industrial fields. Our aim in this study is to draw attention to the increasing number of health problems of forklift operators, caused by working conditions and by structural features and usage of the forklift machines.

**Material and Method**

140 forklift operators working in industrialised cities of Marmara region were included in the study. As a control group, 140 workers from the same working fields and with similar demographic features were included. All the participants were male and married. Necessary ethical permission was obtained. The first section described the demographic properties of the workers; the second and third sections contained the information about health problems of applied questionnaire.

**Results**

The significant differences in this study, which was conducted on a questionnaire basis, were the number of pre-term deliveries, PGR (fetal growth restriction), interval to conceive, the number of stillbirths, congenital anomalies and newborn malignancies. In addition, the incidence of musculoskeletal system disorders, chronic diseases and the incidence of being under treatment currently were also significantly higher among forklift operators.

**Conclusion**

Related to occupational environment, structural and functional features of the machines used, physical and chemical risk factors, there is an adverse impact on the health of forklift operators the number of whom are increasing every day because of industrialization. The results have achieved shows that the studies evaluating reproductive health and musculoskeletal system of the forklift operators should continue incrementally.

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**Poster Presentation**

**Intervention Studies**

1. **A PROSPECTIVE COHORT STUDY OF THE IMPACT OF RETURN-TO-WORK COORDINATORS IN GETTING INJURED WORKERS BACK ON THE JOB**

1. Tyler Lane, 2Rebecca Lilly, 3Sheelah Hogg-Johnson, 4Tony LaMontagne, 5Malcolm Sim, 6Peter Smith. 1School of Public Health and Preventive Medicine, Melbourne, Victoria, Australia; 2Institute for Safety, Compensation and Recovery Research, Monash University, Melbourne, Victoria, Australia; 3Dunedin School of Medicine, University of Otago, Dunedin, New Zealand; 4Institute for Work and Health, Toronto, Ontario, Canada; 5Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada; 6Centre for Population Health Research, Deakin University, Melbourne, Victoria, Australia

**Background**

Globally, 313 million missed at least four days of work in 2010 due to a work-related injury. Extended periods of work absence are costly and associated with poor health outcomes. Interventions that include return-to-work (RTW) Coordinators improve RTW outcomes, though they have often been investigated as part of a larger intervention package. We investigated whether Coordinator impact varies based on the stressfulness of interactions and whether it goes above and beyond functional aspects of their role and other workplace factors.

**Methods**

A prospective cohort study of 632 workers in Victoria, Australia with more than ten days of compensation due to work-related injury. Participants rated the stressfulness of their Coordinator interactions, dichotomised into good and poor, and said whether they had a RTW plan. RTW plans are a functional responsibility of Coordinators. We analysed responses at baseline and six-month follow-up using logistic regression analyses, adjusting for demographic and workplace factors.

**Results**

At baseline, RTW plans doubled odds of RTW and attenuated the impact of good Coordinator interactions, which had been associated with better RTW outcomes. At follow-up, the reverse was found: good interactions doubled odds of RTW while RTW plans were non-significant.

**Conclusions**

The findings suggest that different aspects of Coordinator intervention have varied impacts on injured workers’ RTW outcomes depending on their trajectory. Functional benefits improved outcomes among shorter-duration claims, while interpersonal intervention improved outcomes among longer-duration claims. There are implications for how Coordinators target and interact with injured workers and other ways of improving their effectiveness.

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**Oral Presentation**

**Respiratory**

1. **THE OCCUPATIONS AT INCREASED RISK OF COPD IN THE UK BIOBANK COHORT**

1. Sara De Matteis*, 2Deborah Janus, 3Andrew Damton, 4David Fishwick, 5Lesley Rushton, 6Paul Cullinan. 1Imperial College London, London, UK; 2Health and Safety Executive, Bootle, UK

**Background**

Occupational hazards are important, preventable causes of COPD but the high-risk occupations are uncertain. In an analysis of current occupation in the UK Biobank cohort we reported 14 jobs of increased risk (De Matteis, S. et al. OEM 2016).

**Aims and objectives**

Our aim was to develop these findings using lifetime job-histories to identify occupations at increased COPD risk, taking into account potential confounders.

**Methods**

We used OSCAR, an online tool that automatically codes full job-histories using the UK Standard Occupational Classification (SOC) v.2000 (De Matteis, S. et al. SJWEH 2016). In 2016 we administered OSCAR to all UK Biobank participants with an email address (n=324,653). All paid jobs of >6 months duration, were collated and coded. COPD was spirometry-defined as FEV1/FVC< LLN. Prevalence ratios (PRs) for ever-exposure to each job vs. lifetime office work were estimated using Poisson regression adjusted for age, sex, centre and lifetime smoking.

**Results**

Among 116,375 OSCAR-responders, we analysed the 94 551 with acceptable spirometry data and smoking information. Six occupations showed an increased risk of COPD confirmed by positive exposure-response trends, and in analyses restricted to never-smokers and never-asthmatics. In comparison with our findings for current occupation, some associations were confirmed (e.g. food/drink/tobacco processors: PR 1.70;95% CI:1.17–2.48) while others emerged (e.g. plastics processors: PR 1.86;95% CI:1.09–3.17; agriculture/fishing: PR 1.76;95% CI:1.22–2.55).