

courts in 1991, and asbestos-containing products are therefore allowed currently in US markets.

**Proposal for eliminating ARDs** A complete ban on all manufacture and use of asbestos worldwide is the only strategy to end the global pandemic of ARDs. The possibility of securing an asbestos ban in the USA was rekindled in 2016 with passage of new chemical safety legislation. Asbestos is listed under this law as a priority chemical. Responsibility for enforcement rests with the Trump Administration.

1719 **PRACTICE OF OCCUPATIONAL HEALTH SERVICES (IMPLEMENTATION OF SEOUL STATEMENT ON THE DEVELOPMENT OF OCCUPATIONAL HEALTH SERVICES FOR ALL)**

<sup>1</sup>Seong-Kyu Kang\*, <sup>2</sup>Jorma Rantanen\*, <sup>3</sup>Jong-Kyu Kwon\*, <sup>4</sup>Stefano Mattioli\*. <sup>1</sup>*Gachon University Gil Medical Centre, Incheon, Republic of Korea*; <sup>2</sup>*Past President of ICOH, Helsinki, Finland*; <sup>3</sup>*Korea Occupational Safety and Health Agency (KOSHA), Ulsan, Republic of Korea*; <sup>4</sup>*University of Bologna, Bologna, Italy*

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**Aim of special session** The Seoul Statement has announced during ICOH Congress 2015, which contains the recommendation on development of occupational health services for all. In this session, representative of each continent or region will speak about the progress of occupational health services in their continents or regions.

**Presenters:** <sup>1</sup>Doo Yong Park, <sup>2</sup>Simon Bulterys, <sup>3</sup>Jarmo Heikkinen, <sup>4</sup>Carmen Busneag, <sup>5</sup>Eun A Kim, <sup>6</sup>Toru Yoshigawa, <sup>7</sup>Rajesh, <sup>8</sup>Rosylane Rocha, <sup>9</sup>Cheikh Cisse, <sup>10</sup>Jani Ruotsalainen

<sup>1</sup>Korea Occupational Safety and Health Research Agency (KOSHA), Ulsan, Republic of Korea

<sup>2</sup>IDEWE External Service for Prevention and Protection at Work, Leuven, Belgium

<sup>3</sup>University of Eastern Finland, Kuopio, Finland,

<sup>4</sup>National Romania Television, Bucharest, Romania

<sup>5</sup>Occupational Safety and Health Research Institute, Korea Occupational Safety and Health Agency, Ulsan, Rep. of Korea

<sup>6</sup>National Institute of Occupational Safety and Health, Kawasaki, Japan

<sup>7</sup>Reliance Industries Limited, Mumbai, India

<sup>8</sup>Hospital Regional da Asa Norte (HRAN), Brasilia, Brazil

<sup>9</sup>Integral Office of Occupational Health, Safety and Environment, Dakar, Senegal

<sup>10</sup>Finnish Institute of Occupational Health, Kuopio, Finland

1719a **OCCUPATIONAL HEALTH SERVICES IN BELGIUM AND OHS STRATEGY 2020 IN THE EU**

SP Bulterys. *IDEWE External Service for Prevention and Protection at Work, Leuven, Belgium*

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In Belgium the support to the internal service in well-being at work and occupational medicine is typically delivered by multidisciplinary external services. Due to the extent of services delivered, the number of services decreased and most of the Belgian working population is served by a small number of large services that have 400–800 own personnel. Half of the personnel is delivering occupational health services, the other half is advising and supporting in occupational safety, psychosocial factors at work, ergonomics and industrial hygiene.

Some recent changes in activity and newer tendencies in the field of occupational medicine and well-being at work in general will be discussed.

The EU has developed an OHS strategy 2020: Healthy Workplaces for all ages, promoting a sustainable working life. This strategy was translated in The Healthy Workplaces Campaign 2016–2017. The Occupational Medicine Section of UEMS (European Union of Medical Specialists) was a partner in this strategy and campaign. The main issues and key objectives of this campaign will be shown. Important themes were prevention throughout working life, the workability concept, a diversity-sensitive risk analysis, workplace adaptation and disability prevention, rehabilitation and return to work. There was also attention to newer issues like cooperation between Human Resources and OSH management and workplace health promotion. Besides of improving the health and well-being of all employees, this shall also improve productivity and cost-effectiveness at organisational level.

1719b **EVALUATION OF EDUCATION OF SPECIALIST OCCUPATIONAL HEALTH PHYSICIANS IN THE PERIOD 2009–2013 IN FINLAND**

J Heikkinen, K Räsänen. *Faculty of Health Sciences, Institute of Public Health and Clinical Nutrition, University of Eastern Finland, Kuopio, Finland*

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A nationwide external quality evaluation was carried to identify strengths, good practices and areas in need of development. The enhancement-led evaluation process included a self-evaluation report by the universities; evaluation interviews and visits by the evaluators; an evaluation report; a feedback seminar. The evaluation focused on the management and planning of education, the learning philosophy and defining evaluating outcomes; the education resources and pedagogical training; the constructive alignment of education; the continuous development of education.

Key strengths included good cooperation between units, pedagogical training of the trainers, investment in web-based learning and the repetitive evaluations. Areas needing development included clarifying of the learning philosophy, broadening the learning outcomes to cover competences, achieving higher visibility, diversifying practices for learning assessment and feedback. Also, evaluators suggested more reflection practices to support professional growth; advancing pedagogical training of trainers; increasing the throughput of students and promoting the specialty to medical students. Genuinely interactive virtual learning was emphasised. Scientific research on and international approach of developing education were encouraged.

