

462

EVALUATION OF ARTERIAL HYPERTENSION AND OTHER CARDIOVASCULAR RISK FACTORS. (FRICOR PROGRAM). A LOGISTICS COMPANY. (CORREO OFICIAL DE LA REPUBLICA ARGENTINA)

¹M Depsztok*, ²J Cesar, ³H Ortiz Maldonado. ¹Occupational Health Physician. Chief. CORREO OFICIAL, Buenos Aires, Argentina; ²Occupational Health Physician. Staff. CORREO OFICIAL, Buenos Aires, Argentina; ³Occupational Health Physician. Medical Manager. CORREO OFICIAL, Buenos Aires, Argentina

10.1136/oemed-2018-ICOHabstracts.220

Introduction An evaluation of the employee population of the CORREO OFICIAL (LOGISTICS COMPANY) from August 2012 to April 2017 was conducted, with a primary objective of early detection of high blood pressure (HBP) and a second objective of analysing the prevalence of other cardiovascular risk factors. A subset was established to analyse the results.

Methods Prospective survey study of 16 900 employees of the CORREO OFICIAL. The sample was conducted on patients who attended the External Office of Occupational Health with different pathologies. 3000 employees were examined and divided into two groups: Mail Distributors (MD) and Administrative Office Workers (AOW). Personal data (age and gender) was recorded for each patient and follow-ups were done by phone. HBP was differentiated as either KNOWN (KHBP) or UNKNOWN (UHBP).

Results 23% of the population studied suffers from HBP. Mail Distributors: KHBP: 9.1%. UHBP: 8.4%. Administrative Office Workers: KHBP: 17.7%. UHBP: 11.2%. Other risk factors: *Smoking*. MD: 34%, AOW: 25,7%; *Diabetes*. MD: 1,9%, AOW: 3,8%; *Dyslipidemias*. MD: 8%, AOW: 18,6%; *Sedentary Lifestyle*. MD: 0%, AOW: 65%; *Overweight/Obese*. MD: 48,8%, AOW: 42,5%

Conclusion The importance of tests like these which detect unknown HBP and relate it back to other cardiovascular risks factors is clear. A high prevalence of overweight/obese individuals was detected in both groups, particularly in the Mail Distributors whose job demands intense physical activity. The sedentary employees demonstrate higher levels of dyslipidemias. The low cost and simplicity of this study makes its implementation in Occupational Health Services highly recommendable worldwide.

489

STANDARDISED REPORTING OF OCCUPATIONAL HEALTH AND SAFETY IMPACTS

Laura Espinach*. *Standards Division – Global Reporting Initiative, Amsterdam, Netherlands*

10.1136/oemed-2018-ICOHabstracts.221

Introduction The GRI Sustainability Reporting Standards are used by more than 4000 organisations in over 90 countries to report on their economic, environmental and social impacts – including occupational health and safety impacts. The GRI Standards are referenced in policy and regulation in more than 50 countries, and by nearly 40 stock exchanges worldwide.

GRI is currently reviewing its OSH reporting standard to align it with internationally-agreed best practice and recent developments in OSH management and reporting practice.

The project will address important topics such as the reporting of occupational illnesses, workers' access to occupational health services, and workplace health promotion.

Methods The GRI Standards are issued by the Global Sustainability Standards Board (GSSB), GRI's independent standard-setting body. The work follows the GSSB's Due Process Protocol, which ensures a transparent process and provides many opportunities for input from diverse stakeholders.

A multi-stakeholder expert Working Group has been formed to revise the content, with leading experts from the ILO, the Centre for Safety and Health Sustainability, IOSH, and U.S. OSHA, among many others.

The draft standard will be published for public comment between August and October 2017. The final standard is expected to be published March-April 2018.

Result This process will deliver a set of best practice metrics for organisations around the world to report on their OSH impacts in a standardised way.

Conclusion The new standard will be of significant interest to Congress participants, with the potential to affect the day-to-day work of many. Featuring the input of leading organisations in OSH, it will represent a credible attempt to standardise the way that organisations worldwide communicate about their OSH impacts. Ultimately, the transparency created by such a standard is intended to lead to positive change, thus contributing to sustainable development. For these reasons, GRI would value the opportunity to present the standard at the Congress.

547

SYSTEMATIC REVIEW EVIDENCE IN ONE MINUTE OR LESS

D Van Eerd*, U Vu, K Buccat, E Irvin, K Cullen, C Moser. *Institute for Work and Health, Toronto, Canada*

10.1136/oemed-2018-ICOHabstracts.222

Introduction Getting research evidence to knowledge users is a challenge. The Institute for Work and Health (IWH) initiated a systematic review program in 2004 to synthesise scientific literature on prevention of workplace injuries and disability. IWH systematic review products include 2–3 page lay summaries (called Sharing Best Evidence). The lay summaries are popular but are considered long by some knowledge users. Our objective was to produce and post short videos that summarise key findings of systematic reviews in one minute or less.

Methods Video shorts are created by a multi-disciplinary team including a researcher, a video producer and a communications expert. The video shorts are based on high quality research (e.g. systematic review findings). Key messages are created in consultation with stakeholders. The production process begins with a storyboard (frame-by-frame outline). Development requires careful attention to style, pacing, tone, clarity, visual interest and audience appeal. Videos are tested with members of the target audience before being posted. Video shorts typically take about four weeks to complete.

