

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.

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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 hindsight and coordination from the top is crucial for impactful interventions and their evaluation.

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RISK FACTORS FOR WORK RELATED MUSCULOSKELETAL DISORDERS AMONG PHYSIOTHERAPISTS

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Introduction Physiotherapists (PT) are highly predisposed to work related musculoskeletal disorders (WRMSD), due to their work nature involving manual effort, static holding and repetitive action. The severity of the WRMSD is reported to affect the quality of life causing sickness absenteeism to work, increased restrictions to work and disability. Hence, identifying the WRMSD at an early stage could help in reducing the morbidity among the PTs.

Methods A longitudinal survey was conducted among PTs through a semi-structured questionnaire administered by in-person or by E-mail. A total of 350 participants consented to participate in the study. The participants were working as full time PTs, with a minimum of 1 year of professional experience, age group 22 to 45 years, of either gender, who had pain or discomfort for more than one week, and did not undertake any other part time job. The PTs did not have any prior musculoskeletal disorders, surgeries, pregnancy within the previous 12 months or any systemic health problems. The questionnaire collected demographic data, exercise habits, physical risk factors associated with working condition, present health status, Nordic Musculoskeletal Questionnaire (NMQ) and the short-form Workstyle Questionnaire.

Result The prevalence of musculoskeletal pain among PTs was found to be 88% and the highest prevalence of musculoskeletal pain was in the low back (61.5%) followed by upper back (59.25%). The mean age of the participants was 27.6 years. The prevalence of WRMSD was higher among male PTs (63%) and among those working in the paediatric neurorehabilitation department. 74% of the participants reported an adverse work style risk.

Discussion The high prevalence of WRMSDs among PTs can be attributed to several risk factors like lifting or transferring of dependent or non-communicative patients, work setting, practice specialty, age, gender, number of working hours, years of work experience and sedentary life style.

669 SICK-LEAVE POLICIES IN BELGIAN COMPANIES: A RANDOM TELEPHONE SURVEY

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Introduction Since 2001, Belgian absenteeism has increased steadily, especially long-term absenteeism. In 2016, the percentage of employees on sick leave for ≤ 1 month was 2.13%; the percentage of those on sick leave for > 1 month was 5.13%. Consequently, absenteeism has become an important element in the human resources (HR) management strategies of many organisations. The aim of this study was to describe sick-leave policies of Belgian companies.

Methods A questionnaire was developed by a team of experts in the field of occupational and organisational health to assess sick-leave policies and HR management strategies. The questionnaire included four main topics (33 items): company characteristics (e.g., absenteeism rate), organisational features (e.g., hierarchical structure), sick-leave policy (e.g., presence of a procedure to stay in touch with absentees, possibility for adjusted work), and communication (e.g., communicating absenteeism rates to employees).

Companies were randomly selected by sector from a database of 49 852 companies affiliated with Mensura Occupational Health Services (Belgium). An external research agency phoned those responsible for HR in each company.

Results From January to March 2017, 2230 companies from nine sectors, were phoned. Most companies had 0–20 employees ($n=1807$), 388 had 21–200 employees, and 35 had > 200 employees. More than half (55%) didn't know their absenteeism rate. Only 34% had strictly defined procedures and agreements concerning absenteeism. In 22% of the companies, policies on prevention and protection at work were defined; these policies were linked to sick-leave policies in only 40% of these companies. In 62% of the companies, there was no possibility for adjusted work.

Discussion The results of this study provide a solid basis for performing targeted actions to raise awareness of the importance of a well-established sick-leave policy. To increase return-to-work chances for employees with long-term absenteeism, sick-leave policies should be integrated in companies' overall health, safety, and well-being policies.

672 PROMOTING VISITS PRIOR TO RETURN TO WORK: A CASE STUDY IN A BELGIAN COMPANY

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Introduction Since 2008, Belgian workers on ≥ 4 weeks' sick leave have been allowed to voluntarily visit occupational physicians (OP) before returning to work. In 2015, OPs affiliated with Mensura occupational health services (OHS) performed only 0.73% ($n=2,603$) of these visits. Especially in small companies, visits before returning to work were limited. Often, employers were unaware of the opportunity to visit OPs during sick leave. In a large Belgian company, an initiative to encourage visits before returning to work was introduced with the aim to increase the chances of earlier resumption of work.

Methods In 2015, a large pharmaceutical company employing > 1000 workers implemented the following procedure:

The company informed workers on > 6 months' sick leave of the opportunity to voluntarily visit OPs.

Workers expected to be on longer sick leave were informed about visits before returning to work and the possibility of (adjusted) work resumption.

Results In 2015, 9.71% ($n=103$) of the consultations with the OP were visits before returning to work. The most frequent causes of long-term sick leave (documented in 73 of 103 cases) were:

- Orthopaedic diagnoses (excluding spine and back pain): 39.7% ($n=29$)
- Psychological causes: 19.2% ($n=14$)
- Spine and back pain: 12.3% ($n=9$)
- Serious/chronic diseases: 6.8% ($n=5$)
- Other: 21.9% ($n=16$)

In the 73 documented cases, 44 workers were eligible to resume work, while for 61% ($n=27$), an early return, which was executed with or without adjustments, was recommended.