Abstracts

to make a living, even in a precarious environment contrib-
uted to this incidence.

Objectives The objectives of this study are:
- To provide capacity building to help this group of workers
  learn concepts for improving work conditions and understand
  the risks in mining;
- To provide awareness on various approaches of workplace
  health and safety promotion as regards mining.

Methods One hundred and seventy four (74) participants were
randomly selected for this training.

Modules
- Hazard identification and risk assessment.
- First aid
- Mercury Exposure and related risks
- lead exposure and related risks
- Safer mining practice
- Personal Hygiene
- Personal protective equipment (PPE) used in mining

Results The health and safety knowledge of the ASGM work-
ers were increased. The capacity building process enabled the
workers to recognise risks associated with mining and there-
fore know how to implement safety measures by using PPE
and by learning about safety improvement concepts.

Discussion Our findings suggest that positive attitudes toward
promoting safe working conditions and practices can be fos-
tered among the ASGM workers.

630 STATUS OF REGULATIONS ON HEALTH AND SAFETY IN
MINING IN KENYA SINCE ENACTMENT OF THE
OCCUPATIONAL HEALTH AND SAFETY ACT, 2007
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Introduction Large and small scale Mining in Kenya has been in
practice for close to 100 years. This includes mining of minerals
like soda ash, gold, fluorospar, gemstones, quarrying. As an occupa-
tion with varied risks, regulation has been used in many countries
to ensure the health, safety and welfare of workers is taken care of.
There have been various regulations governing some aspects of
mining in Kenya including health and safety. Such laws were
enacted as early as 1940 for the Mining Act CAP 306 and 1951
for the Factories Act CAP 514 whose purpose was to make provi-
sion for health, safety and welfare of persons employed in facto-
ries and other places.

Methods A systematic review was conducted after setting the
research questions. Online databases and sources were identi-
cified to conduct the review. The articles under review were
limited to law provisions on health and safety in mining in
Kenya. Online sources used include Kenya law reports data-
base, the Extractives Baraza, the Ministry of Labour Website
and Ministry of Mining Website.

Results Laws and Regulations that touch on health and safety
in mines which were enacted before the Occupational Health
and Safety Act, 2007 have since been repealed. The Mining
Act of 2016 replaced Mining Act CAP 306 where small scale
mining has been recognised as a legal activity. However, there
are no specific regulations on the health and safety provisions
for this group of workers. Kenya has not ratified a number of
International Labour Organisation (ILO) conventions on health
and safety.

Conclusion Kenya has taken notable steps in ensuring mining
industry has regulations that govern its operations. Having
artisanal and small scale mines recognised as a legal activity
are indicative of these steps among others. The findings also
indicate the need to have rules that are specific to the
industry.

819 ASSESSMENT OF THE IMPACT OF MINING ON THE
ENVIRONMENT AND HEALTH IN DRC (DEMOCRATIC
REPUBLIC OF CONGO)
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Introduction DRC is endowed with enormous mining poten-
tial, the exploitation of which promises great hope of eco-

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Introduction The mining sector that has driven the South African economy for over 100 years left a legacy of occupational lung diseases in mineworkers, their families and communities in Southern Africa not comparable with any other working populations and compounded by the migrant labour system. The 33 000 mineworkers compensated for silicosis, 109 000 for tuberculosis and 14 000 for asbestos-related disease amongst other occupational lung diseases over the past 30 years is thought to be only the tip of the iceberg. This study aimed to document progress towards ameliorating this situation and identifying residual challenges.

Methods A review was conducted of relevant policy and legislation and epidemiological studies showing the size, shape and scope of occupational lung diseases and access of current and ex-mineworkers to prevention interventions, health services and compensation. This was supplemented by 12 semi-structured interviews and data analysis.

Result The approach to the occupational lung disease challenges within the Southern African mining sector included the development of a database of 600 000 files, outreach services including fixed and mobile health units and financial services, tracking and tracing ex-mineworkers using geospatial mapping tools and increased compensation payments. Multi-stakeholder participation involving governments in the Southern Africa region, trade unions, the Chamber of Mines, ex-mineworker associations and multi-lateral agencies assisted with financial, infrastructural and technical resources.

Discussion The challenges in the post-apartheid era have meant that vast numbers of mineworkers who have fallen ill or became disabled as they worked to produce South Africa’s mineral wealth were not receiving health services and compensation. Progress is now being made to address the problems identified. Despite these efforts there are barriers to access services including socio-cultural factors, distance and lack of knowledge amongst ex-mineworkers about occupational lung diseases and compensation.

LIFE EXPECTANCY AT AN OPEN PIT COAL MINE IN COLOMBIA

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Introduction Several studies have shown that life expectancy of miners in underground mines is greatly reduced. The complex working conditions to which they are subjected and the associated social conditions explain this reduction. However, few studies have come forward to show whether life expectancy is also reduced in miners working in open pit mining. This study aims to determine the life expectancy of miners who have worked in an open pit coal mine in Colombia.

Methods 15 153 people who worked at the Mine from 1982 to 2015 were included in the study; 6133 were active and 9040 had retired. The applied statistical methods estimate the survival function based on mortality tables and the Kaplan-Meier estimator. It also contains inference methods and an adjusted Cox regression model (1972) to determine some explanatory factors for mortality at La Mina.

Result Compared with the risk of dying by means of a log-rank test among those who have worked in the mine against the risk of people from other parts in the country and from the area of influence of the mine, it has been found that they are significantly different (p-val <0.001). The direction of this difference indicates that life expectancy for workers who have worked in this mine is greater than that of their zone of influence and that of the country.

Discussion The possible explanations for the higher life expectancy in these workers may be associated with the living conditions that they have access to due to high salary levels and the occupational control measures established in the company. The longevity characteristic of adult inhabitants of the region where this mine operates also contributes to higher life expectancy found in these workers.

MUSCULOSKELETAL DISORDERS AMONG NURSES: EPIDEMIOLOGICAL AND SEMI-QUANTITATIVE STUDY

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Introduction This study aimed to identify biomechanical risk factors of musculoskeletal disorders (MSD) among nurses.

Methods A cross sectional survey-structured by the Nordic MSDs questionnaire- was conducted through a representative sample of the 1179 paramedics providing nursing care in two university hospital in Tunisia (n=301). A representative work period in each department was identified. A multidisciplinary working group, according to estimated usual physical load, divided theses departments into four homogeneous groups. Semi quantitative biomechanical constraints based on 56 direct observations with encoding software and over 2 hours each was conducted, in accordance with the homogeneous exposure group sampling table. Physical load scores were elaborated according to the posture adopted, gestures performed and characteristic of handling (type, assistance, weight and autonomy of the patient) and assessed on the Chamoux physical strain scale.

Results The prevalence of the back MSDs was equal to 70.3%. Variable prevalence of the upper limbs MSDs was noted according to the anatomical area (43.68% for neck, 40.27% for shoulders, 15.01% for elbows and 29.35% for wrists). Observational study concluded that handling activity, as well as type and duration of constraining postures, were variable in function of the department of assignment. According to Chamoux scale the average physical load score was variable from 7.76 in departments with ‘heavy physical requirement’ to 7.25 in those associated to ‘low’ physical requirement. Multivariate analysis showed a significant difference concerning the thrust and the traction of light and heavy load, the activity of handling and the characteristics of the handled patients. It also concluded that paramedics affected to