

occurring in this occupational group. This study aimed to assess the profile of professional drivers receiving sick leave benefits from the Brazilian National Institute of Social Security (INSS).

Methods This was a cross-sectional study involving 120 professional drivers receiving temporary sick leave benefits from INSS. The drivers were evaluated from November 2014 until December 2015 and submitted to a structured analysis for data collection including: gender, age, type of vehicle driving, driver's license type, ICD-10, absenteeism time, presence of chronic disability and current employment status.

Results The results showed that all drivers were male having a mean age of 54 years-old ranging from 24 to 71 years-old; truck drivers represented 47%, bus drivers (27%), and drivers of others vehicles (26%), being mostly category D (68%) and category E (20%). Through ICD-10, the study revealed the most affected diseases were cardiovascular (31%) and musculoskeletal diseases (29%). The mean absenteeism time was 62 days and 8% developed chronic disability, 90% kept the same post, accommodation was necessary in 8% of the cases, and 2% had disability retirement.

Discussion From these results, it is concluded that most professional drivers receiving sick leave benefits from INSS were adult males, category D truck drivers, presenting mainly with cardiovascular and orthopaedic diseases, absent from work for two months and some associated with chronic impairment. The results provide some evidence that Brazilian professional drivers are at risk for developing certain diseases. These data also should help companies to take measures for preventing work time loss and disability caused by these diseases, including for example health promotion.

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SICK LEAVE BY OCCUPATIONAL ACCIDENT: A RETROSPECTIVE EPIDEMIOLOGICAL STUDY

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Introduction Wounds, illness and deaths caused in the work environment cost \$21,46 billion (2015) in Brazil, according to the Secretariat of Labour Inspection of Ministry of Labour. Contributing to this overview, the Sick Leave is a benefit granted by Brazilian National Social Security Institute (INSS), to workers who are victims of occupational accidents and become temporarily unable for work. In this context, the present study aims to evaluate the epidemiological profile of workers receiving sick leave by occupational accident, correlating data about illnesses, gender, occupational location and age group.

Methods A retrospective study based on analyses of 4.035 patients who requested sick leave by occupational accident from the Brazilian National Social Security Institute (INSS), characterising the age, gender, prevalence of urban and rural workers, more prevalent diseases associated with the occupational accidents through the ICD-10, from January 2014 to March 2017.

Results The study showed that the majority of 4.035 victims of the accidents with the benefit were male (73,08%), associated with urban jobs (91,82%) ranging from 30–39 years-old (28,52%); rural jobs represented 8,17% ranging from 45–54 years-old. The fractures of upper limb represented 25,41%

of all benefits, followed by fractures of lower limb (18,33%), diseases of upper limb not associated with fractures (12,48%) and diseases of lower limb not associated with fractures (6,16%).

Discussion The profile of workers who were victims of occupational accidents that received disability benefits from INSS revealed that the majority of beneficiaries were male adults, working in urban jobs ranging from 30–39 years-old, associated mainly with diseases of upper limbs. These data should help in the implementation of measures to prevent the loss of work capacity caused by occupational accidents involving Brazilian workers. It's expected this prevent measures decrease the costs related to work environment.

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BRAZILIAN SUPERIOR LABOUR COURT AND THE RESPONSIBILITY OF THE EMPLOYER FOR ACCIDENT OR OCCUPATIONAL DISEASE: PREVENTIVE AND REPARATORY ACTIONS

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Introduction Brazil developed regulatory system and institutional structure to protect workers health and safety in the workplace. However, acidentes and diseases occurrences remain high and great distance exists between legislation and voluntary law compliance. Brazilian laws provide procedural instruments to compensate the damage caused to workers health and to prevent future injuries. This survey verified how Brazilian Labour Judiciary are judging the actions regarding the companies liability in diseases and accidents at work, including the convictions values.

Methods Decisions published in 2015 that judged work-related accidents and diseases (individual and collective actions) were analysed consulting online Brazilian Superior Labour Court (TST) jurisprudence database. Data categorization was done considering the result (court application rejected or accepted), reasoning used by the judges and the compensation amount.

Result Labour High Court issued 2 31 799 decisions in 2015, with 6.76% about work accidents and 0.12% on collective action and work accidents. The processes have been filed by Labour Prosecutor (83%) and Unions (17%). The compensation for collective moral damage had average of US\$73 530. In individual reparatory actions, the employer had to compensate for worker health damage in 90% of cases, with high degree of sentences reformed (41% to increase/deny and 4% to extinguish/reduce arbitrated values). The values arbitrated were between US\$65 000 and US\$1 32 000 (fatal acidentes) and US\$4400 to US\$53 000 (occupational diseases and other acidentes).

Discussion Although collective actions are little used, the labour judicial system provides the preventive protection requested: all judgments analysed granted compensation for collective moral damage and/or obligation to make changes to improve prevention and safety. The values of convictions arbitrated in collective actions are significant and indicate social and economic repercussions, stimulating employers to improve their companies working environment conditions. It is necessary to intensify the use of collective actions, because they are more efficient for prevention than reparatory individual lawsuits.

