

health organisations, and professional societies, focusing on vaccination policies and practices in occupational settings.

Result Many vaccines are available for workers exposed to certain biological agents, while others are imminent. However, systematic, representative data on occupational immunisation policies, practices and coverage are lacking. Most pertain to HCWs, Influenza and HBV and coverage is sub-optimal. Variations exist by country and region for legislation, policies, schedules, groups requiring vaccination, implementation. Relevant issues include: access to vaccines; cost-effectiveness; immunisation coverage; identification susceptible of workers at-risk; fitness for work; involvement of all stakeholders.

Discussion Immunisation is an additional preventive tool to conventional workplace interventions, very effective for bio-hazard containment. A specific immunisation policy and practice is a strategic priority for individual workers, different workforces and the public health system. The main Occupational Health Professionals' (OHP) responsibilities are: individual, activity and area risk assessment; evaluation and provision of cost-effective vaccines; obtaining consent (or refusal) following counselling; managing non-responders and those who refuse vaccinations; career guidance; remaining updated. Mandatory immunisation should be explored in selected circumstances. OHP, employers and workers share the responsibility to implement the WHO Global Vaccine Action Plan to expand access to immunisation to all susceptible workers and strengthen routine immunisation. Policies and services should reside in the realm of Corporate Social Responsibility and be harmonised across industries, regions and countries with the ultimate goal to control and eradicate VPD in workplaces.

1603d **OCCUPATIONAL INFECTIOUS AGENTS (OIA) IN HOSPITAL FACILITIES – INTERFACE BETWEEN OCCUPATIONAL AND PUBLIC HEALTH**

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Introduction Mainly due to epidemic infections such as SARS and avian influenza, exposure prevention to occupational infectious agents (OIA) has become of increasing interest in hospitals. New models of action between different professionals in hospitals and improving the competence of hospital workers are urgently needed.

Methods Attitudes, knowledge and skills of hospital workers, action models in preventing OIA exposure and the performance of isolation rooms in preventing the spread of microbes in patient wards were assessed in Finnish hospitals. Multi-professional team work between personnel in hospitals and health care (both occupational and public health) but also with the management of hospital facilities were evaluated.

Result Best results in preventing exposure to OIA were found in hospitals where the competence of personnel was high and the staff was committed to use the best practices of exposure prevention. The quality in the performance of isolation rooms played a significant role in results. Close collaboration between occupational health and the staff of infectious diseases but also with public health was found necessary in improving the processes of exposure prevention.

Discussion Multi-professional collaboration between occupational health, the personnel of infectious diseases and public health seems to have a significant role in preventing exposure to OIA. Health

care professionals need also to work together with the management of facilities to improve the quality of indoor environment and the performance of isolation rooms. The attitudes and competence of hospital staff in association with good performance of isolation rooms in hospitals are critical related to occupational safety and health of hospital workers.

1603e **INNOVATIONS IN INDUSTRIAL HYGIENE APPROACHES TO INFECTION CONTROL**

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Introduction Healthcare Acquired Infections (HAIs) continue to pose a major burden on healthcare facilities around the world with major human and financial consequences. Furthermore, infectious diseases acquired while on-the-job continue to be a significant cause of morbidity and fatality of healthcare workers. It is difficult to deny that more needs to be done to control hazardous infectious agents and protect patients and workers from exposure.

Methods Industrial hygiene approaches to environmental and workplace hazardous infectious agents including anticipation, recognition, evaluation, and control were used as the foundation to re-evaluate infectious agents in the healthcare environment. The latest advances in the industrial hygiene hierarchy of controls were investigated including engineering, administrative measures, and the use of Personal Protective Equipment.

Result The field of industrial hygiene has been expanding at a rapid pace to support the needs of infection control in healthcare. New technologies are being demonstrated and implemented on several fronts. The ability of hospitals to protect patients by reducing HAIs can be influenced by the ability to effectively utilise the new industrial hygiene approaches to infection control. In addition to protecting patients, the likelihood of worker infections will also be reduced.

Discussion Industrial hygiene approaches to infection control in healthcare are sometimes misunderstood and often underutilised. The advantages of integrating new technologies in identifying, and then destroying infectious agents in the hospital environment, demonstrates significant potential for protecting both patients and workers from communicable diseases acquired in the healthcare system.

984 **HOSPITAL LENGTH OF STAY AND ASSOCIATED FACTORS AMONG CONFIRMED INFLUENZA PATIENTS ADMITTED IN KING ABDULAZIZ MEDICAL CITY, WESTERN SAUDI ARABIA**

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Introduction Influenza can cause mild to severe illnesses and serious outcomes can result in hospitalisation or death. Clinical presentation and management of influenza cases in Saudi Arabia have been tackled especially during 2009 H1N1 pandemic, however, available data on influenza related hospital stay and determining factors in the country is limited. This study aims to assess factors that determine the length of stay