

to a wide spectrum of viral and bacterial diseases, and might include vaccines, immune globulins, antibiotics, and antiviral medications. All health-care institutions should ensure to have systems in place to facilitate postexposure assessment, and have prophylaxis readily accessible for timely administration. The protocol should describe procedures for the rapid provision of medical care during all work hours (day, evening, and night shifts). Postexposure management approach will depend on the type and extent of exposure, characteristics of the infectious agent (eg, virulence, infectious dose), status of the source patient, the exposed person's susceptibility to infectious diseases of concern, and the relative risks and benefits of the PEP regimen in each individual situation. Occupational exposures should be considered urgent medical concerns to ensure timely postexposure management. Exposed HCP should be monitored for signs and symptoms of infection and for possible adverse effects from drugs. In the absence of PEP, recommendations for postexposure management are intended to achieve early identification of disease and, if present, referral for evaluation of treatment options. Management of exposures should always be fully documented and exposures reported to the appropriate administrative department. A key administrative component is provision of resources for maintenance of infection control and occupational health programs that are responsive to emerging needs.

1622 PREVENTION OF LOW BACK PAIN IN HCWS

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Round table discussion regarding the evaluation and prevention of Low Back Pain in Health Care Workers.

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1622b LOW BACK PAIN IN HEALTH CARE WORKERS: A GROWING FOCUS ON SECONDARY PREVENTION

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Low back pain (LBP) is a ubiquitous problem affecting nearly half of all workers in the health care (HC) setting. Hospital nurses report a 35 percent point prevalence and a 55 percent annual prevalence of LBP. Nursing is among the occupations ranked highest in work-related LBP, so substantial research efforts have been dedicated to understanding the interactions between workplace demands and worker characteristics that increase risk of LBP. Patient lifting and transfer is clearly the most prominent causal factor, and usual interventions include lift/transfer devices, no-lift policies, and ergonomic assessments.

Efforts to reduce physical ergonomic exposures in hospitals and nursing homes have met with some success, but engineering and policy solutions are only effective if coupled with sufficient worker training and participation. Besides the high physical exposures in the HC setting, research has also highlighted the importance of organisational and psychosocial factors in LBP incidence rates. These include high psychosocial demands (when paired with low job control), effort-reward imbalance, and low social support. Thus, LBP prevention efforts in the HC setting need to address psychosocial as well as physical job characteristics. Given the high prevalence of LBP among HC workers, one question is whether more efforts should be directed toward secondary prevention – focusing on job accommodation, return-to-work facilitation, and other aspects of organisational support to prevent long-term work absence and job loss after the initial report of LBP. Such disability prevention efforts, when instituted at the organisational level, have shown sizable cost benefits to employers and insurers, but their effects on long-term employee health and well-being lack sufficient evidence. These studies do, however, suggest that how HC organisations respond to individual workers with LBP may be equally important as their systemic efforts to reduce LBP incidence rates.

1622d WORK CONDITIONS IN BRAZILIAN HOSPITALS REGARDING PREVENTION OF LOW BACK PAIN

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Introduction Low back pain is a very common problem among workers in the healthcare sector worldwide.

In the international scientific literature, healthcare workers involved in caring for dependent patients are among those most prone to acute and chronic musculoskeletal disorders, especially the dorsolumbar spine. According to WHO 2011, there are around 19.300.000 nursing staff members working in healthcare facilities around the globe (85% are women). Most healthcare workers manually handle patients on a daily basis, activity 'potentially' in terms of workplace prevention, thus hospital management to adopt effective risk assessment, management and containment measures. The large number of nursing staff are affected by musculoskeletal disorders, preventing them from performing activities for manually handling patients; the level of sick days taken due to musculoskeletal problems is extremely high. These aspects raise inefficiency, generate higher costs and lower the quality of care.

Methods MAPO Methodology (ISO TR 12296) has been used for evaluating the risk of low back pain among healthcare workers in 3 hospitals in Curitiba. One of the characteristic features of the MAPO Method is that it combines all the various risk factors into a single formula. Three hospitals in Curitiba (surgical and orthopaedic sectors) have been the target of this study.

Result The risk value in each sector/hospital has been established based upon the different patients, according to their diseases and workplace conditions.

Discussion The MAPH Method approach to assessing and preventing risk is based on the typically global, interdisciplinary and participatory principles of ergonomics.

