1686a PSYCHOLOGICAL CONDITIONS – FIT TO DRIVEDonna Morgans. *London for Transport, London, UK*

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The assessment and work implications of Psychological conditions are of key importance in Occupational Health. This is due to the impact such conditions have on fitness for work and their prevalence among the national workforce. It is also true that work itself can impact on psychological conditions in both a positive or negative way. Nowhere is this more important than in the myriad safety critical settings in which we advise, including fitness for Occupational driving and Train driving. Creating evidence-based standards and guidance in relation to work and psychological ill health is considered integral in ensuring safety and equality. In Transport for London Occupational Health the approach to creating standards and guidance relies on close and early collaboration with stakeholders and subject matter experts. Risk assessment and medical literature review are also an important part of the process. This guidance outlines the assessment criteria and the framework for individual risk assessment. Through this approach we hope to achieve high quality occupational health advice that is evidence based and risk appropriate. The advice is also targeted to the individual and their specific work role.

1686b POLITICS AND SAFETY. WHY PRESERVING THE NORDIC MODEL IS MORE IMPORTANT THAN THE DOCTOR'S HEALTH ASSESSMENT FOR TRAFFIC SAFETYOern Foss. *Norwegian State Railway, Oslo, Norway*

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The changes of work conditions in the Nordic countries are a serious threat to the railway security. The Nordic model, characterised by good working conditions, safe employment with a decent wage and well-functioning welfare systems is on a decline. The Nordic model is also based on union and individual worker's involvement, high degree of labour union membership and extensive trust given to the employee to do the job and safety assessments on their own.

Many of the basic requirements for a functioning Nordic model have changed, and are about to change even more in a way that constitutes a threat to the traffic safety; Globalisation, privatisation, change of working conditions, more control systems, and destabilising work environments with up splitting of companies and their medical services are results of political decisions made outside the railway doctor's or other health management's office walls.

With globalisation and the implementation of 'free trade agreements' like TISA and TTIP, the development we have seen in the traffic sector of drastic changes in the working conditions for the employees, is likely to continue. For seamen/sailors and lorry drivers, the changes have been in effect so long that the new situation is 'normal'. For taxi drivers, the code word Über is maybe enough to describe the decline in prestige, social acceptance and working conditions for them. If you want to make a living, you need to be on call and available 24/7 and you can forget family or social life, buying a home with a bank loan or enjoy the benefits of an

employer who takes interest in workplace health promotion programs. Of course, this also has influence on traffic safety.

My worry is that these types of changes have now spread into the air traffic industry (e.g. low-cost airlines like Ryanair), bus transport companies and even in the railway sector with a wide variety between countries and operators up to now. Short-term assignments, increased mobility with flexible (and unpredictable) working hours, often change of operator when tenders are used, less union influence, increased job insecurity and less integrated occupational health professionals in the companies, all contribute to a weaker safety culture. This might lead to more accidents even if the health assessments of the individual driver not have shown any medical contradictions.

So, to me it seems that engaging in political issues with a tough defence of the Nordic model and fight against the globalisation and privatisation waves with their negative effects, is a better way of ensuring traffic safety than keeping up with the doctor's health assessment!

1686c A SYSTEMATIC REVIEW OF EVIDENCE FOR FITNESS TO DRIVE AMONG PEOPLE WITH MENTAL HEALTH CONDITIONS OF SCHIZOPHRENIA, STRESS/ANXIETY DISORDER, DEPRESSION, PERSONALITY DISORDER AND OBSSIVE COMPULSIVE DISORDERDesmond O'Neill. *National office for Traffic Medicine, Dublin, Ireland*

10.1136/oemed-2018-ICOHabstracts.49

A systematic review of evidence for fitness-to-drive among people with the mental health conditions of schizophrenia, stress/anxiety disorder, depression, personality disorder and obsessive compulsive disorder.

Introduction Limited evidence exists regarding fitness-to-drive for people with the mental health conditions of schizophrenia, stress/anxiety disorder, depression, personality disorder and obsessive compulsive disorder (herein simply referred to as 'mental health conditions'). The aim of this paper was to systematically search and classify all published studies regarding driving for this population, and then critically appraise papers addressing assessment of fitness-to-drive where the focus was not on the impact of medication on driving.

Methods A systematic search of three databases (CINAHL, PSYCHINFO, and EMBASE) was completed from inception to May 2016 to identify all articles on driving and mental health conditions. Papers meeting the eligibility criteria of including data relating to assessment of fitness-to-drive were critically appraised using the American Academy of Neurology and Centre for Evidence-Based Medicine protocols.

Result A total of 58 articles met the inclusion criteria of driving among people with mental health conditions studied, and of these, 16 contained data and an explicit focus on assessment of fitness-to-drive. Assessment of fitness-to-drive was reported in three ways:

- factors impacting on the ability to drive safely among people with mental health conditions,
- capability and perception of health professionals assessing fitness-to-drive of people with mental health conditions, and
- crash rates. The level of evidence of the published studies was low due to the absence of controls, and the inability to pool data from different diagnostic groups. Evidence supporting fitness-to drive is conflicting.

