

Morocco, has been committed to promoting occupational health through quality of training and research in Morocco.

An important condition for the relevance, effectiveness and sustainability of this action is the international partnership and cooperation between the USAT and the academic institutions (French, Belgian, Canadian, Maghreb and French-speaking African countries), prevention institutes (French, Swiss and Canadian) and international organisations (WHO, ILO and EU-OSHA).

Thus, during these years, partnership and cooperation have taken several forms: informal, formal, bilateral, multilateral, North-South or South-South.

USAT's experience can be used to inspire the promotion of a culture of occupational risk prevention in developing countries, particularly in Francophone Africa.

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ROLE OF THE AFRICAN OCCUPATIONAL HEALTH DIASPORA IN THE INITIATION, SUSTAINABILITY AND ETHICS OF KNOWLEDGE TRANSFERS IN THIS DISCIPLINE BETWEEN FRANCOPHONE EUROPE AND AFRICA

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Human mobility has always been accompanied by knowledge transfer processes. In the case of the occupational health African diaspora that studied in Europe, its contribution to the transfer, translation and effectiveness of knowledge from the North to the South is indisputable. To illustrate this transfer that is benefic for the two sides, we will mention our own experience in the context of a strong collaboration between us that is working in French Governmental Health Agency and Moroccan team belonging to University of Medicine in Casablanca. Every year, since 2011, in the context of the Moroccan scientific event in the field of Occupational Health: Jaouad El Jay University, we have shared and learnt from each other. We noted the current advances in occupational health, the reality in developing country, the difficulties to draw a framework or strategy for all workers and we shared a mutual view that health protection to prevent any occupational disease or injury is part of human and labour rights.

We participated to meetings aiming at promoting regional (at African level) and network-based cooperation for achieving good occupational health practices. The discussion and dialogue that were established helped sometimes to respond to local needs. We mainly learnt that to achieve the important goal to develop a genuine culture of risk prevention, to anticipate risks and bring them under control, we need to take advantage of new scientific information to develop innovative guidelines, new approaches and procedures, training courses, and so on that can be applied and adapted to the African context.

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UNDERSTANDING ADMINISTRATIVE REGULATION ON OCCUPATIONAL HEALTH IN CHINA

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Introduction In 2002, the Law of the People's Republic of China on Prevention and Control of Occupational Diseases came into effect, in which the responsibility of employer, employee, the governmental agencies, the authorised occupational health service agency and other stakeholder is described, with the minimum objective to protect employees from occupational diseases. After that, the Standing Committee of National People's Congress amended this law two times, respectively in Dec. 2011 and June 2016, to adjust it to the new situation in China. In updated version, the administrative role of government agencies, specifically the National Health and Family Planning Commission (NHFPC), the State Administration on Work Safety (SAWS), was clearly stated. There are 7 Chapters including 88 items in this Law, namely General Provisions; Prevention before Running Stage; Protection and Management during Running Stage; Diagnosis of Occupational Diseases and Ensure of Victims with Occupational Disease; Supervision and Inspection; Legal Liability; and Supplementary Provisions. According to this Law, NHFPC and SAWS, jointly with other related Departments, are responsible for issuing the two important lists, i.e. the List of Occupational Hazards and the List of Occupational Diseases.

The employers are required by the Law:

- to report the occupational hazards to the SWAS;
- to prepare the report of pre-evaluation of occupational hazards before the company is planning to construct;
- to prepare report of effectiveness evaluation of facilities against occupational hazards at pre-running stage;
- to entrust the authorised OH service agency to carry out the monitoring of occupational hazards at workplaces;
- to entrust the authorised medical institute to carry out occupational health surveillance.

NHFPC and SAWS have issued a series of regulations, standards or technical procedures to ensure the work mentioned above are properly finished. There is changing of these in recent years with the reform of administrative structures, economy and the transformation of governmental functions.

The Law states that the diagnosis of occupational disease must be based on the worker's employment records, the qualified records of qualitative and quantitative exposure to occupational hazards at workplaces, and the clinical manifestation and results of auxiliary examinations, by the qualified medical doctors in the authorised hospitals.

Though there is Law, the occupational health problem in China seems still serious. The level of occupational hazards in some companies was not compliant with OELs and the results coming from the supervision and inspection were worse than the reported results coming from entrusting monitoring. A part of victims with suspected occupational diseases could not be diagnosed since there is no available qualified records of occupational exposures. Terribly, a few illegal employers hire the workers in short period after knowing the knowledge of latency of chronic occupational disease, just like pneumoconiosis.

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A RISK ASSESSMENT IN HOSPITALS WITH OCCUPATIONAL RISK ANALYSIS METHOD BASED ON JOB DEFINITION

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