Results and Conclusion Preliminary results will be presented at ICOH 2018 Congress.

This study will be, for the first time in ICOH history, addressed to the whole active membership.

It might become the starting point for a systematic monitoring survey on needs and perceptions of members with respect to ICOH commitment in the OSH sector. The outputs will also contribute to the improvement of ICOH scientific activities and identification of the new OSH priorities at national and international level.

**OUR GRATITUDE AND APPRECIATION FOR YOUR FEEDBACK**

1AM Howard, 2C Harrison, 3CNM3, Occupational Health, HSE South East; 4Waterford Healing Arts, Artist in Residence, 2017

10.1136/oemed-2018-ICOHabstracts.215

**Introduction**

In May 2017 the Occupational Health Safer Better Care Standards were launched.

Standard 1.4 of the Occupational Health, Safer Better Care Standards states ‘Workers feedback including complaints and compliments are responded to promptly, openly and effectively with clear communication and support provided throughout this process’

**Method**

On an ongoing basis in Occupational Health we have a suggestion box in our four Occupational Health Departments for feedback.

In our work plan for 2017 we had decided to dedicate the month of May to doing a client satisfaction survey. The survey questionnaire is based on the validated national occupational service patient survey in the National Health Service UK (NHS). We decided as a team that each of the four Occupational Health units in the South East would hand this survey to clients who pass through their departments in the month of May.

In addition Ann Marie Howard, CNM3 asked the Occupational Health staff to send her any Thank you cards they had received. Ann Marie met with Ciara the Artist in residence in Waterford and discussed ideas with her in relation to what we could with the Thank you cards and feedback cards kindly received.

It was decided we would do a calendar for 2018 and call it ‘Our Gratitude and Appreciation for your feedback’. We decided to use a theme for each month for example January and July are the months where you have new Junior Doctors, September is a month when you have an intake of student nurses and October is the month for Influenza vaccination. Along with the theme for each month we are taking words, sentence clients wrote in there Thank you cards and Feedback and illustrate them throughout the calendar.

**Results**

The Thank you cards and feedback cards have all been collected. The May 2017 client satisfaction survey has yet to be analysed and results written up. It is a work in progress.

**Discussion**

Our hope would be we will get the calendar published and communicate it to all client users as a feedback mechanism on our gratitude and appreciation.

Following on from this project it would be a wonderful addition if an app could be developed for Occupational Health as a communication tool.

756 'PREDICTED SICKNESS ABSENCE FROM EMPLOYMENT COMPARED WITH DEPARTMENT OF SOCIAL PROTECTION GUIDELINES FOR CLOSED CERTIFICATION WITH COMMON HEALTH PROBLEMS'

1N Kononenko*, 2E Loftus, 3D Whelan, 1SpR in Occupational Medicine, CHI, Dublin; 2Consultant Occupational Physician, CIE, Dublin

10.1136/oemed-2018-ICOHabstracts.216

**Introduction**

Prolonged absence from work may cause deterioration in the patient’s health and wellbeing and threaten job security.

The Department of Social Protection issued Guidelines for Closed Certification in September 2015 to assist medical certifiers of sickness absence.

These Guidelines have been compiled for use in an Irish context with regard to evidence-based protocols on various health problems, which were developed by DSP, and also with reference to the Official Disability Guidelines 2013, to The Medical Disability Advisor: Workplace Guidelines for Disability Duration 2009.

**Methods**

This was an observational study. A questionnaire survey emailed to Consultants and HST trainees of different specialties to explore their opinion on predicted duration of sickness absence with different medical conditions and interventions.

71 Consultants and HST trainees from different Medical Specialties and 32 Consultants and HST trainees in Occupational Medicine responded to a survey. The response rate was 29% from Medical Specialists and 44% from Occupational Medicine Specialists.

**Results**

According to this survey 60% of Physicians and 44% of Medical Specialists and 32 Consultants and HST trainees in Occupational Health Physicians are not familial with Closed Certification Guidelines.

Medical specialist’s opinion coincides with Guidelines in 4%–93%, Occupational Medicine Specialists in 4%–100%. The agreement with Guidelines is in responses about less serious (infectious) conditions in both groups, disagreement with Guidelines in responses about more serious medical conditions (cardiac, pneumonia, asthma).

There is a trend to predict shorter time for recovery then recommended by Guidelines in both groups. There is no significant difference in predicted absence agreed with Guidelines recommendations among two groups.

**Discussion**

This study compared the opinion of specialists in predicting duration of sickness absence with durations laid down in ‘Closed Certification Guidelines for General Practitioners’.

Not all clinician’s opinion coincides with recommended Closed Certification Guidelines.

More than half of participants were not aware about Closed Certification Guidelines.

963 IWH RESEARCH ALERT – STAYING CURRENT WITH OHS LITERATURE

Q Mahood*, D Van Eerd, J Liu, E Irwin. Institute for Work and Health, Toronto, Canada

10.1136/oemed-2018-ICOHabstracts.217

**Introduction**

Keeping abreast of the current literature is difficult for any researcher but OHS researchers have particular difficulty because the literature cuts across a variety of fields, such as medicine, public health, psychology, and business. To