Conclusion The occurrence of a suspected EVD case in any offshore installation or facility will always require a multi-sectoral response. It is a matter of national importance as for example; the principle of quarantine enforced on a host offshore facility will pose practical and epidemiological curiosity; repatriation of affected expatriate workers will require deployment of foreign diplomatic/military missions, and port control formalities installed once a case is declared in-country often requires inter-governmental collaboration. While research continues to study behaviour and pathogenicity of new viral strains of epidemic potential, industry and governments must maintain realistic and regularly 'drilled' pandemic preparedness plans.

541 FIRST AID IN THE WORKPLACE IN THE WORLD: A SYSTEMATIC REVIEW

[1]Céline Dagrenat, [2]Pascal Cassan, [2]Diane Issard, [3]Thomas Loeb, [3]Michel Baer, [4,5]Alexis Descatha. [1]*Cmie, Puteaux, France*; [2]*International Federation of Red Cross and Red Crescent Societies, Global First Aid Reference Centre, Paris, France*; [3]*AP-HP, EMS (Samu92), University hospital of West suburb of Paris, Poincaré site, Garches, France*; [4]*AP-HP, EMS (Samu92) Occupational Health Unit, University hospital of West suburb of Paris, Poincaré site, Garches, France*; [5]*Population-based Epidemiologic Cohorts Unit, VIMA, Ageing and Chronic Diseases. Epidemiological and Public Health Approaches, Inserm, Villejuif, France*

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Introduction Implementing an effective First Aid system at the workplace is a major challenge taking into account the increasing frequency of cardiovascular disorders, easy access of defibrillators, and legal consequences of injury occurring in this particular setting. The aim of the study was to perform a systematic review to evaluate the current knowledge of First Aid techniques at the workplace.

Methods Five databases (Pub-Med, Web of Science, Science Direct, Institut National de recherche et de Sécurité (INRS) and European Reference Centre for First Aid Education (ERCFAE) were searched since 2000, using the keywords « First aid », (« Workplace », or « Occupational disease »). The full-text articles included had to take place at the workplace and to describe a First Aid intervention. A two-stage process with two independent readers was used to select relevant papers.

Results 18 studies were included in the systematic review on the 168 records screened. Studies were mainly from Europe and North America: 5 referred to the regulation of first aid at the workplace, 8 to the organisation, 3 to the training and 2 both to regulation and organisation. Legislation and organisation of the emergencies at the workplace were very different between countries and disparities even existed within a same country. Employees involved in First Aid interventions should benefit from an adequate theoretical and practical training as well as suitable places with an access to the adapted equipment they need. On the training aspect, interest of refresher courses has shown better results in terms of knowledge and theoretical and practical skills.

Conclusion First aid at the workplace seems to be important even if the countries didn't make specific and homogeneous recommendations on the subject. Develop an effective First Aid system at the workplace means acting on occupational injuries and helping to prevent occupational risks.

1160 EARLY DEFIBRILLATION IN WORKPLACES IN ITALY

B Papaleo*, G Cangiano*, S Calicchia*, M De Rosa*, L Marcellini*. *INAIL – National Institute for Insurance against Accidents at work – Department of Occupational and Environmental Medicine, Epidemiology and Hygiene, Monte Porzio Catone (Rome), Italy*

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In Italy the presence of AEDs and people trained is mandatory in sporting centres, while in industrial sites, places with high traffic of people (stations, stadiums, theatres, shopping centres) or isolated and difficult to reach (trains, planes, boats) is, at the moment, only recommended.

In the workplace, the organisation and management of first aid are established by law (Legislative Decree 81/2008 and Ministerial Decree 388/2003): the occupational physician takes care of the organisation of the company's first aid system, while the management in case of incident goes through lay rescuers, specifically identified and properly trained, and the local emergency medical service (EMS).

The first aid training lasts 12–16 hours, with specific learning objectives defined by law, includes about 5 hours of cardio-pulmonary resuscitation manoeuvres. Therefore adding the use of AED to the training program would not entail an additional cost for the companies, both in economic terms and in time. It would only be necessary to respect the internationally agreed features on didactic content, student/instructor relationship, training on manikin, learning test and more frequently retraining. Instead, the benefits would be significant: increase of the efficiency of first aid courses, improvement of public access network to early defibrillation and rise of bystanders able to intervene in case of emergency.

To promote the diffusion of early defibrillation culture INAIL established a discount of insurance premium for those companies that are not required to have an AED, but who choose to have it to protect the health of their employees and customers.

Unfortunately the diffusion of this culture is made difficult by the involvement of various agencies (emergency systems, regional administration) that control the authorisation procedures for AED training often in a different way in the national territory. We therefore hope for greater homogeneity between the various regions and simplification of the procedures.

221 EVALUATION OF STRESS AND ANXIETY IN A GRIMED POPULATION PLAYING THE ROLE OF VICTIMS IN A LIVE TERRORIST ATTACK EXERCISE

Thomas Loeb*, Charles Groizard, Anna Ozguler, Catherine Fleischel, Karine Gauthier, Michel Baer. *SAMU92, APHP, Garches, France*

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Introduction Emergency Medical Services (EMS) organise simulation exercises in near real conditions. In this exercises, volunteers usually act as victims. We set up a large-scale simulation exercise. The scenario was a terrorist attack causing 153 victims. Victims were played by nurse students. The aim of our study was to evaluate if playing a role of victim could generate stress and anxiety.