After the report the learning philosophy was clarified in the new curriculum, reflection was included in the logbook and a project started to develop evaluation of the learning outcomes as competencies and EPAs. A pedagogical web-based course and a guidebook for trainers were published. The universities have worked also on the external challenges: the changes in working life, the upcoming national reform of specialist medical education and the continuity of funding. High quality in medical education is essential. An external evaluation may substantially help to meet this challenge.

**1719c OCCUPATIONAL HEALTH SERVICES IN ROMANIA AND IN EASTERN EUROPE**

Carmen Iliana Busneag. *Occupational Medical Department, National Romanian Television, Bucharest, Romania*

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The Southern Eastern (SE) Europe with its 14 countries currently has approximately 68 million inhabitants, of which more than 18 million are workers. In the last two decades, the countries from SE Europe faced increasing needs to develop and adapt the occupational health policies, systems and services to new conditions. Establishment of democracy and market economy led to the new principles of managing Occupational Health Services (OHS), development of new health and safety legislation aligning to the requirement of the EU *acquis communautaire* and establishment of modern OSH in the region.

In Romania, the National Occupational Safety and Health Strategy 2016–2020 is the framework instrument to allow articulation with the EU strategic guidelines on health and safety at work. The basic principle is fair access to health care services, cost-effectiveness, substantiation on evidence, optimisation of health services, focusing on the detection of diseases generated or aggravated by working conditions, as well as preventive services and interventions, partnering with all actors that can contribute to improving health at work.

During 2007–2015 period the following guides were launched:

- Special medical surveillance for workers professionally exposed to ionising radiation,
- General aspects of industrial toxicology; methods of analysis used in industrial toxicology,
- Guidance on occupational exposure to asbestos,
- Terms and concepts of industrial toxicology and work psychology.

SWOT analysis indicates STRONG POINTS as 1) legislation on safety and health at work has been imposed in current practice in all sectors of activity, both public and private, 2) the assistance of occupational medicine is granted only to specialists in occupational medicine, and WEAKNESS as 1) the limitation of medical services predominantly to health assessment actions, to the detriment of health prevention, 2) under-reporting of occupational diseases and occupational related diseases. This is a major problem of all countries in SE Europe!

**1719d THE CURRENT STATUS OF OCCUPATIONAL HEALTH SERVICES AND ITS PERSPECTIVES IN KOREA**

Eun A Kim, Jang-jin Ryoo. *Korea Occupational Safety and Health Agency (KOSHA), Ulsan, Republic of Korea*

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The occupational health services have been developed and expanded continuously in Korea as government policy and the social demand on occupational health been changed. The OH system of Korea is based on a triangle system which consists of government (MoEL), Korea Occupational Safety and Health Agency (KOSHA) and the private institutions. The

occupational health services are conducted by experts in various fields such as occupational physicians, nurses, hygienists, ergonomists etc. The occupational health services in Korea were concentrated in the manufacturing field of machinery, automobile and shipbuilding so far, and it is expanding into the services and the construction fields. The occupational health service system of Korea is customised based on the scale of enterprises. The large scale enterprises over 300 employees manage occupational health themselves, the medium scale ones between 50 and 299 employees manage themselves or entrust to the specialised institutions of health management. The public occupational health services, such as workers' health centres, provide technical support to the small scale enterprises under 50 employees. The occupational health activities in terms of policy, implementation, training and education etc. following the Seoul Statement are conducted progressively. Especially since the new government was launched, the occupational safety and health is emphasised to cover all workers.

**1719e INTERCOUNTRY NETWORKING OCCUPATIONAL HEALTH SERVICES IN JAPAN AND ASIA**

<sup>1</sup>Toru Yoshikawa, <sup>2</sup>Kazutaka Kogi. <sup>1</sup>*National Institute of Occupational Safety and Health, Kawasaki, Japan;* <sup>2</sup>*Ohara Memorial Institute for Science of Labour, Tokyo, Japan*

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The collaboration through inter-country networking in facilitating prevention-oriented programmes in occupational health services (OHS) is discussed. Experiences within our Asian regional networking of action-oriented approaches are examined to know types of support that can effectively facilitate the situation-based OHS including those for small-scale workplaces.

Commonly effective collaborative actions through the networking of action-oriented programme within OHS are reviewed. The networking has evolved since the 1990s to mutually support these activities for small enterprises, trade unions and health care workers and stress prevention. Attention is paid to support measures effective for facilitating practical workplace-level improvements and toolkits development.

The reviewed programmes have led to many work improvements in the different settings. The programmes apply locally tailored, action-oriented activities with the support of OHS teams. Prominent examples include Work Improvement in Small Enterprises (WISE) or similar methods for small workplaces, locally adjusted services and training in varied sectors and recent stress prevention interventions. The improvements achieved include many low-cost ones in work methods, physical environment and work organisation. Locally arranged networks of trainers are found instrumental in adjusting the methods to local situations. The collaborative actions of network partners are effective when they focus on the following aspects:

- a. universally applicable simple procedures translated into locally practicable low-cost improvements addressing multiple factors;
- b. participatory approaches building on local good practices; and
- c. use of participatory action-oriented toolkits comprising checklists and training guides.