

other (0.06%) respectively. The prevalence of suspected pulmonary TB were 0.52%, 0.50%, and 0.2% in Cambodian, Burmese, and Lao respectively. The prevalence of positive urine test for methamphetamine was 0.03%.

Discussion The results of this study demonstrate that health problems in workers may be the cause of the spread of TB in Thailand. Reducing the current barriers by providing more complete registration coverage, better provision of healthcare information and active surveillance for TB among migrant workers may lead to better TB control.

760 TOWARDS AN EXPERT CONSENSUS ON THE DEVELOPMENT OF OCCUPATIONAL SAFETY AND HEALTH IN KENYA

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Introduction There is an existing knowledge gap in occupational health and safety practice in Kenya. The scarcity of comprehensive research on health and safety and emerging trends in the field evidences this gap. Lack of awareness of health and safety issues has posed a major challenge in the management of health and safety at work. As a result, some organisations have adopted a culture that does not necessarily prioritise occupational health and safety. The purpose of this research is to explore workplace health and safety practitioners' views on future priorities regarding the development of occupational health and safety in Kenya. Specifically, the research objectives are to: identify priorities for improving occupational safety and health, identify strategies to prevent or minimise the hazard exposure, and identify initiatives that will support and create awareness of occupational safety and health in Kenya.

Method This study adopted a qualitative design. Twelve participants were recruited for this study. These individuals were identified as occupational safety and health experts on the basis of a listing on the register of national occupational safety and health advisers produced by the Directorate of Occupational Health and Safety Services (DOSHS) in Kenya. An interview schedule designed to be delivered online was constructed in order to explore health and safety practitioners' views on current occupational health and safety challenges and future priorities in Kenya. Data were analysed using thematic analysis.

Results The thematic analysis of the interviews resulted in the identification of four main themes;

- i. disease and accident control,
- ii. health and safety promotion,
- iii. leadership and management role,
- iv. future of occupational safety and health.

Discussion There are challenges facing workplace health and safety in Kenya that need to be addressed. Identification of key priorities in addressing the challenges may contribute to improving the management and practice of health and safety in the workplace.

808 OCCUPATIONAL HEALTH (OH) IN SOUTH AFRICAN CONSTRUCTION

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Introduction Health hazards in construction include: ergonomic stresses such as bending, lifting and repetitive movement and vibration; environmental stresses such as heat, sun, noise, poor illumination, and wet or damp work; skin and respiratory exposure to chemicals and dust, as well as mental stress among managers, supervisors, and workers. In South Africa, these may add to the health problems experienced by construction workers because of poor community health, substance abuse, and inadequate health services.

Methods A self-administered questionnaire survey was conducted among members of a professional construction health and safety management association to determine, inter alia, the extent of OH problems, OH perceptions, practices, and interventions, and necessary OH interventions.

Results Findings include: ergonomic problems followed by exposure to the sun predominated among OH problems; OH interventions conducted most frequently include blood testing, HIV and AIDS, and TB education; welfare facilities need to be improved; more personal protective equipment (PPE) needs to be provided; the physical nature of construction needs to be reduced; more information regarding hazardous materials and activities, and disease is required, and more worker training and participation is required.

Discussion The findings resonate with the literature in that OH is not afforded the status afforded to safety; the degree of OH knowledge and awareness is limited as opposed to extensive; the source of OH knowledge is informal; there is a need for OH to be embedded in tertiary built environment programmes, OH continuing professional development (CPD), and a construction industry OH standard, and OH practice notes.

877 THE OCCUPATIONAL SAFETY & HEALTH (OSH) IN INDIA: THE CURRENT SCENARIO

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Introduction Occupational Safety and Health (OSH) is an important for the health and well being of the workers to ensure the hazard free workplace, reduces absenteeism and enhancing the productivity by properly addressing the safety and health issues of the employees. Though India has reached to high rate of growth due to industrialization over the period, the challenge continues to ensure the OSH culture at workplace.

Methods This is an analysis of all Government documents related to Labour Act of India. Total 51 documents were retrieved from the Ministry of Labour and Employment (India) website with a search strategy. All documents were classified into 7 themes: industrial relations; wages; working

hours; conditions of service and employment; equality and empowerment of women; disadvantaged sections of the society; social security. Each category was analysed using the search engine 'occupational safety and health' or 'occupational health and safety'. The Labour Rules under Labour Act were excluded as those are varied state to state. Since the study used data available in public domain and no human participants were involved it did not require ethics committee approval.

