

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 (NMSQ) 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.

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

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10.1136/oemed-2018-ICOHabstracts.519

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.

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

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10.1136/oemed-2018-ICOHabstracts.520

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.

Conclusion This study demonstrated the importance of promoting visits to an OP before returning to work. In the future, OHS could facilitate return to work by supporting companies in implementing sick-leave policy. Contacting workers on sick leave and offering opportunities for visits prior to return to work could create added value for employees and employers.

847 SUCCESSFULLY IMPLEMENTING INFORMATION SYSTEMS TO IMPROVE OCCUPATIONAL HEALTH AND SAFETY PERFORMANCE – 1: CHALLENGES AND OPPORTUNITIES

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10.1136/oemed-2018-ICOHabstracts.521

Introduction Although information systems (IS) have been widely applied to address health concerns worldwide, few initiatives address workers health and safety. This is especially the case in the health sector, an area the High Level Commission on Health Employment and Economic Growth acknowledged to be in need of attention, particularly in low and middle-income countries.

Methods Applying a context-mechanism-outcome study design, we analyse how a comprehensive IS initially introduced in Canada was successfully transferred to South Africa (SA) through a partnership of two WHO Collaborating Centres in Occupational Health and Safety. We particularly explore contextual (socio-political and technological) characteristics at micro, meso and macro levels and the processes applied have affected outcomes.

Results Despite limited success in initial piloting in a resource stressed provincial health department, a technology transfer partnership relying on SA technical IS core capacities and management commitment to maintain systems enabled successful application of OHASIS (Occupational Health and Safety Information System) through South Africa's National Health Laboratory Service. Success has been observed through patterns of use (incident investigation, hazard assessment, workforce health) of the system and the development of new modules to meet additional management needs (e.g. waste management, audits). Application of OHASIS is presently being scaled up in the Gauteng province health sector and in Namibia, with considerable additional interest in wider application being expressed.

Discussion The efficacy of technical systems to enable surveillance of health and safety consequences for workers together with consideration of the workplace factors and processes that affect this is necessary but not sufficient for success. Documentation of how the system is implemented (possible through analysis of the analytics of use) as well as how analysis of evidence can enable ongoing research and management improvement is critical to ensuring that commitments are maintained and the reports needed by users are made available.

861 SUCCESSFULLY IMPLEMENTING INFORMATION SYSTEMS TO IMPROVE OCCUPATIONAL HEALTH AND SAFETY PERFORMANCE – 2: CASE STUDIES

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10.1136/oemed-2018-ICOHabstracts.522

Introduction With over 7400 employees in 346 laboratories and 3 national institutes across South Africa, the National Health Laboratory Service (NHLS) faces the challenge of how to provide occupational health, biosafety and biosecurity services with limited resources. The Occupational Health and Safety Information System (OHASIS) was initially developed at the University of British Columbia in Canada as a multi-modular, secure online information system and is now a joint venture with South Africa's National Institute for Occupational Health.

Methods By reviewing 6 years of OHASIS and health and safety program implementation at NHLS, including surveying of users, we provide a qualitative and quantitative summary of experience, including presentation of illustrative cases, and discuss the strengths and limitations of using a comprehensive information system to improve occupational health and safety.

Results Online surveys (2013 and 2015) indicated an overall improvement in many areas of health, biosafety and biosecurity including training, trust of management, reporting incidents, use of Personal Protective Equipment and participation in committees. Over 1600 incidents have been recorded, with increased usage following introduction of a confidential self-report mechanism. This has enabled systematised reviews by health and safety committees, the Safety, Health and Environment team and NHLS management. In addition to existing modules (e.g. incident reporting and investigation; employee health; analytics), new modules have been added in response to user requests: Audits; Waste; Maintenance; and Training. A strategic new module on Health and Safety Committees is currently underway.

Discussion Surveys and discussions reveal a need for ongoing attention to implementation. Analysis of trends and associations is being emphasised as long term sustainability solutions are being sought, especially in response to the widespread interest for introducing OHASIS in other settings. The National Institute for Occupational Health has the exclusive rights to roll OHASIS out throughout Africa.

899 EXPLORING KEY INFORMANT PERCEPTIONS REGARDING THE PREVENTION AND CONTROL OF TUBERCULOSIS AMONG HEALTHCARE WORKERS

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10.1136/oemed-2018-ICOHabstracts.523