

followed the manufacturing and mining and alimentary industries established in Senegal and several West African and African countries.

In Senegal, the evolution of occupational Health and OHS can be represented into four steps. The first one called the colonial experience, took place before the independences in 1960. The second step, which goes from 1960 to 1987, can be considered like the neocolonial one as the new national authorities have entirely copied the overseas legal provisions in the labour code of 1960. The third step 1988 to 2012, has allowed genuinely the development of Occupational Health and OHS according to ILO normative basis. And finally, the last step 2013 to 2017 has given many opportunities and future priorities in developing OH and OHS through a five year action plan 2017–2021 of the national program of safety and health, which has retained four priorities among which the implementation of OHS for 80% of all enterprises.

#### 1719i HOW OHS CAN IMPLEMENT WHAT WE KNOW (OR STILL DON'T KNOW) ABOUT EFFECTIVENESS OF PREVENTIVE INTERVENTIONS AND BECOME EFFECTIVE OHS

JH Ruotsalainen, JHAM Verbeek. *Cochrane Work, Finnish Institute of Occupational Health, Kuopio, Finland*

10.1136/oemed-2018-ICOHabstracts.645

When considering the effectiveness of occupational health services (OHS), it is best to think of it as a specific package of interventions. Whether the OHS is effective or not then depends on the availability of effective interventions. By intervention we mean purposefully induced changes in the work environment, in worker behaviour or in a (patho)-physiological function. The effectiveness of interventions results from evaluation by means of controlled experimental studies and by systematic reviews that pull together all these studies and synthesise their results.

The solution for bridging the apparent gulf between scientific evidence and occupational health practice is to employ the PICO acronym. The letters spell out the problem identified in OHS thus: p=Participants, I=Intervention(s), C=Control and O=Outcome(s). For example, is it possible to reduce noise exposure (O) by giving instruction on how to use ear plugs (I) to workers (P) compared to using the devices without the instruction (C)?

Based on a recently updated Cochrane review, the answer is that there is moderate-quality evidence that with instructions for insertion, the attenuation of noise by earplugs is 8.59 dB better (95% CI: 6.92 dB to 10.25 dB) compared to no instruction (2 RCTs, 140 participants). Similarly, we know that one cannot prevent back pain by teaching workers to use a supposedly correct lifting technique. We also know that many OHS do not provide ear plug instruction but do provide correct lifting instructions. For hearing loss and back pain outcomes we know these OHS interventions are not effective.

The use of Cochrane systematic reviews can thus help to show effectiveness of OHS. There are currently more than 140 reviews that are pertinent to occupational health. For each one, the scientific abstract and plain language summary are freely available to everybody everywhere.

#### 1647 ROADMAP ON CARCINOGENS – EU AND NATIONAL INITIATIVES (3RD MAY 2018)

Elke Schneider\*. *European Agency for Safety and Health at Work, Bilbao, Spain*

10.1136/oemed-2018-ICOHabstracts.646

**Aim of special session** Roadmap on carcinogens – EU and national initiatives (3rd May 2018)

EU-OSHA and its Dutch partners will update the audience about the roadmap's activities and those of the 2018/19 Healthy Workplaces Campaign on dangerous substances. This will be complemented by a report from the workplace level, and the audience will be actively engaged in discussions about future priorities and challenges in this important field of OSH action.

