Epidemiology

1043 COMPARATIVE STUDY OF SHIFT WORK EFFECTS AND INJURIES AMONG NURSES WORKING IN ROTATING NIGHT SHIFT & DAY SHIFT IN INDIA

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Methods Data as they concern migrant worker’s occupational health in Norway are scarce. The Labour Inspectorate has fatality statistics, inspections data, and there are also few studies, and surveys that provide useful information for this profile.

Result The fatality statistics in general have shown a positive trend over the past few years. What is troubling, is the proportion of migrant workers that make up the national statistic. In 2015 the 34% of all fatalities at work were migrant workers. Data on non-fatall serious injuries with the Labour Inspectorate also suggest incidence of injuries is higher among migrant workers in high-risk sectors. Self-reported surveys conducted in Norway have indicated that migrant workers have higher rate of occupational exposures compared to Norwegian workers. Our inspections data suggest that migrant workers also have long working hours, low pay and hazardous living conditions.

Discussion The data are indicating that migrant workers are likely more exposed to occupational hazards, and have precarious working and living conditions compared to Norwegian workers. The migrant workers are a hard to reach population (transitory/language barriers), moreover they are sometimes sceptical of both the research community and the regulatory institutions. This situation has implications for traditional epidemiological research, OSH practice and policy-making. Going forward OSH research, practice and policy need to develop novel methods to better protect the health and safety of migrant workers.

1052 MIGRANT WORKERS AND OCCUPATIONAL HEALTH IN NORWAY: A PROFILE

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Introduction Norway has since 2006 experienced, an increase in migrant workers. Migrant workers are providing a valuable labour force that is contributing to the economy. But, there are several challenges that these workers face with regards to occupational health. We have limited data on migrant workers, and aim to provide a profile of occupational health challenges as they concern these workers.

1054 PHYSICAL WORKLOAD EXPOSURE THRESHOLD IN CUMULATIVE-TRAUMA DISORDERS USEFUL FOR PRIMARY PREVENTION AND FOR CAUSAL ASSESSMENT: A 12.5 Y FOLLOW-UP COHORT STUDY

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Methods Cumulative-Trauma Disorders (CTD) are major loss causes in labour environments through the world, but few is known about quantitative robust and reliable workload exposure limits. The aim of this research was to define shoulder repetitiveness exposure threshold by assessing the risk to repetitive motions, which was adjusted by rest/break periods, menopause, mood disorders, hyperglycemia, hyperuricemia, and abnormal globular-sedimentation velocity, rheumatoid factor, reactive-c protein, thyroid-stimulating hormone and anti-nuclear antibodies). Dependent variable was obtained using nuclear magnetic resonance, ultrasound and/or surgical reports. Shoulder workload was assessed independently getting cumulative-exposure time to repetitive motions, which was adjusted by rest/break periods, maternity/paternity leave, vacations and all-causes medical absences (effective cumulative-exposure time). The exposure threshold was acquired using an adjusted multivariate Weibull regression modelling in order to control confusing effects. A Huber’s M-estimator was performed warranting robust results.