Introduction The National Health Service (NHS) is the biggest employer in the United Kingdom (UK). Depression and anxiety are the most common reasons for sickness absence in the NHS. As part of a trial feasibility study, we developed an intervention to facilitate an earlier return to work (RTW) in NHS staff absent with common mental health disorders (CMHD).

Methods We used iterative methodology, based on MRC guidance. Evidence was sought from systematic reviews, guidelines, and work known to the research team on the key components of the case-management (Stage 1). During Stage 2, the evidence from Stage 1 was mapped onto the proposed intervention together with input from international experts and key stakeholders.

Results Evidence suggests that an intervention based on a case-management model using a biopsychosocial approach could be cost-effective and lead to earlier RTW. In our study, specially trained occupational health nurses will deliver the intervention. Case-management will be conducted during regular consultations (every 2 to 4 weeks). Key components will include: identifying obstacles to RTW, collaborative problem solving based on cognitive behaviour principles focussing on work outcomes, work-focused goal setting, development of a RTW plan, and peer support to increase return to work self-efficacy. Work adjustments, work visits or therapeutic RTW will be considered. The case-manager will communicate with the line and human resources managers and treating healthcare professionals after each consultation. A bespoke information leaflet will be developed and given to line managers and workers emphasising the therapeutic importance of early RTW.

Discussion To our knowledge WB2W is the first intervention addressing RTW among UK healthcare staff with CMHDs. A key output from this research will be a complete specification of the intervention package including a manual for training the case managers and practical service information to guide the design of a randomised controlled trial.

488 SHARPS INJURIES AMONG HEALTH CARE PERSONNEL IN A CHINESE HOSPITAL

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Introduction Sharps injury is a penetrating wound from a needle, scalpel, or another sharp object that may result in exposure to blood or other body fluids. Sharps injuries constitute a serious occupational health problem for health care personnel and can result in high direct and indirect costs for the health care facility. The aim of the study was to examine the prevalence and characteristics of sharps injuries among Chinese health care workers.

Methods A questionnaire survey was carried out in a Chinese hospital to collect demographic and occupational data, information on sharps injuries and their reporting. Multiple logistic regression was used to analyse the potential risk factors of sharps injuries, including gender, age, education level, position, department and perception of the safety culture.

Results The 5 year prevalence of sharps injuries was found 41% among the hospital personnel. Sex, age and education did not influence significantly sharps injuries ($p=0.798$, $p=0.886$ and $p=0.47$, respectively). However, the position of staff and especially the department where they work significantly correlated with sustaining such an accident

($p=0.025$ and $p<0.0001$, respectively). 86% of accidents hurt fingers, 90% of injuries were sustained in inpatient units. Six sharp devices were responsible for nearly 95% of all injuries and 86% of them occurred when health care workers were using the devices. Association could not be described between sharps injuries and the perceived culture of safety. About three-fourth of sharps injuries were not reported.

Discussion A high prevalence rate of sharps injuries was observed in the studied hospital, the majority of injured workers were nurses. The rate varied significantly by department and position. The study found significant under-reporting. Adequate level of occupational health and safety for health care personnel can only be provided with efficient prevention from sharps injuries, which needs information on risk factors and a well-functioning reporting system.

50 SURVEY OF RESPIRATORY PROTECTION PROGRAM IN IRANIAN HOSPITALS

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Introduction In hospitals, Health Care Workers (HCWs) are exposed to a wide range of respiratory hazards, which requires using respiratory protection equipment and implementation of Respiratory Protection Program (RPP). The aim of this cross-sectional study was to investigate the level of RPP implementation in 36 educational hospitals of Fars province, Iran.

Methods A Self-made checklist including nine components of RPP standard were prepared and completed by the occupational hygienists in hospitals. Fuzzy Analytical Hierarchy Process (FAHP) was used to determine the weight coefficient of RPP components. Finally, Respiratory Protection Program Index (RPPI) was developed to calculate the compliance degree of RPP.

Results The results showed that RPP was not fully implemented in the studied hospitals and the highest and lowest RPPI scores were related to training and fit testing, respectively.

Conclusion Effective protection of HCWs against respiratory hazards requires the full implementation of respiratory protection program in the hospitals. This program must include evaluation of respiratory hazards, appropriate selection and maintenance of respirators, medical evaluation, fit testing, employee training record keeping, and program evaluation. However, the largest gaps in the RPP elements were discovered in the components of fit testing and medical evaluation which requires significant attempts to promote the situation of RPP in the studied hospital.