1446 **TUBERCULOSIS AS AN OCCUPATIONAL DISEASE: KNOWLEDGE, ATTITUDES AND PRACTICES AMONG HEALTHCARE WORKERS OF A PUBLIC HOSPITAL IN LIMA-PERU**

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Introduction Peru is one of the countries with the highest number of tuberculosis (TB) cases in the Americas with an incidence of 119 × 100 000 people in the last year. The Stop Tuberculosis Partnership recommends the use of knowledge, attitudes and practices (KAP) instruments to gather valuable information, however there is no previous research in Peru.

Methods An observational cross-sectional study was performed to explore the level of KAP about occupational TB in a healthcare workers group from a public hospital in Lima, during September 2016 to January 2017. We used a validated KAP instrument focused on TB risk of infection and control measures in clinical settings. Descriptive statistics were performed for KAP as well Kendall's Tau-b was used for exploring associations.

Results From 300 participants, 50% achieved a good level of knowledge and 22.3% a good performance level on applying control measures. Medical doctors and interns achieved better level of knowledge (81% and 78%) while nursing technician and administrative staff had the lowest (19% and 15%). Only 19% of workers from the emergency area achieved a good performance level on the TB Practice scale while more than a half of medical residents (53%) achieved a bad performance level. A weak positive correlation between the self-perceived TB knowledge and actual TB knowledge was found. (Kendall's Tau-b=0.17; p<0.01)

Discussion Healthcare workers who labour daily at a high-risk area -especially in emergency area- are not correctly applying control measures to prevent TB, increasing the probability to develop occupational TB. Even though medical doctors achieved better level of knowledge, most of medical residents achieved bad performance level on practices. These results provide baseline information from which control programs should be established. Hospitals' employers should reinforce their methods of ensuring the learning process and the correct implementation of TB control measures.

889 **DEVELOPMENT OF NATIONAL HEALTH SURVEILLANCE POLICY FOR HEALTHCARE WORKERS**

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Introduction Health surveillance is a system of on-going health checks which allows early identification of ill health and

identifies corrective actions needed. There are legislative requirements for health surveillance if risk assessments identify that employees are exposed to certain hazards at workplace. There is a current gap in a standardised health surveillance process and procedures for healthcare workers (HCW) at a national level. The aim of our project is to develop a national health surveillance policy for HCW to address this gap.

Methods Full literature review was conducted to identify the international best practice pertaining to health surveillance in the healthcare setting. Current national legislations outlining the need for health surveillance were also reviewed. Relevant stakeholders including the National Health and Safety Function and national Policy Development team were consulted in the policy development. The Health Service Executive's framework for national policy development was utilised. Drafts of the health surveillance were brought for broad consultations between external stakeholders.

Result Based on the national legislations, a list of hazards requiring health surveillance was identified and categorised under physical/environmental, chemical and biological hazards. A draft policy describing standardised process and procedures of health surveillance for HCW in accordance to evidence-best best practice was developed and brought for further broad consultations.

Discussion This is the first health surveillance policy for healthcare workers developed at a national level. In addition to identifying a list of hazards requiring health surveillance, the policy also outlines specific roles and responsibilities for health surveillance and a standardised process and procedures of health surveillance in a large healthcare organisation. The effectiveness of this national policy depends on how well it is communicated to all local service providers. Its effectiveness in fulfilling the current gap in the current legislations needs to be further evaluated.

1486 **THE ROLE OF PERIODIC HEALTH EXAMINATIONS OF HOSPITAL WORKERS IN PREVENTING OCCUPATIONAL CONTACT DERMATITIS IN CROATIA**

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Introduction Hospital workers, nurses, technicians and doctors are by majority obliged to have periodic medical examinations provided by occupational physicians in occupational health services. It is wide known truth that hospital workers are often burdened with hand eczema. Hence, the purpose of the study was to evaluate the efficacy of periodic health examinations performed by occupational health physicians (OHP) in prevention of occupational contact dermatitis (OCD) in hospital workers.

Methods Study was conducted in two phases during the Horizon 2020 COST Project StanDerm. There were 194 hospital workers employed in clinical hospital over 10 years. Modified EvaHair and NOSQ 2002 questionnaire in Croatian and were used and on-site skin examination performed in both phases to collect data about protective gloves and skin condition. Medical records of periodic health examinations were analysed to assess skin sensitisation.

Results 112 subjects (57.73%) wore gloves at work continually for more than one hour per day, 126 (64.94%) used latex, 25