Discussion There is a relatively small literature in the area of driving with mental health conditions, and the overall quality of studies examining fitness-to-drive is low. Large-scale longitudinal studies with age-matched controls are urgently needed in order to determine the effects of different conditions on fitness-to-drive.

504 REDUCTION OF OPHTHALMOLOGIC OCCURRENCES WITH STRANGE METAL BODY OF METALLURGICAL COMPANY IN AUTOMOTIVE AREA

Daniela Bueno Ribeiro. *Occupational Physician – CRM/SC 10678 RQE 13103*

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Introduction The World Health Organisation (WHO) shows damages caused by ocular traumas which cause blindness in 1.5 to 2 million people worldwide every year. Brazilian data point a rate of 150 thousand ocular accidents a year. The aim of these studies is to present data related to work accidents with foreign bodies in the ocular region before and after implanting collective and individual preventive measures.

Methods Longitudinal Study done in an automotive Company in Joinville-SC, Brazil, from February to April in 2015. It was collected data of ophthalmologic occurrences with foreign bodies among 1412 workers who used to do emery activities in pieces at final process areas.

Results The company has 7265 employees and a group was studied and presented 19.43% in the total. During the studied period, there were 1083 injuries. In March/2015, there were accidents with ocular trauma done by a foreign body. In September/15 it was implanted a new goggles model. In October/15 there were 71 accidents (reduction of 59%). At the end of process (April/16), the result was 3.7% less compared to the beginning, with 32 events.

Discussion The reduction of the cases was expressive with the implantation of more than one kind of goggles. Occupational Hygienic actions were contributory to avoid the occurrences and cut down difficulties and inabilities which cause big social-economic impacts. The eradication of these events only happen with the automation of these production areas. Therefore, it is better and reliable than human labour to execute these activities, by its efficiency in products inspection that is being produced and its quality guarantee. Thus, investing in prevention is the most viable.

1447 OCCUPATIONAL HEALTH AND SAFETY IN DEVELOPING COUNTRIES

^{1,2}R El Kholti*, ²I El Amri, ²B Benali, ²A El Kholti. ¹University of Montreal, Canada; ²Casablanca faculty of medicine and pharmacy, Hassan II University, Morocco

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Introduction Occupational health and safety in Developing countries has been a preoccupation in this two last decades. The growing number of occupational accidents and diseases attract the attention of Developed countries on these working conditions. This shows that the situation is urgent and that action must be taken quickly.

Methods Occupational health is not a priority in Developing countries. In order to understand this, we proceed to a

SWOT analysis. It gives us a vision about each country's level. Also, this analysis is based on bibliographic search which contains studies and statistics of international organisations such as ILO.

Results ILO has always been involved in this cause. Although some countries have adopted occupational health and safety prevention strategies, others are still very far away.

ILO has created a structure to put in place a national occupational health and safety profile, culture and policies all across the world. That is the first step to reduce occupational accidents and diseases.

Discussion This must be a concern for developed countries and international organisations. Unfortunately, political instability or financial crises can sometimes block the efforts made or simply prevent progress. This being said, we must set up alliances between cultures and countries. For example, France with African French speaking countries or Scandinavian countries with African English speaking countries. These alliances will allow the development of several key improvements such as information and training systems should be put in place to reduce workplace hazards; use low-cost and country-specific protection systems.

Conclusion In order to improve this, countries with well-functioning health and safety policies should be able to help them develop an occupational health culture with the help of the governments, employers and workers. This collaboration will help establishing an action plan in order to improve the situation in developing countries.

1036 WORKERS' HEALTH AND RISK FOR EMPLOYMENT INJURIES – A CASE CONTROL STUDY

Azlan Darus*, Ahmad Fuad Mansor, Mohammed Azman Aziz Mohammed. *Social Security Organisation, Malaysia*

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Introduction Risks for occupational accidents may be attributed to the work, worker or the workplace. Numerous studies had identified inherent risk of the workers that exposes them to employment Employees' general health, determined through identifying risk factors of non-communicable diseases is currently an important consideration in workplace safety and health measures. This study seeks to investigate the relationship between employees' general health and risks for employment injuries.

Methodology A case-control study is conducted using a database of employees in Malaysia who underwent a mass general health screening program from the year 2013 to 2016 for social insurance scheme as a sampling frame. Cases were identified from database of employees who were compensated for occupational injury during the same period. Matching controls are selected from the sampling frame based on none-health factors such as geographical location, type of industry and occupation status. General health variable included in the measurements are body mass index, hypertension, diabetes, hypercholesterolaemia, waist circumference and metabolic syndrome. Bivariate analysis and logistic regression are conducted to identify the relationship between health status and employment injury.

Results A total of 4 72 093 employee health screening data were available for analysis. The prevalence of overweight, obesity, hypertension, diabetes and hypercholesterolaemia were