Laurie Hermans<sup>1</sup>, Wouter Fransman<sup>2</sup>

<sup>1</sup>TNO, Leiden, The Netherlands

<sup>2</sup>TNO, Zeist, The Netherlands

#### 1647a EU-OSHA ACTIVITIES TO COMBAT WORK-RELATED CANCER AND HELP PREVENT EXPOSURE TO CARCINOGENS

E Schneider. *European Agency for Safety and Health at Work, Bilbao, Spain*

10.1136/oemed-2018-ICOHabstracts.647

Cancer is considered to be the leading cause of work-related deaths in the EU, with an estimated 1 20 000 new cases and about 80 000 deaths per year. It is clear that more can be done to reduce the number of cases of occupational cancer, which is why, on 25 May 2016, EU-OSHA together with five partners signed a covenant committing to a voluntary action scheme to raise awareness of the roadmap for carcinogens 2016–2019. The scheme aims to engage many more organisations, companies and all those concerned in the fight against work-related cancer. EU-OSHA will intensify its efforts to raise awareness of the risks from the exposure to carcinogens at work during its Health Workplaces campaign 2018–2019, which is dedicated to the management of risks from dangerous substances at work. A core task of EU-OSHA is to help share solutions – good practices and initiatives from companies, authorities, labour inspections, trade associations and unions at the national and at the European level. To support the roadmap, EU-OSHA therefore engages with national partners in their activities and provide them with a basic set of tools and instruments to raise awareness of this important topic, including information sheets, case studies, and a database of tools and instruments. EU-OSHA is also committed to organising regular international stock-taking events where best practice examples are presented and progress is discussed from the point of view of all the actors involved in improving prevention. This presentation focuses on a range of activities that help fulfil the common goal of reducing the death toll from exposure to carcinogens to underline the role that every actor can play.

#### 1647b THE EUROPEAN ROADMAP ON CARCINOGENS: LET'S GET SMART ABOUT CARCINOGENS AT WORK

Laurie Hermans. *TNO, Leiden, The Netherlands*

10.1136/oemed-2018-ICOHabstracts.648

To reduce cancer as the leading cause of work-related deaths in the EU, six key European institutes took the initiative to develop a voluntary action scheme to raise awareness about the risks arising from exposure to carcinogens in the workplace and exchange of good practices. This action scheme is titled 'Roadmap on carcinogens' and runs up until 2019.

The roadmap aims to raise awareness and practical knowledge exchange. Identifying smart solutions and sharing good practices between businesses and organisations, could make a tremendous difference. How? It would reduce workers' exposure to carcinogens, and it would improve the survival of many workers today and tomorrow. One of the main aims of the Roadmap on carcinogens is to share solutions between companies and organisations. Across Europe many initiatives are already being taken by local companies and organisations to apply solutions and prevent or reduce carcinogen exposure. The aim of the Roadmap is to propel these solutions towards innovative practices that are used across Europe. Therefore, sharing best practices and ideas about preventing and reducing exposure to carcinogens at work with the rest of Europe is encouraged. The second aim of the Roadmap on carcinogens is to encourage and help others to raise awareness and share knowledge. The roadmap will function as the hub of activities undertaken in industries, companies and governments. In the presentation several good practices, events and the network of the roadmap will be discussed.

1647c

#### GOOD PRACTICES TO PREVENT OCCUPATIONAL CANCER FROM EXPOSURE TO HAZARDOUS SUBSTANCES

Wouter Fransman. *TNO, Zeist, The Netherlands*

10.1136/oemed-2018-ICOHabstracts.649

In the EU, 1 00 000 to 1 50 000 people are diagnosed with cancer caused by exposure to carcinogenic substances during their work every year. This exposure causes a lot of personal injury and considerable social costs, also in comparison with other causes of death. Exposure to carcinogens is a major risk factor; good reason to address this by prevention at the source. This can be done by substitution of carcinogenic substances or processes, or by design of workplaces and tools in combination with frequent and careful use of dust-free tools and other good practices. The improvement potential is high and there are currently good initiatives in various sectors that create a healthy work environment. The currently available technological solutions offer great potential for improvement to reduce exposure. By better implementation, enforcement and information a lot of health profit will be gained. In order to work well, it is also important that workers are aware of the risks of carcinogens in their daily work. It is important to educate workers about the risks and the available solutions. For many of the control measures and good practices, the conditions are favourable, because there is a legal necessity: meeting the occupational exposure limit, contributing to good employment, funds are available and purchase costs are limited and cost reduction is possible on material costs and reduced cleaning costs. There are also a number of good initiatives and thus it seems possible to achieve a big effect. This presentation will give insight into various good practices and innovative technical solutions and methods in a variety of industries, which are currently available. When widely applied

these good practices can heavily reduce work-related cancer in those sectors.

