

local experts. Diverse local health care workers shared the challenges faced and successes achieved.

The success of these workshops has inspired the volunteers to explore the potential for developing a more sustainable 'academy' for capability building in basic occupational health. This model for a social enterprise in low resource countries through collaborating at international level will be outlined and discussed.

### 1383 WELDERS FOR WELDERS

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10.1136/oemed-2018-ICOHabstracts.1405

**Introduction** This program will create a means for welders who are already well-supported and protected in the formal sector, to help welders who are unsupported in the informal sector. Simply, well-protected welders would be able to donate small or large funds and new or used equipment to support the health and safety of unprotected welders.

**Methods** The primary tool for this program is triage—starting where we are with what we have. The program would bring together safety experts to translate knowledge and culture by listening, asking questions, and advising welders. Then, a form of triage could be developed for each situation, adapting the hierarchy of controls to the available resources and the work culture. In order for this program to succeed, it is essential that the formality of the organisation function well, but not interfere with the person-to-person relationships that are the foundation of this program.

**Results** The initial program will intentionally start small to allow flexibility and self-evaluation. Based upon the program's experiences, successes, and failures, financial and cultural demands, and the available resources, triage guidelines would be created and shared, defining welder protections from minimal to secondary to ideal. Through the program, others could be trained to make on-site visits, observe existing conditions, and then make and implement recommendations. A case study of welders in India will be provided to illustrate this concept.

**Conclusions** Ultimately, a health and safety triage template can be developed and made available for others to adapt to their own needs. In the future, 'Welders for Welders' could be applied to other skills in a broader context, perhaps with the creation of 'Workers for Workers.' By bridging two work environments, the proposed Welders for Welders program has the opportunity to promote a community of workers, with welders helping welders.

### 1440 HEALTH STATUS OF BRICK KILN WORKERS IN NORTH EAST INDIA

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10.1136/oemed-2018-ICOHabstracts.1406

**Introduction** India produces 200–250 billion clay bricks annually, the second largest producer of clay fired bricks, accounting for more than 10% of global production, in 1 50 000 to 2 00 000 brick kilns. Each brick kiln employs between 250–300 workers, bringing the total number of workers to approximately 20 million, which is roughly 4 per cent of a total of 459 million workers in India, of which almost 40% are women. The Brick Industry in India is characterised by traditional methods of production technology and seasonal work.

**Methods** The study was done in Tripura, a state in North East India to assess the impact of traditional brick manufacturing technology on the health of the workers. A convenient available sample of 94 workers from 4 brick kilns who have worked for 5 years or more were taken from the total population of 280 (including children) of these kilns. The workers were interviewed to obtain information on the demography and personal habit followed by general physical medical examination, blood test for complete haemogram, random blood sugar levels and pulmonary function test. The data was analysed using MS Office Excel 2007 & Epi. Info 7.2.1.0 version.

**Results** The average age of workers is 34 years, 27% were female and 73% male workers. 55% worker are loaders, 29% moulders and 7% fire-workers, 75% being migrant workers, 49% being underweight, 51% anaemic, 78% have eosinophilia (younger workers more affected, p value 0.04), 66% have low back pain.

**Conclusion** Brick kiln workers are suffering from high morbidity in North east India because of their work. This demands urgent attention for the health and safety program that should include regular in-service training emphasising health risk of brick kiln work, preventive measures, technological interventions etc. Health surveillance of workers would be highly beneficial in achieving better health status.

### 285 THE SHARING ECONOMY: HAZARDS OF BEING AN UBER DRIVER

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10.1136/oemed-2018-ICOHabstracts.1407

**Introduction** Uber ride-sharing is an important sharing economy challenge. The taxi industry is notoriously dangerous; even regulated and licensed professional drivers face a homicide rate higher than police officers and first responders. Uber drivers lack special licenses, organised workplaces and other usual safety structures. However, Uber touts different safety features, including feedback and ratings. Our study is focused on understanding the day-to-day work conditions and risks of Uber drivers.

**Method** We conducted a critical interpretive study of ride sharing with Uber drivers, passengers and management, taxi managers and related policy makers in Ontario, Canada. Data include interviews and focus groups with 50 drivers, passengers, taxi and Uber managers and key informants. These were recorded verbatim, coded and analysed using strategies of coding, indexing and charting in a framework analysis.

**Results** Uber drivers face unique risks relating to insurance coverage, the driver rating system, financial incentives, and