Oral and Poster Abstract Sessions

10 UNDER-REPORTING OF OCCUPATIONAL NOISE-INDUCED HEARING LOSS, CURRENT SITUATION, AND POSSIBLE SOLUTIONS IN THAILAND AND OTHER DEVELOPING COUNTRIES

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Introduction In 2015, Thai Workmen's Compensation Fund (TWCF) reported only 3 cases of Occupational Noise-induced Hearing Loss (ONIHL) among nearly 10 millions workers. Thai labour laws stated that hearing conservative programs (HCPs) was mandatory for noisy work stations. Baseline audiometric analysis must be performed using NIOSH criteria (SigTS). However, retest and referral to occupational physicians (OPs) for work-related assessment were usually not performed for Thai workers with 1st 15 dB shift. Baseline audiometric analysis was not properly performed in many industries. For example, not all the previous test were considered in baseline revision or baseline may never be revised. All these led to under-reporting of ONIHL in Thailand.

Methods For remedy the situation, pilot study was conducted on 2539 workers among 17 chemical industries in eastern region of Thailand. 10 years audiometric results (2007–2016) were collected and analysed using SigTS and OSHA criteria (STS). Baseline revisions for each criteria were performed by OPs. The results were compared with those without baseline revision.

Result Without baseline revision, the accumulation, increasing of abnormalities over years could be the cause of unnecessary investigations. With proper baseline revisions, the incidence of SigTS, STS, and age corrected STS were only 19.27%, 10.21%, and 4.05% respectively. After age correction, only 2.61% had to visit OPs for work-related assessment each year. **Discussion** STS with age correction and proper baseline revisions dramatically reduced total cost of investigations. This should be acceptable for industries in Thailand and other developing countries. Recommendation for Thai Ministry of Labour to revise HCPs regulations were:

- Baseline revision performed properly by OPs should be mandatory,
- Age corrected STS was the most cost-effective and practicable,
- All workers with worsening hearing must be referred to OPs and then TWCF, and
- Annually, HCPs installed industries must quantitatively evaluated ONIHL (diagnosed by OPs), SigTS, STS, and age corrected STS.

1181 VALIDATION OF THAI-NORDIC SAFETY CLIMATE QUESTIONNAIRE AND SAFETY CLIMATE IN THAI EMPLOYEES

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Introduction To prevent workers' injury and illness during their working life, the occupational health and safety

management system is worldwide implemented in manufacturing. The safety climate can be identified the currently situation of occupational health and safety management system in organisation. The Nordic safety climate questionnaire (NOSACQ-50) is a tool that can be measure the safety climate in both low and high risk level manufacturing. Therefore, this questionnaire will be used in this study.

Objective To validate the NOSACQ-Thai questionnaire using exploratory analysis and to assess the situation of safety climate condition in Thailand

Material and method After forward and backward translation of the NOSACQ-Thai questionnaire were performed, 3 expertise in occupational health and safety were examined the content validity and revised questionnaire to easy language for worker. There were 1141 of workers and hospital personnel, from 6 manufacturing and one university hospital, voluntary participated to test the questionnaire in this study.

Results The NOSACQ-Thai questionnaire included 5 dimensions with 42 items and 45% of variance. The Cronbach's alpha values of the safety climate dimension of 'management's engagement and empowerment', 'management safety priority and justice', 'employees' engagement to safety', 'employees' risk acceptance', and 'safety activity and efficacy' were 0.86, 0.76, 0.89, 0.70, and 0.74, respectively. The highest safety climate score was the dimension of 'employees' engagement to safety' (3.30±0.40) while the lowest score was the dimension of 'employees' risk acceptance' (2.80±0.50). The safety climate score were significantly difference between leaders' and workers' group and also among all enterprises.

Conclusion The NOSACQ-Thai show a well validated and predictable the safety climate in all enterprises.

1340 INTEGRATED APPROACH TO AN OCCUPATIONAL HEALTH IN SOUTH AFRICA

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Introduction South Africa is a developing, resource constrained country with a quadruple burden of disease. The health delivery model is based in primary health care of which the nurses are the cornerstone. Occupational Health Nursing (OHN) has had to evolve in this ever changing health service environment. This has created a need for an integrated approach to the Occupational Health program within the work place. The work environment in the 21st Century will pose significant challenges to Occupational Health.

Methods Careful consideration is therefore required with respect to the selection, monitoring and evaluation of specialised occupational health services. Critical to the selection of integrated OH services is the scope of practice and competencies of the OHN need clearly defined.

Results The success of OHN providing an OH service is a matrix model of applied activities which is totally integrated into an Occupational health program. Within the multi professional team the OHN is best equipped to identify the needs and advise on the optimum utilisation for all. This will enable a more productive workforce.

Discussion The challenge for OHN is the evolving dynamic work environment in which the OHN finds herself, one which has increasing use of technology, emerging global threats to health and evolving risks to health of workers. The