environment monitoring is regularly done in large enterprises. Number of workers under the annual health checkup was also increasing by year, increased by 1.7 times in 2011–2015 compared with 2006–2010 and by 7.2% in 2016 comparing with 2015. The number of workers under occupational disease examination was increased by 2.3 and 2.5 times, respectively in 2016 and 2015 in comparison with 2010. The model for prevention of common occupational diseases was implemented in enterprises of chemical, mining, construction industries, health care facilities and fishery. Many training courses on capacity building on working environment monitoring, occupational disease examination, diagnosis, treatment, rehabilitation were organised for OH staffs at provincial and district levels. OSH training courses were also conducted for employers, workers, OSH officers.

There are many difficulties and challenges faced by health sector in health care for workers, e.g., limited OSH human resources, limited provision of OH services to informal workers, SSEs and MSEs, traditional villages, agriculture, household business, etc. The only way in which OHS can be made accessible is to integrate it with general health care.

The concept of occupational safety and health of the workers is a new concept even to the oldest industries of Nepal. The government of Nepal has enforced concepts of OSH through its Labour Act 1992. It has highlighted a few issues and provisions on working hours, physical infrastructural setup, yearly medical examination and provisions of safety measures in work etc.

In this light, except for a few enactments under Labour Act 1992, the issues of OSH still lack legal backup. Yet, the Ministry of Health and Population is ignorant about the occupational health issues. No health programs in Nepal address the prevention and control of occupational related diseases and conditions. Though the Labour Act 1992 states that occupational diseases are required to be reported, it has not defined the list of the occupational diseases and the process for providing welfare and compensation to the workers suffering from occupational diseases.

Though the Government of Nepal established the Occupational Safety and Health Project (OSHP) under the Ministry of Labour and Transport Management in 1995 with the prime objective of improving occupational safety and health in Nepal, it has not been able to obtain a permanent status for long term sustainability. The major facade to installing the concept of OSH in Nepal lies in the inability of concerned stakeholders to grasp the utility and importance of occupational health services. Major obstacles in enforcing effective OSH practices in Nepal from the nation’s perspective are least priority of the government, lack of national strategy for OSH management, legal back up mechanism and focal point at government ministries. Few industries have taken prudent measures by establishing OSH setups thereby decreasing vulnerability of hazards.

There is an immediate need for enacting OSH specific legal tools.
HOW WE PROMOTE PARTICIPATORY MULTIFACETED OCCUPATIONAL SAFETY AND HEALTH IN LATIN AMERICA: STATE OF THE ART AND FUTURE CHALLENGES

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Aim of special session To review the challenges, progress and priorities in Occupational Safety and Health in some countries in Latin America

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OVERSTRAINED WORK KNOWN AS ‘KAROSHI’

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Overwork-related disorders, such as cerebrovascular/cardiovascular diseases (CCVD) and mental disorders due to overwork known as ‘Karoshi’, are a major occupational and public health issue in East Asian countries. The Japanese Government passed the ‘Act on Promotion of Preventive Measures against Karoshi and Other Overwork-Related Health Disorders’ in June 2014 to develop a national initiative towards the prevention of overwork-related disorders. A part of the frame of the Law, National Institute of Occupational Safety and Health, Japan (JNIOSH) has been started researches for compensation claims related to overwork-related disorders. A picture of victims of Karoshi revealed the need for workstyle reform and promoting comprehensive occupational health services in Japan.

Participatory workplace improvement programs spreading to various sectors should be a key solution against overwork-related disorders. A recent trend is to apply participatory programs for preventing work stress. Emphasis is usually placed on conducting multifaceted workplace improvements that have real impact on avoiding overstrained work. The reviewed programs for healthcare workers, local government employees and small and medium sized enterprises followed the guidelines for stress prevention programs concerning learning local good practices, addressing multifaceted stress-related risks and taking workplace-level group-work steps. A clear focus of these programs is placed on low-cost actions for improving internal communication, working schedules and teamwork methods. Improvement in these aspects accounted for the majority of improvements. Participatory steps focusing on feasible actions reflecting local good practices are effective for achieving these multifaceted improvements.

For preventing work stress by avoiding overstrained work, it is suggested to organise participatory group-work steps in each workplace by using locally adapted action checklists reflecting these multifaceted actions. Collecting good examples in comprehensive occupational health programs focusing on overwork-related disorders and exchanging these experiences contribute to workers’ safety and health in Asia.