responsible for the loss of 42 000 lives in 2016. Among the stressful professions that endure a high consumption of cigarettes per day, are the stressful professions related to television work: producers, editors, reporters, picture directors. This paper aims to present the tobacco cessation program developed in National Romanian Television in order to promote the health of its employees and to reduce the number of smoking related illnesses.

Methods We started to achieve the present work in the current legislative context, in which the adoption of the Anti-smoking Law in 2016, prohibited smoking in the public spaces, so also in the spaces of National Romanian Television. That is why we have structured, since February 1, 2017, a Tobacco Cessation Program, by professional categories, insisting on the VBA (Very Brief Advise) but also on the pharmacological methods of quitting (nicotine replacement therapy, varenicline, bupropion).

Result Smoking cessation results were satisfactory in the group of employees with VBA associated with pharmacological therapy (27.5% quit smoking and 25.3% reduced to more than half the number of cigarettes smoked in one day). The tobacco cessation program will continue, requiring the inclusion of all professional categories involved in television work and will be targeted especially on employees with chronic diseases (COPD, asthma, hypertension, chronic ischaemic heart disease, diabetes).

Discussion Smoking cessation is an essential method of promoting health at work and decreasing the number of chronic illnesses and deaths attributable to smoking. We propose in the future the development of the program and the inclusion of behavioural support for smoking cessation as well as CO monitoring in expired air.

1502 SICK LEAVE BENEFITS BY ENDOCRINE DISEASES: A RETROSPECTIVE EPIDEMIOLOGICAL STUDY

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10.1136/oemed-2018-ICOHabstracts.466

Introduction Endocrine Diseases (ED) have a high prevalence around the world. In 2014, the World Health Organisation estimated that many adults will be affected by those diseases, worldwide. ED are classified as many different chronic diseases with distinct aetiologies, and they are some of the main causes of disability, which can negatively influence productivity in active workers. In Brazil, those disabled workers with ED diseases can apply for Sick Leave Benefits granted by the Brazilian National Institute of Social Security (BNISS). This Institute is responsible for granting benefits and salaries for work disability.

Methods This was a retrospective cross-sectional study which evaluated 538 workers receiving temporary sick leave benefits from the BNISS caused by ED. The workers were evaluated from June 2014 until July 2016 and submitted to a structured analysis for data collection including: gender, age, affiliation to the BNISS and International Classification of Diseases (ICD-10) of each worker's ED.

Results The workers were 63,5% female with mean age of 42 years-old, and the most prevalent individuals age ranged from 30 to 49 years old (44%). The most prevalent diseases were associated with obesity (33%) with ICD-10 E65 and E66, followed by Diabetes (23,5%) with ICD-10 E10, E11 and E14,

and thyroid associated diseases (7,8%) with codes E01, E03, E04, E05, E06, E07. The employed affiliation to BNISS was found in 66,5% of females, and 50% of males. Other endocrine diseases were found, as amiloidosis (0,2%) ICD-10 E85, and other endocrine disturbs (4%) ICD-10 E88.

Discussion The results showed that obesity and diabetes are important risks factors for functional endocrine injuries, enhancing the harmful effects of overweight and hiperglycemic diet to health and quality of life of workers. These data can help new strategies to enhance obesity and diabetes prevention and health promotion programs for workers.

1017 OCCUPATIONAL HEALTH NURSES WORKING AS WORKSITE HEALTH PROMOTION AGENTS

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10.1136/oemed-2018-ICOHabstracts.467

Introduction Traditional role in occupational nursing had been for many years to assist occupational physicians and provide primary health care services. Worksite health promotion field requires a different role for occupational nurses. Our team was trained in health coaching and started offering a new service for workers. Workers can have their personal coach for lifestyle risk management. In this poster we selected two experiences to communicate the impact of this kind of recourse for worksite health promotion programs.

Methods In an Company a 1000 employees from the oil and gas industry with 98% of workers screened for lifestyle risks annually, we define as target of the intervention 2 major risks: Hypertension and weight issues. Two wellness programs were offered: Blood pressure initiative and Wise. Occupational Nurses were the health promotion agents in charge of the program implementation. We measure each risk at the beginning and we measure impact of the intervention. Core intervention were health coaching interactions.

Result Wise program 219 enrolled employees, 182 participating, Initial measures: overweight: 36.3%, obese type 1: 33.0%, obese type 2: 16.5%, obese type 3: 4.9%, healthy weight: 9.3%. Final measures: overweight: 37.9%, obese type 1: 34.6%, obese type 2: 12.6%, obese type 3: 4.9%, healthy weight: 9.9%.: 71%. Total weight loss: 484.90 kg. Blood pressure program: 935 enrolled and screened employees, 184 employees didn't knew they had hypertension measurements and of them 98 were diagnosed. Healthy habits modification: 71%.

Conclusion Health coaching is a powerful intervention for healthy habits modification in order to reduce lifestyle related risks. Occupational nurses are a strategic group of health professionals for worksite health promotion programs. All this aspects may contribute to develop new roles for occupational health nurses to contribute to build a healthy culture in the workplace.

