

for at least 6 months and their dependent family members are registered with *BPJS Ketenagakerjaan*.

Methods This study utilised the qualitative method. The data collection was derived from the Consultative Meeting with the stakeholders and secondary data reviews pertaining to occupational health. The inter-sectoral governments employees were the main participants of the meeting.

Results BPJS was formed by law No. 24 in 2011. The Indonesian government has set an ambitious target to cover all Indonesian citizens and residents by 2019 that could lead to more than 245 million people being registered. *BPJS Ketenagakerjaan* administers Provident Funding Benefits, Work-Related Accident Benefits, Death Benefits, and Pension Benefits. BPJS gradually increases the preventive and promotive health programs. On the other hand, the Indonesian government is investing to increase the budget allocation for program development, advisory and inspection for the implementation of Occupational Safety and Health to improve its workers' health. The universal coverage also contributes to the betterment of healthy workers in the large-scale enterprises, small and medium companies and informal sector workers.

Conclusion Access to universal health coverage, increase in healthcare quality of services and investment in health prevention and promotion would likely improve the state of health among Indonesia's workers.

1701e PRIMARY CARE AND WORKERS HEALTH IN LATIN AMERICA

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It is estimated that in Latin America only 10% of the economically active population have access to specialised occupational health services.

Delivering Primary Care in order to expand coverage and improve workers health is a commitment of various International Organisations. In this sense the *World Organisation of Family Doctors (WONCA)* and the *International Commission on Occupational Health (ICOH)* pledge to work with their partner organisations (including WHO and ILO) to address the gaps in services, research, and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families.

WONCA has established a new Special Interest Group on Workers Health in order to pursue this objective, where both Organisations are working together. This is particularly feasible since Primary Care and Occupational Health have several aspects in common, such as focus on prevention and patient-centred medicine, and also by giving relevance to the context of the patient.

Primary Care is in many countries of our region, the gateway for users to the health system, so it is very important that Primary Care Centres incorporate their staff to training programs designed to meet the standards that are needed for treating occupational diseases and work accidents. Latin America is gaining experience in delivering Primary Care as close as possible where people live and work as it is stated in the Declaration of Alma Ata.

This presentation will try to illustrate on different countries experiences about providing this kind of services throughout our region.

1701f OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY IN PRIMARY HEALTH CARE IN SOUTH AFRICA

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South Africa is an upper middle income country with a mixed economy (mining and agriculture, manufacturing, service and knowledge). There are about 11 million workers in formal employment within large enterprises, and within small medium and micro enterprises (SMMEs). While there is also a strong informal economy with about 4.6 million vulnerable workers, including agricultural and household workers, which necessitates the developmental state agenda of the country. Since the year 2009 under the Government of His Excellency President J.G Zuma, South Africa has accelerated efforts towards health reforms through the implementation of the National Health Insurance (NHI), a form of Universal Health Coverage (UHC); re-engineering of primary healthcare (RPHC) and the establishment of the National Public Health Institute of South Africa (NAPHISA).

The current health reforms in South Africa are nested in the primary health care (PHC) concept as per the Alma Ata Declaration, which defines PHC as – ‘the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work’. The stated aim of the South African health reform is targeted at improving access, coverage, provision of quality healthcare, efficiency and cost effectiveness of the health system. Strengthening of a health system requires inputs into the World Health Organisation's (WHO) six building blocks of the health system: leadership and governance; healthcare financing; health workforce; medical products and technologies; information and research; and service delivery. These improvements in the South African health system overall, will directly and indirectly impact the occupational and environmental health and safety (OEHS) of workers within PHC in South Africa. Thus the aim of this paper is to assess the delivery and inclusion of OEHS within PHC using the WHO's six building blocks of the health system.

