protection for occupational health professionals (OHPs), who are paid directly or indirectly by employers. Employers can change service providers if they receive unwelcomed reports of diseases or hazards^{2,3}
- Doctors who diagnose ODs are not required to report them to a compensation scheme or the Labour Regulator in GB⁴
- As the duty to report cases of ODs rests on employers, these are negligibly reported to the Regulator; consequently the causative workplaces are not being identified or rectified^{2,5}
- OHPs now spend most of their time on sickness absence/performance management cases, rather than on detecting and preventing cases of OD².