1658

#### THE NEW ILO LIST OF OCCUPATIONAL DISEASES: GUIDANCE NOTES ON DIAGNOSTIC CRITERIA FOR OCCUPATIONAL DISEASES INCLUDED IN THE ILO LIST

<sup>1</sup>Claudio Colosio, <sup>2</sup>Shengli Niu, <sup>3</sup>Gert van der Laan. <sup>1</sup>Department of Health Sciences of the University of Milan and International Centre for Rural Health of the ASTT Saints Paolo and Carlo Hospital, Milan, Italy; <sup>2</sup>International Labour Organisation, Geneva, Switzerland; <sup>3</sup>Foundation Learning and Developing Occupational Health, PE Leusden, Netherlands

10.1136/oemed-2018-ICOHabstracts.650

**Aim of special session** In 2010 the new ILO list of occupational diseases was adopted, which was established for prevention, diagnosis and compensation of occupational diseases. After the adoption, an international experts group was set up to help the International Labour Office in the preparation of guidance notes on the diagnostic criteria for the occupational diseases included in the ILO list. This group has kept a loose contact with the WHO working group on occupational diseases in ICD11. The notes cover all the groups of diseases included in the ILO list (more than 100 monographs in total). The notes also include a part on prevention in relation to each disease or diseases' groups. This minisymposium is organised to provide background information on the major issues in the process of the preparation for the Guidance Notes, the role and application of these notes, the linkage between the ILO list and the WHO ICD, the national practice and expertise on the recognition of OD. Interaction between the invited presenters and audiences is included on the arrangement of this minisymposium. During the preparation of the workshop. Prof. Tar Chin Aw suddenly passed away, Prof. Colosio will deliver a presentation also on the name of the colleague who participated in the preparation of the event and was supposed to provide a presentation.

Shengli Niu<sup>2</sup>, Anil Adisesh<sup>4</sup>, Claudio Colosio<sup>1</sup>, Jorma Rantanen<sup>5</sup>, Swen Malte John<sup>6</sup>, Igor Bukhtiyarov<sup>7</sup>, Zhang Min<sup>8</sup>, Linda Forst<sup>9</sup>, Annet F. Lenderink<sup>10</sup>, Ivan Ivanov<sup>11</sup>

<sup>1</sup>Department of Health Sciences of the University of Milan and International Centre for Rural Health of the S. Paolo Hospital, Italy

<sup>2</sup>International Labour Organisation, Geneva, Switzerland

<sup>3</sup>Foundation Learning and Developing Occupational Health, Speelkamp 28, 3831 PE Leusden, The Netherlands Finnish Institute of Occupational Health, Centre of Expertise for Development of Work and Organisations, Topeliuksenkatu 41 a A, 00250 Helsinki, Finland Solvent Team Amsterdam, Netherlands Centre for Occupational Diseases, Coronel Institute of Occupational Health, Academic Medical Centre, University of Amsterdam, Meibergdreef 9, 1105 AZ Amsterdam, The Netherlands

<sup>4</sup>Dalhousie University, Halifax, Canada

<sup>5</sup>University of Helsinki, Department of Public Health/Occupational Health, Helsinki, Finland

<sup>6</sup>Dept. Dermatology, Environmental Medicine, Health Theory, University of Osnabrueck, Osnabrueck, Germany

<sup>7</sup>FSBSI 'Izmerov Research Institute of Occupational Health', Moscow, Russia

<sup>8</sup>Chinese Academy of Medical Sciences (CAMS)/Peking Union Medical College (PUMC), Beijing, China

<sup>9</sup>University of Illinois at Chicago School of Public Health, Illinois, US