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.

### Abstracts

**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 to 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.

**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 authorized 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.

**Understanding Administrative Regulation on Occupational Health in China**

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Understanding administrative regulation on occupational health in China is not easy. The occupation health protection is worked out in the context of the transformation of government functions and the economic transformation, in which the responsibility of employer, employee, the governmental agencies, and other employers 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.

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**A Risk Assessment in Hospitals with Occupational Risk Analysis Method Based on Job Definition**

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A risk assessment in hospitals with occupational risk analysis method based on job definition is important because occupational disease is the main occupational health problem in Turkey. In the hospitals of Turkey, the risk assessment is performed under two main headings: the work risk analysis and the working conditions assessment. The work risk analysis is performed by using the standard hospital risk assessment method (ISO 45001). The working conditions assessment is performed by using the National Ergonomics Evaluation System (NSES).

A risk assessment in hospitals with occupational risk analysis method based on job definition is important because occupational disease is the main occupational health problem in Turkey. In the hospitals of Turkey, the risk assessment is performed under two main headings: the work risk analysis and the working conditions assessment. The work risk analysis is performed by using the standard hospital risk assessment method (ISO 45001). The working conditions assessment is performed by using the National Ergonomics Evaluation System (NSES).
In recent years hospitals are the most frequently referred organisations to have a healthcare service while the presentation of healthcare services are been marketable. In Turkey inpatient treatment organisations, in terms of occupational health and safety likewise construction and mining, is been included to highly hazardous class. In fact health sector is one of the sectors that occupational accident and diseases are most seen. According to studies the 5% of the expected occupational accidents and 0.01% of the diseases are been recorded in Turkey. In this case, because of the data deficiency the risk analysis seems to be not applicable scientifically and objectively. However, the risk assessments that are done due to legal obligations are subjective because of mentioned deficiencies.

In this study, a new risk assessment method, occupational risk analysis based on job definition; is aiming to list all the risks of workers according to their works, the chemicals and equipment they use their work environment and the assessment of positions during the working period under the view of ergonomics. The study is a theoretical assessment under regulations and literature review. Hazard, risk and risk assessment is been examined and job definition based risk analysis is compared to common methods.

As a result risk ranking that has nonscientific bases can cause risks that could not taken or lately taken precautions due to the subjective decisions. That is why; job definition based occupational risk analysis can avoid the data deficiency disadvantages in hospitals.

**1614a SAFETY CULTURE: AN AVENUE TO A SUSTAINABLE, SAFE WORKPLACE**

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During the past three decades, sustainability has become an important strategic goal for organisations. These organisations can save costs and gain long term competitive advantages by being concerned about the future of people and planet through the creation of unique sustainability-oriented processes. The focus here is on the “cultural shift” or change and its effects on the financial, environmental, and social performance of an organisation. This shift entails (1) the management of human resources, health and safety at work, and adaptation to change, and (2) the management of environmental impacts and natural resources. A cultural shift is needed in many workplaces, especially in those that are poorly regulated. A negative attitude towards occupational health and safety is mainly caused by the ignorance of the causes of occupational accidents and diseases, and how to prevent them practically even in highly hazardous areas. It becomes a vicious circle or a ‘cycle of neglect’, where occupational health and safety never get the attention it deserves, until the cycle is somehow broken. It is important to assess the potential benefits of strong safety culture as well as health literacy; specifically, the management and organisational support to find the direct and indirect effects of safety culture change on firm performance and workers’ wellbeing. The safety culture is associated with several performance indicators, mostly linked to sustainable development (environmental, financial, and safety performance). Importantly, findings suggest that the relationships between safety culture and safety performance are mediated by the level of implemented environmental/safety practices within workplaces.

**1614b ECONOMICS OF SUSTAINABILITY, OCCUPATIONAL HEALTH AND SAFETY**

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Health and wellbeing are the ultimate goals in life. Expenses, whether governmental or non-governmental, are often directed towards health and development. More efforts and costs are essential for sustainability and its three pillars; environment, society and economy. Cultural, political and technological factors are intermingled with these pillars. The balance between these three pillars is crucial in the nations’ goal to maintain resources for the present and future generations. Work represents a risk as well as a benefit at the same time. The aims of the modern policies and strategies of the Occupational Health and Safety (OHS) programmes are workers’