Results Two, 1 min videos were developed by IWH made to reach busy stakeholders with evidence they need in their work. The first video, posted since October 2016, is popular receiving over 1100 hits to date.

Length: Videos are kept as short as possible, less than one minute.

Format: No voice-overs are used. Simple graphics, images, text and short video clips are used, with instrumental background music.

Content: Key messages from research findings are delivered in brief snippets of text.

Conclusion Our videos are designed to serve two purposes: provide viewers with key evidence they can use, and link the viewer to the IWH website where they can read more information. Consultations with stakeholders on the key messages are important. One-minute research video shorts are an effective means of disseminating key research findings.

64 TALKING ABOUT HEALTH – HOW TO COMMUNICATE ETHICAL OCCUPATIONAL HEALTH ISSUES?

¹S Müller, ²E Kuhn, ²A Buyx, ¹L Heidbrink. ¹Christian-Albrechts-University Kiel, Chair of Practical Philosophy, Kiel, Germany; ²Christian-Albrechts-University Kiel, Institute of Experimental Medicine (Division of Biomedical Ethics), Kiel, Germany

10.1136/oemed-2018-ICOHabstracts.223

Introduction Should we introduce fitness trackers to our company's health program? Should we, moreover, start giving positive or negative incentives for individual fitness performances (e.g. bonuses)? Since companies have felt profoundly convinced by the correlation between occupational health activities and economic success, occupational health management (OHM) becomes popular. With the rise of OHM multiple ethical problems, new to the business context, appeared. How are and how should these ethical problems be communicated inside and outside a company? One possible answer to this is corporate social responsibility (CSR). CSR already has the potential to communicate and discuss ethical corporate health issues. Only a proper framework is still missing.

Methods Qualitative interviews were completed with small, medium and large German and Swiss companies, their stakeholders, customers and industry representatives. They all were asked questions regarding ethical communication strategies inside and outside companies and in particular questions about structural intersections between OHM and CSR.

Result The study shows that, if it comes to occupational health, most companies do not use the existing CSR-tools to communicate ethical health issues. Usually the few existing intersections between OHM and CSR are not meant to point out or discuss ethical problems within OHM, but to promote the company's image. Not surprisingly, the stakeholders as well as the industry representatives emphasise the companies' voluntary assumption of responsibility.

Discussion Most CSR strategies already contain ways to address and communicate ethical problems (e.g. whistle-blower hotline, companies' suggestion systems). Whatsoever, these strategies usually are not applied to OHM. The social and ethical arguments considered in CSR as well as its strong attachment to the company's strategy could pave the way for an ethical OHM. In reverse, an ethical OHM will arguably have a positive reinforcement on CSR activities.

764

HEAT STRESS MANAGEMENT PROGRAM OF SOHAR ALUMINIUM – TRANSLATING SCIENTIFIC CONCEPTS AND TECHNOLOGY INTO EFFECTIVE WORK PLACE INTERVENTION AND MANAGEMENT

¹Gummanur T Manjunath, ²Rajeev Aravindhakshan, ¹Shyju Varghese. ¹Sohar Aluminium Health Centre; ²Pushpagiri Medical College and Research Centre

10.1136/oemed-2018-ICOHabstracts.224

Introduction Environmental conditions in Sultanate of Oman and other Arabian Gulf countries are some of the harshest in the world. Primary Aluminium smelting requires enormous amounts of energy, in the form of affordable and uninterrupted supply of electricity. Workers engaged in physically demanding and manual tasks in hot environments are vulnerable to heat illness, besides being at risk being easily fatigued leading to work place injuries.

Combination of work place and physiological monitoring procedures incorporated into a structured Heat Stress Monitoring Program implemented by the Medical Team headed by the main author supported by and in collaboration with external consultant(co-author) have lead to discernible and sustainable occupational health improvements in the work place

Strategy While work place monitoring requires measuring relevant thermal index that is easy to measure and interpret on the spot, physiological monitoring involves measurement of parameters like urine specific gravity, heart rate and body temperature etc by a licensed healthcare professional at work place. Major challenge however is how to effectively communicate the work place risks, results of measurements mentioned earlier and preventative and remedial measures to the work force, in order to translate the concepts into effective occupational health intervention. Communicating with workers needs to be void of technical jargon and keeping that in mind, Sohar Aluminium Medial Team introduced a revised Heat Stress Management Program incorporating work site Hydration Monitoring procedures and communication strategy. The idea or concept of 'issuing cards on the spot' used in football game to educate and discipline the players was incorporated into Heat Stress Management program, along with Traffic signalling colour codes. Hydration tested workers were classified into three classes as 'Normally Hydrated (with USG<1.019), 'Under Hydrated (with USG 1.020–1.029) and 'Dehydrated' with urine specific gravity results tested with a refractometer. Normally hydrated workers were given a green card, Under hydrated workers a yellow card and Dehydrated workers a Red Card, with relevant messages explaining the result of testing and measures needed to be taken by the workers.

This proactive approach in the program lead to effectively prevent and mitigate heat stress at Sohar Aluminium and made a major and significant difference to the workers and contractors and helped in reducing the incidence of heat illnesses.