874 COST OF PROVIDING OCCUPATIONAL HEALTH SERVICE FOR INFORMAL WORKERS AT SUB-DISTRICT HEALTH PROMOTING HOSPITAL LEVEL

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10.1136/oemed-2018-ICOHabstracts.468

Introduction Providing of occupational health services for workers is considered as essential services. But informal workers have less accessibility to the services, and the cost of providing such services is not available. This study aimed to analyse the cost of providing occupational health services for informal workers at sub-district hospital level.

Method Data were collected from 14 Sub-district hospitals provided occupational health services in Khon Kaen province, Thailand. Fiscal year 2013. The Occupational health services comprised of both active services and passive services. The active services are; collecting baseline data of informal workers, workplace survey and risk assessment, health education and suggestion about work related diseases. The passive services are; health screening. Treatment of work related diseases, and reporting the occupational disease to the surveillance system. Data were collected using record form of details and resources used in providing each activity by the health officers. Cost comprised of labour cost, material cost and capital cost. Direct cost allocation method was applied in cost analysis.

Results The study revealed that total cost of providing occupational health service was 79 326 baths. Unit cost of active services was 37 161 baths (Range 19,804–136,862). Cost of key activities per capital such as workplace survey and risk assessment, health education suggestion and campaign, home visit and statement occupational health project were 2920, 15132, 598 and 5331 baths, respectively. While unit cost of providing passive service was 24 403 baths (Range 14,232–132,055). Cost of core activities per capital comprise of diseases screening, diagnosis and treatment, database development, record keeping and to the surveillance system were 1175, 1753, 4803 and 1432 baths respectively.

Conclusion The unit cost of providing active service was 37 121 baths and passive service was 42 165 baths. The results can be applied to budget allocation for occupational service at Sub-district hospital.

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RETROSPECTIVE STUDY OF THE PREVALENCE OF SKIN AND SUBCUTANEOUS DISEASES IN BRAZILIAN WORKERS RECEIVING SICK LEAVE BENEFITS

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10.1136/oemed-2018-ICOHabstracts.469

Introduction Dermal exposure to hazardous agents can result in a variety of occupational diseases, including occupational skin diseases (OSD), which is characterised by skin alterations related to the work, and may be related to the lack of use of individual protective equipment. The objective of this study is to identify the prevalence of OSD in the worker's population and the relation with the working conditions.

Methods This was a cross-sectional study (November 2012 until February 2017) involving 49,391 employees receiving sick leave benefits from the Brazilian National Institute of Social Security. From these data, it was selected the cases related to occupational skin diseases including: gender, age, main occupation, hazard exposure and the international classification of diseases (ICD-10) codes to work-related skin lesions.

Results The study revealed that the OSD was present in 493 workers. The most prevalent dermatoses were skin and subcutaneous infection diseases (ICD L00-L08) in 216 workers. Followed by other skin and subcutaneous diseases (CID L80-L99) in 129 patients, 60 patients were diagnosed as skin accessory structures diseases (CID L60-L75) and dermatitis with ICD (L10-L30). The results showed that the participants were 55% female having a mean age of 39 y/o; The main occupational posts associated with OSD were agricultural workers (32%), health workers (22%) cleaning personnel (15%) and administrative employees (11%). Approximately 68% of the workers had related some contact with chemicals agents.

Conclusion The study confirmed the meaningful influence of OSD on the work absence specially in agricultural and health workers, and this occurrence may be related to skin disease infections, and other skin and accessory skin diseases among these workers. Furthermore, the work-related skin diseases may be a result of inappropriate use of individual protection equipment as well as the worker exposure to the chemicals and other trigger factors.

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SURGICAL SMOKE RISK – A SURVEY OF OPERATING ROOMSTAFF

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10.1136/oemed-2018-ICOHabstracts.470

Introduction Surgical smoke exposure is an important occupational hazard posing risk to all working in Operating Room (OR) environments.

Methods A questionnaire was designed to evaluate the knowledge of OR staff about the risks of surgical smoke exposure. It was distributed to all OR medical and nursing staff within Antrim Area Hospital, United Kingdom.

Results The response rate was >75% and was representative of the study group. 98% of OR staff were aware that both the operator and scrubbed staff were at risk from smoke inhalation; whilst only 78% and 57% respectively were concerned about risk to non-scrubbed staff and the patient. 98% of respondents recognised electro-surgery as a source of surgical smoke, however less identified laser and ultrasonic surgical devices as additional sources. 61% knew that surgical smoke could potentially contain water, chemicals, bacterial and viruses; whilst 11% were unsure. 2% believed smoke exposure caused no symptoms. 35% of staff felt a standard facemask was protective. Only 22% and 63% respectively were aware of availability of smoke wands and portable evacuation devices as risk reduction measures within their unit. 76% deemed current risk reduction inadequate. The majority of staff (63%) were exposed to surgical smoke at least twice weekly; 32% for >90 min per episode. 59% of respondents experienced symptoms which they attributed to smoke exposure, most commonly headache (28%). 74% had multiple symptoms and 4% had had associated sickness absence.

Conclusion Those with the greatest exposure (frequency and duration) were more likely to have relevant symptoms and were the only group to have attributable sick absence. Evaluation of policies; staff education; and risk reduction measures are recommended.