Results After extraction and analysis of all documents it was identified that the comprehensive safety and health statutes for regulating OSH at work places exist only in respect of the four sectors: the Factories Act, 1948; the Mines Act, 1952; Dock Workers Act, 1986; the Building and Other Construction Workers Act, 1996. There is no separate entity of legislation under the framework of OSH.

Discussion Although it is enshrined in the Constitution and the Legislature of India, the traditional concepts of OSH prevailing in the country is a far cry from the objectives of the ILO and international standards for OSH. Being a signatory participant for Convention 187 India has to comply with OSH in near future.

879 **RISKS AND MANAGEMENT OF AIRBORNE MERCURY LEVELS AT ARTISANAL GOLD PROCESSING SHOPS IN THE PERUVIAN AMAZON**

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Gold mining using the mercury amalgamation process continues to present serious community and occupational exposure problems throughout the world. It is now estimated that 30% of all processed gold is produced using mercury amalgamation with over 10 million people involved in artisanal and small scale gold mining. In Peru there has been a 400% increase in the ASGM activities and is ranked 5th in worldwide gold production. It is estimated that one out of 28 people in Peru are associated with artisanal gold mining with Madre de Dios, an Amazonian State in Peru, accounting for 70% of mined gold. worker paper presents the results of mercury vapour area air sampling during the amalgam burning processing step where Hg/Au amalgam is heated and the mercury driven off as a vapour phase. Small-scale artisanal gold miners often do not have the equipment to burn off the mercury from the amalgam and resort to local shops for this service. These *Compra de Oro* shops can be found in villages along the Inter-oceanic Highway traversing Madre de Dios. A total of 16 Gold Shops were sampled in 5 villages along the Inter-oceanic Highway in Madre de Dios. In almost all cases, the worker exposure levels exceeded internationally accepted health standards. Results of workplace sampling will be presented as well as a discussion of efforts and challenges in managing occupational health risks in small-scale artisanal enterprises in low and middle-income countries.

894 **THE ANALYSIS OF HEALTH ASSISTANCE FOR PREVENTION OF MENTAL AND PHYSICAL DISORDERS OF THE EMPLOYEES DISPATCHED TO MEDICALLY INSUFFICIENT COUNTRIES**

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Introduction Doing EPC business at developing countries often confronts the health gap, so we understand it with an urgent problem that how the occupational health staffs should support the health of the employees working overseas. Fortunately we could analyse our experiences and draw methodology for this problem solution. We herein report our ideas.

Methods Health education, medical checkup including mental health examination, establishing medical overseas conveyance route with the help of assistance service are the basic techniques, besides that, we conduct medical patrol as an internal occupational health team in order to acquire the latest medical information through local medical institution and embassy doctor visit. We deliver unique health information leaflets including the mental health precaution digitally every month.

Result Joint medical patrol with the outside medical assistance company was useful for knowing and decreasing the hygiene, health gap. Through the original communication news which is delivering periodically as healthcare information to all employees outside, we are grading up the mental self-care power of workers. And assigning occupational health doctor periodically to the sites has got us the excellent reputation for original health assistance.

Discussion As much as work location is developing countries, the health gap leads to uneasiness. So the determination of urgent overseas medical conveyance route is indispensable to EPC business in risk management. The combination patrol investigation tied-up with the medical assistance company is important component of effective solutions for decreasing the uneasiness. To improve medical gap, besides local patrol visit by the occupational health staffs, newly-devised original health information of ours which delivered through digital communication technology is a unique technique to improve each person's self-care (resilience) power. Our original designed health care system so far obtained good evaluation and definitely leads to the precaution of employees' mental and physical disorders.

94 **OCCUPATIONAL HEALTH MONITORING – AUTOMATION OF THE RISK BASED OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE PROGRAMME**

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Introduction Employees are exposed to occupational health hazards and are in need of medical surveillance to prevent ill health. Organisations carry out health risk assessments and these help anticipate the presence of health hazards. Hygiene surveys then confirm their presence and magnitude.