

implementation, in accordance with the Colombian requirements and regulations in this matter, having a recent policy and advancing in the design of processes, procedures and manuals; There are no tangible results of the evaluation of the system and specific improvement actions.

Discussion There is a need to refine the planning and implementation of strategies that contribute to the proper implementation of the SGSST; To train a greater number of the brigade, minimising the impact by the rotation of the staff. Disseminate in greater degree the politics, strategies and activities in the university community. It is necessary to design workshops according to their functions that allow them to make use of the protection elements available to them, since their perception shows that the main cause of accidents is caused by human errors.

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SAFE EMPLOYMENT INTEGRATION OF NEWCOMERS TO CANADA

¹Agnieszka Kosny*, ¹Basak Yanar, ²Momtaz Begum, ³Stephanie Premji, ¹Dina Al-Khooly. ¹Institute for Work and Health, Toronto, Ontario, Canada; ²Access Alliance Multicultural Health and Community Services Centre, Toronto, Ontario, Canada; ³McMaster University, Hamilton, Ontario, Canada

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Introduction Settlement and integration involves helping recent immigrants and refugees find work and become economically solvent. Yet many newcomers end up in 'survival jobs' that are precarious, physically demanding and expose workers to hazards. While 'welcome materials' and settlement programs help newcomers find employment, few offer guidance on employment rights, employer responsibilities and how to stay safe at work. We know very little about how newcomers prepare for employment, the types of resources needed or which groups are well-positioned to deliver these resources.

Methods Semi-structured interviews were conducted with policy makers, program developers, social service providers involved in immigrant settlement and employment preparation (n=20). Eighteen focus groups were also conducted with newcomers looking for work and those who had found their first jobs in Canada. The study examined the employment preparation and job search process; newcomer experiences in their first jobs; key training and resource needs related to safe work integration. Data were coded by two researchers and a thematic, inductive analysis was carried out. The constant comparative method was used to understand how newcomers come to understand their rights and where there are gaps in resources and training.

Findings Our findings suggest that while many programs focus on employment preparation, the delivery of OHS and rights-related resources is haphazardly and hampered by a lack of consistent funding, time constraints and a diffusion of responsibility. Newcomers reported difficulty finding work and taking jobs that were incommensurate with their experience and education. Many took on informal work without training or compensation as a means of gaining Canadian experience. Participants had poor understanding of rights and responsibilities in the workplace and many had not received comprehensive OHS training. The use of community networks, while useful in finding employment, could be a barrier to speaking up in the workplace. Language barriers were an obstacle to finding work and invoking workplace rights.

Discussion This study adds to our understanding of what can help recent immigrants and refugees successfully prepare for and stay in good quality, safe jobs. We identify optimal points

in the settlement process where employment-related resources can be provided and the role social service agencies, regulatory bodies and employers should play.

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DO SELF-REPORTS OF MUSCULOSKELETAL SYMPTOMS PREDICT OCCUPATIONAL ACCIDENTS? EVIDENCES FROM A HOSPITAL-BASED CASE-CONTROL STUDY IN BRAZIL

João Marcos Bernardes*, Maila Karina Mattos Brito, Adriano Dias. *Botucatu Medical School/UNESP, Botucatu, Brazil*

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Introduction It was estimated that there were over 313 million non-fatal occupational accidents worldwide in 2010. In order to reduce occupational accident rate, it is necessary to determine its associated factors. Musculoskeletal symptoms have been shown: to act as a mediating factor between ergonomic conditions and occupational accidents; to be associated with perceived risk of injury; and to increase the probability of accidents. Therefore, the aim of this study was to investigate whether self-reports of musculoskeletal symptoms were associated with occupational accidents occurrence.

Methods A hospital-based case control study was conducted among workers aged 17–59 years and residing in Botucatu, Brazil. The study included cases of occupational accidents that required hospitalisation. Controls were patients who suffered a non-work-related accident. Altogether, 80 cases and 125 controls were included. Self-reports of musculoskeletal symptoms were obtained using the Nordic Musculoskeletal Questionnaire, while a standardised questionnaire was used to assess socio-demographic factors. Frequency statistics and logistic regression were conducted to analyse the data.

Result The highest musculoskeletal symptoms prevalence was for the low back, followed by shoulders and the upper back. Self-reports of upper back musculoskeletal symptoms in the last 7 days and the occurrence of occupational accidents were associated (OR=3.670, 95% CI: 1.503 to 8.963).

Discussion According to our results, musculoskeletal symptoms in the upper back do predict occupational accidents. However, we believe that further studies, with a method of musculoskeletal symptoms assessment capable of discriminating between serious and minor complaints, are necessary to determine whether self-reports of musculoskeletal symptoms in other regions are also associated with the occurrence of occupational accidents.

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PUSHING AND PULLING ASSESSMENT: HOW TO DEAL WITH INTER-OPERATOR VARIABILITY

¹G De Vito*, ¹MA Riva, ²M Marinelli, ³A Vitale, ³M Sormani, ³M Belingheri, ³M Turato, ²R Latocca. ¹School of Medicine and Surgery, University of Milan Bicocca, Milan, Italy; ²Occupational Health Unit, Manzoni Hospital, Lecco, Italy; ³School of Specialisation in Occupational Health, University of Milan, Milan, Italy; ⁴Occupational Health Unit, San Gerardo Hospital, Monza, Italy

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Introduction Snook and Ciriello has been the leading methods to assess pushing and pulling for roughly 30 years. ISO11228-2 integrated it providing useful add-ons. On duties, workers apply excessive amount of force, for reasons either related to organisational, technical or legal issues. Therefore, inter-operator variability still remains a main issue to be addressed.