comparing the four experimental settings, were tested with paired sample t-tests.

Result The online questionnaire was completed by 25 OPs (16 women and 9 men). As analysis is ongoing, the results of this experiment will be presented.

Discussion More attention for SDM in OH is needed. Experimental studies like this one may give clues to the use of SDM in the field of OH.

63 CREATING A HEALTHY WORKPLACE AT A SCHOOL OF PUBLIC HEALTH, NATIONAL UNIVERSITY OF SINGAPORE – USING THE TOTAL WORKPLACE SAFETY AND HEALTH (WSH) TOOLS

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Introduction Many health promotion programs are introduced without first conducting a proper risk assessing of the workplace. As such, it is difficult to evaluate the usefulness of the programs. We have developed a tool, Total WSH, which consider safety, health and wellbeing holistically at the workplace. This tool was used in this study.

Methods We conducted the study on 245 staff of our School of Public Health in June 2015 using the Total WSH tools which consist of

- Workplace Safety & Health Services Questionnaire (WSHQ) – assess Elements of basic WSH Management System;
- Workplace Safety and Health 360 Questionnaire (WSH360) – evaluate Perception and communication of WSH priorities, services and integration;
- Basic Health Survey (BHS) – determine basic health of workers; and
- Walk through assessment.

Based on the findings, we implemented targeted health programs which were evaluated using the BHS again 1 year after the implementations.

Results Assessment revealed the School's health and safety management system were robust. However, some health and well-being needs of the staff were unmet.

We implemented interventions programs to address these health issues and evaluated the outcomes. Fitness Friday, posters to increase stair, provision of adjustable working tables to encourage standing during work, office ergonomic pregame to address bodily pain, and education on healthy eating were introduced.

22% reported bodily pain in the past 4 weeks – this was reduced to 17.2%. 64% did not meet the national recommended physical activity level (WHO's) – this was reduced to 55.6%. The daily average consumption of fruits and vegetables (national recommendation of 2 servings) have also increased from 31.7% to 35.7% and 61.1 and to 64.1%, respectively. In addition, the daily consumption of sweetened drink has decreased from 27% to 19.6%.

Discussion Total WSH tool is effective in assessing the safety and health at the workplace and also an evaluation tool to determine the outcomes of programs that are being implemented at the workplaces.

635 INTEGRATED HEALTH PROGRAMS FOR HEALTHCARE WORKERS – LESSONS LEARNED FROM IMPLEMENTATION AND EVALUATION IN A TERTIARY HOSPITAL IN SINGAPORE

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Introduction The National University Hospital is a tertiary hospital with around 6400 employees. A 'Total Workplace Safety & Health' program was started in 2014 by assessing organisational and individual health risks using a health survey, workplace visits, accident reports, results of staff health screening and an internet-administered survey regarding health, stress, behaviour, and program engagement. Interventions included evidence-based health screening, a 'healthy-eating' campaign introducing a traffic-light system identifying healthier food at worksite canteens, needle-stick injuries reduction programs and motivational campaigns to increase physical activity. In spring 2017 the impact evaluation started. We report on lessons learned on program implementation, methodology and results of this impact evaluation.

Methods Barriers to program success and evaluation were assessed through quantitative and qualitative methods focus-group discussions, employee survey, vendor interviews and direct observations for *Healthy-Eating* and *Physical-Activity Interventions*, including environment assessment, plate-counts of meals, sedentary and eating behaviours, activity habits, acceptance of messages.

Result Feedback for lifestyle/behavioural interventions suggests modest participation and unknown impact. Participation in medical programs increased (vaccination +30%), previously undiagnosed chronic diseases were identified (unclear/pathological results 5% high blood-pressure, 5% high blood-glucose, 11% cancer screenings), a follow-up process was implemented. Organisational and environmental barriers for long-term program success were identified. Great enthusiasm got the programs started but lack of planning for evaluation hinders impact assessment. Survey, focus-groups and observations are completed in July 2017.

Discussion Lessons learned include: Clarify responsibilities and reporting lines, plan for monitoring/evaluation at the beginning, get a baseline, define program goals. Clearly defined and medical-style programs showed more positive results and participation. Lifestyle interventions need to set realistic targets. 'Asking' people on behaviour is notoriously biased. Unplanned evaluations 'ex-post' are unsatisfactory or impossible. Only some programs are open for cost-effective evaluation on hind-sight and coordination from the top is crucial for impactful interventions and their evaluation.

644 RISK FACTORS FOR WORK RELATED MUSCULOSKELETAL DISORDERS AMONG PHYSIOTHERAPISTS

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