

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

(12.88%) nitrile, and 43 (22.16%) PVC gloves. Glove-induced skin symptoms were reported in 46 (23.71%) subjects. On-site examination showed 59 (30.41%) subjects with skin changes due to wet work or wearing gloves.

Sensitisation to latex or rubber additives was recorded in medical records of 18 (9.27%) subjects. At the time of the survey, skin condition with all subjects was graded good by OHP or hasn't been checked. None has been diagnosed with OCD nor has been introduced to possibility of having one despite the fact that 59 subjects met the preconditions for OCD.

Conclusion Importance of prevention is emphasised while periodic health examinations performed by OHPs show weak efficacy in recognising OCD. Modified EvaHair and NOSQ 2002 questionnaire translated into Croatian were found to be valuable tools in detecting vulnerable individuals with high probability of having occupational contact dermatitis. Further evaluations are needed.

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DIFFERENCES IN MUSCULOSKELETAL COMPLAINTS AND DAILY FUNCTIONING IN CROATIAN NURSES EMPLOYED IN CHILD AND ADULT CARE – A CROWN STUDY

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Introduction In 2014 a CROWN (Croatia, Workability, Nurses) study was conducted in Croatian nurses employed in clinical hospitals to determine general health status, physical and psychosocial health of nurses, prevalence and distribution of hand eczema and musculoskeletal symptoms and their influence on daily functioning. Data for musculoskeletal complaints and daily functioning with nurses employed in child and adult care will be shown.

Methods A Nordic standardised questionnaire for evaluation of musculoskeletal complaints accompanied with Lickert scale for self-evaluation of complaints and a Disability of arm, shoulder and hands (DASH) questionnaire for daily functioning, were used for this part of research in 115 nurses from three large clinical hospitals for children and two large clinical centres for adults. In both groups, the analysis of musculoskeletal pain (sites, frequency) and daily functioning will be compared to duration of work experience, number of patients, patients' weight and nurses' general health.

Results The prevalence rate of musculoskeletal complaints among our cohorts of nurses was 95% in child care, and 98,6% in adult care. Lower back pain and neck pain were the most frequent complaints in both groups. Lower back pain had the highest influence on daily functioning. Other comorbidity and problems in daily functioning in both groups will be shown.

Conclusion The prevalence rate for musculoskeletal complaints in this study was very high, higher than reported in similar other studies. That has confirmed the great need for analysing reasons for such a high prevalence of complaints, and taking actions which will reduce their contributing factors and influence on daily functioning. Although the nurses are highly aware of this problem a need exists for formal training in

ergonomics, maintenance of adequate posture and taking micro-breaks in reducing WRMDs.

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AUDIT OF STAFF ATTITUDES TO INFLUENZA IMMUNISATION AND THE FACTORS WHICH MAY ENCOURAGE OR PROHIBIT UPTAKE

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Introduction Influenza immunisation is offered and recommended to all staff in St. Vincent's University Hospital. While uptake has improved, the overall proportion of staff not immunised remains of concern.

The department of occupational health, infectious diseases and clinical audit collaborated to audit the attitudes of staff to influenza immunisation in 2015/2016. The results informed quality improvements for the 2016/2017 campaign e.g. increased information sessions and additional mobile 'out-of-hours' clinics. A re-audit was subsequently carried out.

Methods Hard copy and email questionnaires were distributed to all staff, 301 questionnaires were completed.

Result Clinical staff accounted for 75% of respondents in 2016/2017 compared to 63% in 2015/2016. Sixty-four per cent of respondents were previously immunised, demonstrating immunised staff were more likely to complete the audit, particularly doctors, allied healthcare professionals and management/administration staff.

The top 3 reasons for immunisation were 'it's what's recommended', 'protect myself from becoming unwell' and 'protect family members'. This is consistent with the previous audit, apart from one, where respondents cited 'protect my patients' over 'protect my family members'.

Ninety-seven per cent of previously immunised respondents agreed they would be immunised during this influenza season and 82% felt staff should be immunised. They were more likely to agree it should be mandatory for staff. Information about influenza and mobile clinics were the top 2 reasons chosen to help increase immunisation uptake, for immunised and non-immunised respondents.

Thirty-five per cent of respondents were not previously immunised and the top 2 reasons were 'I can manage the flu myself' and 'I am worried about side effects'. Of those, 52% felt staff should be immunised, suggesting dissonance in this group. Compared to the previous audit, they were more likely to be immunised during 2016/2017, more likely to agree that staff should be immunised and that immunisation should be mandatory for staff. They were also more likely to associate the lack of information and the absence of mobile clinics as reasons for poor uptake.

Conclusion This audit implies providing increased, focused information and additional mobile clinics directly increases the rate of immunisation uptake. However despite this, respondents refer to the need for more information and mobile clinics, demonstrating that influenza immunisation is a perfect case of a complex adaptive system. Focusing on the method of communicating information and a peer vaccinator programme might enhance the next campaign.