Methods We performed a literature review regarding the fitness to drive among CMV drivers with OSAS.

Result CMV drivers are a high risk, underserved occupational group. Occupational demands and working conditions result in a sedentary lifestyle and irregular sleeping patterns, contributing to overweight and fatigue. Occupational risks and morbidities include e.g. hypertension, metabolic syndrome and diabetes. Subjective EDS can be assessed by questionnaires (e.g. STOP-Bang, Berlin Questionnaire, Epworth Sleepiness Scale), unfortunately with reporting bias. Measurement of height and weight (body mass index), neck circumference and blood pressure during physical examination offers an opportunity to assess objective risk factors for OSAS without relying on the subjective report.

Discussion OSAS is both underdiagnosed and undertreated. Identifying CMV drivers, with OSAS and treating them effectively should decrease crash-related fatalities and injuries. There is a need for an active response from (occupational health) physicians, the sleep disorder specialists, the transport industry and the governments to create an effective OSAS screening among drivers and to accomplish patient compliance with the best treatment.

An objective evaluation is expensive, time consuming and not applicable on a large scale. New tools are necessary to assess the fitness to drive. There is a lack of such tools, as well as practical guidelines, so there is no consensus on the driving ability of untreated and treated OSAS patients.

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CHALLENGES FOR THE BETTER SCREENING OF SLEEP APNEA SYNDROME IN A RAILWAY COMPANY IN JAPAN

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Introduction SAS is known to cause drowsiness and lack of concentration at work and poses a serious job-fitness risk as a train driver. E company launched the initial screening program in 2003 using Epworth Sleepiness Scale (ESS) and induced pulse oximetry in 2007, and examined all train drivers every three years.

Methods Based on ESS and pulse oximetry the detailed examination using sleeping polysomnography (PSG). Crews who need medical treatment such as continuous positive airway pressure (CPAP) were subject to work restrictions until the improvement was confirmed.

Results According to the statistics for 9 years until October 2016, 5500 crews examined 151 crews were subject to work restrictions.

After treatment, more than 90% of the cases have recovered their AHI to less than 30% of previous level, and all drivers successfully returned to their original jobs in about 2 weeks.

Discussions Larger proportion of SAS patients (2.7%) than average Japanese population (1.7%, Guidelines for Diagnosis and Treatment of Sleep Disordered Breathing in Cardiovascular Disease), company is still experiencing false negative cases improve the drivenvironment to prevent daytime drowsiness and educations for crew members.

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FACTORS ASSOCIATED WITH SHARP DEVICE INJURIES IN DAMMAM HEALTHCARE WORKERS: IMPLICATIONS FOR PREVENTION

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Background Sharp devices injuries (SDI) expose workers to blood-borne pathogens. Despite implementation of preventive measures to reduce sharp injuries they continue to occur in every step of sharp devices usage, disassembly or disposal.

Aims To examine risk factors of SDI and explore implications for prevention.

Methods Retrospective study of SDI incidence among healthcare workers (HCW) at a hospital.

Results 8.4% of HCW reported an SDI over 26 months. Most occurred in wards (32%). Nurses were most affected category by SDI (52.5%), followed by physicians (24.9%). Disposable syringes are the main cause among nurses (58.9%), while surgical devices are the main cause among physicians (40%). Expatriates with SDI are less likely than Saudis to have had a complete hepatitis B vaccination series.

Conclusion SDI are common. Because characteristics of SDI differed according to job category and worksite, preventive strategies should be targeted for each category. Adequate hepatitis B vaccination is needed.

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OCCUPATIONAL HEALTH AND SAFETY PHILOSOPHY VISION ZERO AND WELLNESS PROGRAMS AT GRUPO PROGRESO

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Objectives Demonstrate how and why the wellness of each of our employees, is the reason to focus in OH and S at Grupo Progreso, in order to achieve our 'Zero Incidents' Vision.

Methods Our strategy regarding OH and S takes us first to achieve and meet the commitment with the board of directors, top management, bosses, supervisors and every operational staff. This means we lead with the example, allowing us to show genuine interest in the health and safety of every employee. The last stage is the application of the consequences scheme, where we encourage employees to repeat desired behaviours and sanctions those who break safety regulations. We count with a lead indicator, called Safety Gradient, that was designed by our team and it is monitored since the last 4 years every week in every team during group meeting all around the organisation. The top management, the CEO and the OH and S corporate manager also go through this tool each week. This indicator takes into account four elements: Safety moments, Safety observations, Corrective actions and Stopped unsafe acts. In addition, each week the OH and S team will perform inspections in different areas that provide the percentage of safe behaviour and safety conditions. Because this is a predictive tool, the incidents that involve injuries that need medical treatment without lost time and property damage will change the percentage of the Safety Gradient. This value allows us to know the safety level under which our organisation is run.