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Methods The exercise took place at night on September 26, 2016. Fifteen days after, a questionnaire was sent to nurse students who took part as victims. Descriptive results are given in percentages and averages.

Result 126 participants did answer (82.4%). The average age was 23 years and 86% were women.

20.7% considered themselves as anxious or very anxious and 5.9% reported poor or very poor sleep. Their roles were assigned to severely injured (30%), involved (25%), deceased (21%), moderately injured (14%) and hostages (10%).

During terrorist attack, 56.9% found that they were in a uncomfortable situation. 85% of the participants considered the attack as fairly or very impressive and 79% were afraid at some point during the exercise. For those who were scared, half said that this fear remained after the end of the exercise. 21 participants felt necessary to have an interview with a psychologist.

More than 23% of participants felt that this exercise had been fairly or very disruptive and would deny or hesitate to participate again in a similar exercise.

Discussion Acting as a simulated victim, in a hyper-realistic live exercise, generate stress, fear or anxiety. In order not protect from unnecessary stress, it is essential for organisers to take this in consideration and offer to those who play victims acceptable conditions of comfort. Further studies are required to recognise factors that cause a predisposition of stress in such situations and set aside those with risks.

222 TRAINING SESSIONS FOR OCCUPATIONAL PHYSICIANS AND NURSES: THE ADDED VALUE OF A SATISFACTION QUESTIONNAIRE

Anna Ozguler*, Michel Baer, Guillaume Douge, Thomas Loeb. *SAMU92, APHP, Garches, France*

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Introduction An Emergency Medical Service (EMS) offers each year Medical Emergency Days (JAMU) alternating occupational physicians and nurses. Its goal is to provide participants with theoretical training and practical workshops on varied aspects of emergency medicine.

Satisfaction of participants was evaluated since 2008.

Methods A questionnaire was distributed during the JAMU since 2008. Questions concerned their overall satisfaction and their satisfaction concerning program content. They were also asked to answer which topics they expected to see developed and how they considered their emergency practice would change on a scale from 0 (as difficult as before training) to 10 (much easier than).

Result Since 2008, 1363 participants answered to this satisfaction questionnaire (48%). Participation to this questionnaire rose from 28% in 2008 to 56% in 2017. Nurses tend to answer more often (53%) than physicians (43%).

Overall satisfaction and satisfaction concerning program content rose from 84% of satisfied or very satisfied to 98% for both items these 2 last years.

The topics they expect to see addressed focus on psychiatric emergencies and technical procedures (infusion set or implementing an emergency kit). Other topics evolved these last years, such as CBRN threats or how to face a terrorist event.

Participants rated their ability to diagnose in the field of emergency medicine with a score that evolved from 6.5 in 2008 to 7.9 in 2016, and their ability to perform procedures with score that increased from 6.2 in 2008 to 8.03 in 2016.

Discussion Satisfaction questionnaire showed a growing interest for these training days, participants answered more often, they declared being more satisfied and more able to perform diagnosis and perform technical procedures. The program evolved taking into account not only their suggestions but also the terrorist environment, which may have an influence in the growing participation and interest of participant.

229 TRAINING NEEDS FOR EMERGENCY CARE IN ORGANISATIONAL SETTINGS- ‘FROM FIRST AID TO EMERGENCY COORDINATION’

[1]Susanne Schunder-Tatzber, [2]Alexis Descatha, [3]Pascal Cassan. [1]*OMV Corporate Health Management and Austrian Red Cross, National Training Centre, Vienna, Austria*; [2]*Univ Versailles St-Quentin, Versailles, France; Inserm,and UMS 011 UMR1168, F-94807, Villejuif, France*; [3]*Global First Aid Reference Centre of the International Federation of Red Cross and Red Crescent Societies, Paris, France*

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Introduction Accidents and acute medical events at workplaces are unfortunately not rare events – ILO estimates that 313 million people are injured and 350.000 are killed in work related accidents annually1.Besides risk assessment and safety measures to reduce the number of incidents every company has to develop specific emergency plans to support and treat injured and critically ill employees as the worksite, which has to include First Aid as starting point for the ‘Chain of survival’.

1 IOCH Newsletter Volume 13, Nr. 2,3. – page 1: Message from the new ICOH president Jukka Takala.

Methods In an electronic survey which was sent out to international Red Cross/Red Crescent colleagues and Occupational health specialists interesting insight in the global provision of First Aid at workplaces and especially on cardiac arrest could be gained.

Result More than 100 answers from different part of the world demonstrate that in ¾ of the country’s First Aid is legally required and in about 70% risk assessments define the number of trained First Aiders. Emergency medical drills in companies are only mandatory in 50% of the countries.

The fact that in 40% of the answers the average responding time of an EMS is more than 30 min in rural areas and 30% up to 20 in urban zones gives a clear mandate to improve the training of First Aid and numbers of First Aid trainers.

Discussion Some best practices and ideas on how to improve the quality of training First Aiders and other health care provider will be discussed.

24 THE STATUS OF EMERGENCY PREPAREDNESS AND RESPONSE IN PETROL STATIONS IN BUSHENYI AND SHEEMA DISTRICTS IN UGANDA

[1]Tom Eliatu, [2]Deogratius Kaheeru Ssekimpi. [1]*Ministry of Gender, Labour and Social Development, Department of Occupational Safety and Health, Uganda, Kampala*; [2]*Uganda National Association of Community and Occupational Health*

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