1701g PUBLIC HEALTH APPROACH IN OCCUPATIONAL HEALTH AND SAFETY SERVICES/TURKEY EXAMPLE

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Occupational health and safety (OSH) is a public health issue. Any work done in the field of OSH affects directly the employees. prioritising the employee, the most important value that contributes productivity, provides a positive contribution to the work that is being done on this area. The success of these studies requires multi-sectoral and multidisciplinary

approach to the public health. In Turkey, the health transformation program for the development of healthcare services was initiated in 2002 and primary health care services were prioritised. Also within this scope, the OSH Department of Public Health Institution of Turkey (PHIT) is actively involved with occupational health since 2011. In addition, after the law enacted in 2012, Community Health Centres (CHC) serving under the PHIT started to give OSH services to the sector. Smaller companies hire OSH services from a private organisation or from a CHC (currently 84 out of 900 CHCs provide OSH services). Family physician system has been introduced, and as of today, approximately 23 000 family physician are widely available throughout the country. The fight against chronic diseases is at the main agenda of Turkey. Surveillance studies for awareness, data collection, analysis and prevention and protection are also continuing, especially in primary health care services. Taking advantage of the knowledge and experience of international studies with the public health approach and sharing our own experiences will contribute to the worldwide OSH services.

1701h WORK-RELATED PROBLEMS. WHAT CAN GENERAL PRACTITIONERS IN THE NETHERLANDS DO?

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Background Having a job is a health-promoting factor, but when a job is performed in unsafe or unhealthy conditions, it can lead to adverse symptoms or disorders. Often, patients go to their general practitioner (GP) first. Giving attention to work and health is a task for both the GP and the occupational physician (OP).

In 2014 the Dutch College of General Practitioners (NHG) and the Netherlands Society of Occupational Medicine (NVAB) signed a declaration about work and health which stated that general practitioners and occupational physicians, in the interest of patients – in good cooperation – will contribute to help people enter, stay in or return to appropriate work. The project also links with the common pledge, also in 2014, of The World Organisation of Family Doctors (WONCA) and the International Commission on Occupational Health (ICOH) to better integrate occupational health in the primary care setting, to the benefit of all workers and their families.

Aim To incorporate ‘work and health’ in general practice guidelines, the NHG and NVAB developed a guidance document. Next step is to promote that general practitioners give more attention to occupation and work.

Method We developed a workshop to recognise work-related health problems. Four main issues are discussed:

- Ask for a patient’s occupation

- Identify and diagnose work-related health problems
- Consider the consequences of chronic diseases of adolescents for their career choice
- Collaborate with occupational physicians in case of work-related health problems

Results This workshop has been conducted twice in the Netherlands and once at WONCA Europe (June 2017) and it was evaluated positively.

Message Attention for work and health is important for a GP. Recognition and diagnosis of work-related health problems is a GP task to be supported by education and training.

Radiation

1166 ALL OF US AT RISK? HOW TO ACCESS THE HAZARDOUSNESS OF ELECTROMAGNETIC FIELDS

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Introduction Electromagnetic fields (EMF) are everywhere. Most of our technology today and in future is based upon applications using electric currents, magnets and thus bear the risk to emit hazardous levels of electromagnetic fields. For this purpose workplace exposure due to EMF has to be assessed to ensure that impermissible exposure of employees is avoided. Particular attention has to be paid to employees with medical implants. Our presentation focusses on the process of exposure assessment of electromagnetic fields at several industrial workplaces.

Methods Commonly measurements are performed to assess electromagnetic fields at workplace. Electromagnetic field simulations via numerical calculations can be useful if the EMF source is very complex or direct measurement is not possible. Measurements require a high degree of expert knowledge to assess the entire exposure scenario: relevant field sources have to be identified with both knowledge of fundamental functionality and operating frequency. Risk assessment usually considers working procedures and the whole working area at large.

Results Several industrial applications imply a potential risk for safety and health of employees at their workplace. Thus, exposure has to be minimised by either technical, organisational and/or personal measures. Most of the required measures are simple as well as inexpensive, e.g. provision of operating instructions, safety instructions of employees, labelling of critical areas or just increase of distance to the field source. Only few cases require extensive measures, which may lead to a prohibition to resume work – especially for employees with active implants.

Discussion EMF at workplace are underestimated and somehow neglected in the scope of risk assessment. That’s why people have to become sensitised to this topic to recognise possible hazards.

Especially employees with medical implants are particularly vulnerable with regard to EMF. For this purpose a specially tailored risk assessment procedure is needed to address this problem completely and more adequate.