

Poster Presentation

Other

0077 SHOULD OCCUPATIONAL HEALTH PATIENTS RECEIVE THE MEDICAL RECORDS CONCERNING THEIR MEDICAL VISIT?

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Objectives Our study examines the impact and importance of providing medical records at the end of the visit in occupational medicine clinics (OMC) on patients and occupational physicians.

Methods This study is a cross-sectional study. Data was collected from patients visiting four different OMC during 2015 for a fitness for work evaluation and includes 287 questionnaires. We also collected questionnaires from 62 occupational physicians (OPs). The satisfaction range in the questionnaires was between 1 (very slightly satisfied) and 5 (very satisfied).

Results When patients were provided with the medical information in writing and orally, they showed a higher level of understanding (4.3 and 4.4 compared to 3.8 respectively, $p < 0.001$), higher level of confidence in their OP (4.4 and 4.3 compared to 3.7 and 4 respectively, $p < 0.001$), higher level of satisfaction (4.3 and 4.4 compared to 3.8 respectively, $p < 0.001$), and higher sense of control and ability to correct the record (1.8 compared to 1.4 respectively, $p < 0.01$). Doctors responded that giving the results orally to patients (39/62, 63%) would lead to more appeals of decisions. However, they believed that giving oral information would better clarify the work restrictions (4.6 compared to 4.1 respectively, $p < 0.05$) and cause patients to trust them more (4.6 compared to 4.1 respectively, $p < 0.05$).

Conclusions We recommend sharing the medical records with patients and including an oral explanation, understanding that the advantages overcome the disadvantages of this approach.

Poster Presentation

Musculoskeletal

0078 THE RISK FOR LOW BACK PAIN CAUSED BY DRIVING PROFESSIONS IN A YOUNG ADULT POPULATION

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Background The aim of this study was to assess the relationship between the incidence and exacerbation of Low Back Pain (LBP) in young professional drivers

Methods In this controlled historical prospective study we included all male Israel Defense Forces (IDF) soldiers drafted between the years 1997–2006, followed them for 3 years and categorised them into three groups: administrative, light-duty

vehicle drivers and heavy vehicle drivers. The incidence and recrudescence of LBP was calculated for soldiers with or without a medical history of LBP in either professional group accordingly.

Results The incidence rates for LBP were 0.7%, 0.34% and 0.43% for the combined administrative and light vehicle driver groups, heavy vehicle driver and total driver groups, respectively (averagely 0.65%). The Relative Risk (RR) for severe LBP exacerbation for soldiers with a history of LBP without clinical findings was 1.4 ($p < 0.001$) and for soldiers with a history of LBP with mild clinical/radiographic findings was 3.8 ($p < 0.01$). Examination of RR exacerbation rates within different severity tiers yielded a similar trend amongst all professions.

Conclusions The crude incidence rate for LBP was found to be 0.65% - lower than literature reported rates, possibly attributable to our more stringent variable definition of severe LBP. The most prominent risk factors identified in our study include: a history of LBP and multiple complaints of LBP at recruitment. Driving profession in young age is not a risk for LBP.

Poster Presentation

Exposure Assessment

0079 CHARACTERISTICS OF PARTICLE SIZE DISTRIBUTION IN CONCRETE FINISHING WORK

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It is known that workers at construction sites are exposed to the risk of dust containing crystalline silica while crushing concrete, grinding concrete surfaces, cutting bricks, cutting rocks, and ballasting structures. This study was conducted to identify size-distribution of crystalline silica among concrete finishers in the construction industry to establish systemized management for the construction sites.

In order to measure the size of dust, a Personal Cascade Impactor (Model 298, Anderson Sampler Inc., USA) composed of an 8-stage impact board was used. Dust was weighed three times using an electronic balance with 10–7 g readability (XP2U, Mettler toledo, Switzerland) to acquire the mean value. Crystalline silica was analysed using Fourier-transform infrared spectroscopy (FT-IR) in accordance with the NIOSH Manual of Analytical Methods of NIOSH #7602. To calculate the mass fraction of dust for each size of dust particle, ACGIH's Particle size-Selective Sampling Criteria for Airborne Particulate Matter was used.

The results of weighing dust collected from each stage and a cumulative graph was illustrated from the stage with the smallest particle size (stage, 0.52 μm or smaller) to draw the trend line and find the median diameter of mass using the effective diameter limit corresponding to 50% cumulative probability. Then, it was 10.958 μm –12.206 μm for concrete chipping and 10.462 μm –11.476 μm for concrete grinding. Considering the proportion of crystalline silica in the dust from each stage, crystalline silica content was higher for smaller particle sizes. The content was particularly high in stage 6 (1.55–3.5 μm) and stage 8 (0.52–0.93 μm).