507 NATIONAL HEPATITIS B VACCINATION POLICIES FOR HEALTHCARE WORKERS IN MEMBER-STATES OF THE EUROPEAN UNION: AN UPDATED OVERVIEW

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Introduction The risk of transmission of blood-borne pathogens, including hepatitis B virus (HBV) to healthcare workers (HCWs) is well known. Under current European Union (EU) legislation, all employers have to perform a risk assessment to identify workers exposed to HBV and offer them vaccination. Immunisation should be done as early as possible after the start of their career to avoid HBV infection and the development of an infectious carrier state. In 2005 we performed a survey on HBV prevention in HCWs in the EU; in 2010, a new EU Directive (2010/32/EU), on sharp injuries, to be implemented in national legislation by 11 May 2013, made an update of the 2005 survey necessary.

Methods We performed an electronic survey of national representatives from the Occupational Medicine section of the European Union of Medical Specialists (UEMS) in all countries, to find out how policies have been put into practice in the European countries.

Results Answers were received from 21 countries, representing 78% of the population in the EU-28. HBV vaccination was mandatory for medical and nursing staff in 10 countries, mandatory for other paramedical staff, medical and nursing students in nine countries, for paramedical students in eight countries, for cleaning staff in 6 countries, for technical staff in 5 countries. It was recommended in all other participating countries. Serotesting before vaccination was done in eight countries. The vaccination schedule most often used was 0, 1, 6 months (18 countries). Serotesting after vaccination was done in 18 countries, boosters were recommended in 14 countries. A non-responder policy, including testing for carrier state, was present in 18 countries.

Discussion More consultation between key actors from countries at EU level could help to optimise the way this matter is dealt with in different countries in order to contribute to further reducing HBV transmission to HCWs.

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(MIS)USING RANDOMISED CONTROLLED TRIALS AS A HEGEMONIC WEAPON: THE CASE OF MANDATORY INFLUENZA VACCINATION FOR HEALTHCARE WORKERS IN CANADA

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Introduction In 2013, British Columbia, Canada, instituted a Policy requiring healthcare workers (HCWs) to accept influenza vaccination or wear a mask at work throughout the influenza season. The Policy's stated objectives (prevent influenza transmission to vulnerable patients; reduce influenza morbidity and mortality; and reduce worker absenteeism) did not refer to the health of HCWs. Moreover, the four randomised controlled trials (RCTs) cited as evidence supporting this influenza vaccine-or-mask policy were misinterpreted (or misrepresented) by its proponents, which, we argue, not only threatens the health of workers, the public and patients, but jeopardises the credibility of public health institutions.

Methods Plausibility of the four RCT findings attributing indirect patient benefits to HCW influenza vaccination were assessed by international experts comparing percentage reductions in patient risk reported by the RCTs to predicted values; we synthesise the results of the analysis and discuss the political factors that may explain the (mis)use of the RCT evidence.

Result Each RCT violated the basic mathematical principle of dilution by reporting greater percentage reductions with less influenza-specific patient outcomes and/or patient mortality reductions exceeding even favourably derived predicted values by at least 6–15-fold. Contextual factors more likely to explain the RCT results were ignored. The prioritisation of quantitative data masks the economic and political agendas of policy makers.

Discussion This policy is a case of (mis)use of RCT evidence as a weapon against workers while transferring large amounts of public funds to a questionable program and ultimately to pharmaceutical companies. We argue that worker acceptance of influenza vaccination should be voluntary, and public resources be more appropriately allocated to measures more likely to result in greater public health benefit, such as improved sick leave to encourage ill workers to stay home, or more staffing to allow HCWs to be more vigilant with infection control procedures.

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OCCUPATIONAL PATHOLOGY IN DIGESTIVE ENDOSCOPY: RISKS, DISEASES AND PREVENTION

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Personnel working in an endoscopy digestive laboratory may be exposed to a series of harmful factors to health. Among them, the most common are patients' biological waste, potentially infected with transmissible bacteria in the healthcare practices, chemicals used for cleaning and disinfection of the endoscopic equipment, which may determine allergies, radiation, different movements and postures, which by overload may determine musculoskeletal diseases. Selected protective equipment, used and removed properly protects the medical personnel of harmful factors at which may be exposed while working in digestive endoscopy laboratory. However, some studies made on digestive endoscopy personnel have shown a deficient conformation at standard precautions for the control of infections' transmission, and other studies have shown that very few endoscopists have modified their activity with the purpose of preventing some maladies linked to occupational health.

In this paper we propose an overview of occupational pathology in digestive endoscopy, insisting upon description of harmful factors that may be exposed the medical staff working in a digestive endoscopy laboratory and of ways of diminishing the risk of developing various diseases. Romanian medical literature dedicated to occupational pathology in digestive endoscopy is very poor, which indirectly indicates the low level of awareness of this medical problem importance, in which, inadequate information merges with ignorance and legislative gaps.

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WHAT ARE THE ISSUES AND THE FUTURE FOR HEALTHCARE WORKERS AND WHAT PART DOES OCCUPATIONAL HEALTH AND SAFETY PLAY?

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