

1494 STATUS QUO OF WORKPLACE HEALTH MANAGEMENT IN THURINGIA

^{1,2}N Amler*, ^{2,3}S Letzel, ²T Nessler, ^{1,2}H Drexler. ¹*Institute of Occupational, Social and Environmental Medicine, University Erlangen-Nuremberg, Erlangen, Germany;* ²*German Society of Occupational and Environmental Medicine, Munich, Germany;* ³*Institute of Occupational, Social and Environmental Medicine, University Mainz, Mainz, Germany*

10.1136/oemed-2018-ICOHabstracts.1413

Introduction Workplace health management is considered as integral part of a modern corporate culture. Many firms have already implemented single workplace health promotion measures. However, only few firms have established a comprehensive workplace health management and some might not even comply with legal requirements. The aim of this paper is to analyse the status quo of workplace health promotion and implementation of relevant regulations concerning occupational safety and health in Thuringia, Germany. The study is part of the project 'Working Healthily in Thuringia', a model project to implement the prevention act into practice. The project aims to improve health promotion and prevention in small and medium-sized enterprises (SME) in rural and structurally weak regions. Model region is Thuringia, a free state in Central Germany. The project is part of a comprising cooperation agreement between the German Society of Occupational and Environmental Medicine (DGAUM) and BARMER, a large statutory health insurance company in Germany.

Methods A representative sample of enterprises all around Thuringia will be interviewed. The technique of quota sampling will be used. Enterprises will be selected into the sample on the basis of number of employees, administrative district and industrial sector. The survey is based on a standardised, structured questionnaire and will be conducted by telephone. The questionnaire comprises different modules targeting the compliance with legal requirements, the implementation of workplace health promotion and occupational integration management.

Results The survey will be conducted in September 2017. Data will be analysed quantitatively and presented broken down by company size, administrative district and industrial sector.

Discussion The study will particularly provide insight into the status quo of compliance with legal requirements within the field of occupational safety and health in SME. Building on the results, a strategy for implementing a comprehensive workplace health management for SME in rural and structurally weak regions can be developed.

627 DESIGN OF VERMICOMPOST WINNOW MACHINE FOR DISABLED FARMERS IN THAILAND

¹G Bangkadanara*, ²C Thanachoksawang, ²S Arphorn, ³S Lerdnapakard. ¹*School of Health Science, Sukhothai Thammathirat Open University, Nonthaburi, Thailand;* ²*Department of Occupational Health and Safety, Faculty of Public Health, Mahidol University, Bangkok, Thailand;* ³*Kratumban farm, Nakhonpathom, Thailand*

10.1136/oemed-2018-ICOHabstracts.1414

Introduction The majority of disabled Thai people live in rural areas. Commonly, it is the responsibility of the family to take care of their disabled relatives. Nowadays, Thai government has made efforts to improve the life quality of disabled people by providing the employment in various organisations or

assisting them to start up their own business. Most of them are working in agricultural sector exposing to many risks because of their physical restrictions. Particularly, disabled farmers who lack of knowledge are the most vulnerable group regarding to expose any hazard in daily life and work. Therefore, the occupational health program should be promoted to reduce their risk and injuries.

Method This cross-sectional research aimed to promote the Occupational Health and Safety(OHS) in disabled farmers who produce vermicompost by using participatory approach and investigate the working environmental risk by Job Safety Analysis (JSA) and ergonomic assessment tools (RULA and REBA).

Result Disabled farmers were gained the OHS knowledge to enhance their ability to recognise their occupational health risk and to improve their working conditions. The high risk process was the winnowing. They spent long time to shake the product with the filter for separating between vermicompost and earthworms, moreover, they bended their body to collect the earthworms for next production. Therefore, we designed the vermicompost winnow machine for disabled farmers whether who are disable on leg or arm to reduce their time and muscle injuries. Additionally, the machine can reduce the ergonomic risk confirmed by RULA and REBA assessment.

Conclusion It is necessary to support disabled person to work and the government should be promoted to educate occupational health and safety program. Moreover, the machine or instruments for their work should be suited to their physical restrictions.

1239 OCCUPATIONAL HEALTH SERVICE AND ACTIVITIES FOR WORKERS OF SMALL-SCALE ENTERPRISES COMPARATIVE STUDY OF SOUTH KOREA AND JAPAN

MATUMOTO Izumi. *Kio University*

10.1136/oemed-2018-ICOHabstracts.1415

Background In Japan and South Korea, more than 10 million workers are employed in in small-scale enterprises (SSEs) with fewer than 50 employees. Consequently, occupational health services in SSEs are an important issue. In 1993, Japan established Regional Occupational Health Centres (ROHC) as facilities for the provision of SSEs health services. In 2011 South Korea established Workers' Health Centres (WHC), based on the Japanese ROHC model. The aim of this study is comparing occupational health services practices, to consider the quality of occupational health services in these countries.

Method In South Korea, the data were collected by conducting interview surveys at one WHC. and the data in ROHC were collected from published materials. Those data were used to compare the two countries, both quantitatively and qualitatively.

Results In South Korea, specialised WHC staff (including physicians occupational health nurses and others) cooperated with administrative and industry associations to develop strategic activities, based on regional diagnoses and SSE-specific needs. Also, occupational health nurses had the authority as occupational health manager.

In Japan, health services were provided by the specialised staff who were registered in ROHCs (including industry physicians and occupational public health nurses).