941 THE IMPLEMENTATION OF VIOLENCE PREVENTION POLICIES AND PROGRAMS IN HOSPITALS

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Introduction Violence in hospitals is a serious occupational health and safety (OHS) issue affecting the physical and mental health of front line staff, as well as, the quality of patient care. In 2010, the province of Ontario (Canada) introduced legislation that directs hospitals to put into place violence prevention and management systems. Our study examined how five Ontario hospitals have developed and implemented their violence prevention programs.

Methods Semi structured interviews were conducted with eight key informants external to hospitals (legislators, union leaders, hospital associations), management and occupational health and safety specialists in hospitals (n=40), 21 focus groups (n=115) and interviews (n=6) with front line workers. Five hospitals participated in the study. Interview and focus group questions focused on the effect of the legislation on the development of violence prevention programs and how these were implemented across departments. Once data were collected, a code list was developed by the research team by reviewing the transcripts. Each transcript was coded by two researchers and then a thematic, inductive analysis was carried out. The constant comparative method was used to identify differences and similarities across hospitals and to understand factors that shape hospital policies and practices in the area of violence prevention and management.

Findings Our study findings suggest that while legislation sets parameters for the development of policies, serious violence-related events and the presence of a violence prevention 'champion' bolster long-term commitment to violence prevention in hospitals and the development of sustainable programs. We discuss four key components related to the prevention and management of violence in hospitals, namely; security systems, patient 'flagging', codes and alarms and incident reporting.

Discussion Our findings detail how management commitment, workplace culture and broader structural factors can shape the implementation of hospital policies around violence prevention and reporting. Study recommendations focus on the long-term sustainability of violence prevention practices in the acute care sector and the implications this can have on worker health.

Occupational Health in Nursing

1107 FACING CHALLENGES IN OCCUPATIONAL AUDIOMETRY FROM SOUTH AFRICA

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Introduction This presentation provides an overview of the Occupational Audiometric Refresher Programme as field-tested in Gauteng province, South Africa. Despite growth in occupational health, audiometric surveillance is fragmented with poor record quality in RSA as similarly reported in USA and UK. Limited training opportunities perpetuate in Africa with no legal requirement for audiometrists to attend refresher programmes. The study thus developed and tested an intervention that would improve audiogram quality and cohesive result management.

Method Mixed methods enriched the structured modularised blended learning refresher programme that evolved. A one group pre-test, post-test field-test with 49 purposively sampled registered audiometrists. Quality of the pre-intervention biological calibration audiogram was compared against a compliant record, and the individual's 3 spaced post-intervention audiograms, using the validated Quality Audiometric Record Checklist (QARC). Content analysis of evaluation forms provided additional intent for change.

Results Pre-test audiograms quality scored at 57% average compared to 83% average post-test. Slight negative correlations existed between formal training (r=−0.22861), the reliance on automation (r=−0.04295) with their pre-test. T-testing of the lowest post-test scores was t (8)=3 00 007 to the pre-test. This exceeded the critical t (alpha 0.05)=2306. Appropriately managed results improved from 9,32% on pre-test to 73%. Despite login challenges (72%), time (66%) and capacity (41%) hindrances, the enhancing factors of transferring learning into practice included regular self-audits (72%) and to involve employers on the programme (72%).

Discussion Although not generalisable these results demonstrate that South African audiometrists produce poorer audiograms as related to the time lapsed from formal training and reliance on automation. In part solution to overcoming various challenges, the structured refresher programme provided improvement in preparation and legal criteria, and result management. The impact of the programme could further be enhanced through regular audits with audiometrists and employers.

1137 PERCEPTIONS OF THE USE OF TECHNOLOGY IN A BLENDED LEARNING OCCUPATIONAL HEALTH NURSING PROGRAMME IN DURBAN, SOUTH AFRICA

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Introduction Blended learning refers to an educational strategy that combines face-to-face classroom instruction with on-line learning. This teaching strategy was introduced into an occupational health nursing (OHN) programme at the Durban University of Technology in 2011.

Methods A mixed methods convergent design was used to merge concurrent quantitative and qualitative data to address the study aim. Quantitative data were collected from student cohorts and qualitative data were collected from all the OHN programme lecturers. The *Perceptions about the use of web-based learning* was used to measure current OHN student perceptions of web-based learning in the OHN programme. The demographic and work-related instrument measured person-related factors. Qualitative data were collected using three semi-structured interview questions.

Quantitative data were analysed using SPSS v22. Two-tailed Pearson product moment correlations and t-tests were computed on the six factors between the scores of first and