STATUS QUO OF WORKPLACE HEALTH MANAGEMENT IN THURINGIA

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.

DESIGN OF VERMICOMPOST WINNOW MACHINE FOR DISABLED FARMERS IN THAILAND

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.
In response to a request from the SSE, health counselling and health guidance through visits were provided, but those services were not actively used among SSEs.

**Conclusions**

Observed differences between ROHC and WHC were considered attributable to the presence or absence of industry physicians and authority of occupational health nurses. In Japan, it is important to strengthen the authority of occupational public health nurses, and to consider ways of addressing the occupational health needs in SSEs.

**TRUCK DRIVERS’ HEALTH MANAGEMENT IN JAPAN BY DRIVING OPERATIONS MANAGERS: THEIR EFFORTS AND DIFFICULTIES**

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**Introduction**

In Japan, the vast majority of transport companies are small or medium-sized enterprises (SME), and do not have any personnel specialising in health management. This report aims to elucidate driving operations managers (DOMs)’ efforts as well as difficulties faced therein in order to grasp the current state of and issues in the health management of truck drivers.

**Methods**

We asked DOMs of six SME and three large transport enterprises (LE) questions, related to considerations given to the health of drivers, in semi-structured interviews for each. We first identified efforts being made and difficulties faced in these two groups. Then, we used a content analysis method and analysed them.

**Result**

Regarding efforts being made for the health of drivers, DOMs at SEMs spoke a considerable amount about handling drivers on an individual basis: understanding their usual conditions and discovering their changes through meetings and conversations, as well as checking and listening in a way that takes into account drivers’ individual characteristics and backgrounds. DOMs at LE considerably discussed systematic efforts. These included preventions to not increase drivers’ burdens and loads, utilising health management professionals. With regard to difficulties, DOMs at SME mentioned the difficulty of interpreting health examination results as well as that in addressing health issues due to vague judgment criteria.

**Discussion**

Differences in the approaches of LE and SME became clear. At LE, health management was being carried out systematically in coordination with health management professionals as part of driving operations management. On the other hand, at SME, drivers’ health was attended to on a more case-by-case basis by. It appears that there is a need for DOMs at SME to have more enthusiasm and competence when it comes to health management, as well as to receive more supports in, for example, interpreting health information.

**AUVA APPS FOR IMPROVED HEALTH AND SAFETY**

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The new generations of smartphones and tablets are increasingly being used for a wide variety of purposes. The Austrian Worker’s Compensation Board wants this trend to continue and has begun developing a number of different apps following extensive preparatory work.