Introduction Employee safety incentive programs are a form of communicating to engage employees to increase the use of safety controls ranging from the use of proper tools, pre-task planning, to the use of personal protective equipment. We developed a safety communication and recognition program designed to encourage improvement of physical working conditions and hazard reduction in construction. The program communicated how well both the work site and individual subcontractors were controlling hazards on the site.

Methods To evaluate the developed program, we completed a cluster randomised controlled trial on eight work sites for approximately five months per site. Pre- and post- worker surveys measured changes in safety climate (n=615 with follow up rate of 83%). Multi-level mixed effect regression models tested the effect of B-SAFE on safety climate as assessed from surveys. Focus groups (n=6–8 workers/site) provided qualitative measures of changes not measured via the surveys.

Result Safety climate score at intervention sites improved. The intervention effect size was 1.64 (3.28%) (P-value=0.01) when adjusted for month the worker started on-site, total length of time on-site, as well as individual characteristics (trade, title, age, and race/ethnicity). At intervention sites, workers noted increased levels of safety awareness, communication, and teamwork compared to control sites. Managers noted that subcontractors worked together and workers were engaged in the communication and receiving the data.

Discussion The program led to many positive changes, including an improvement in safety climate, awareness, teamwork, and communication. The program is a simple approach to engaged workers through effective communication infrastructures and had a significant, positive effect on worksite safety but also described the need for iteration in solution development. Focus group results included suggestions to reduce program training and paperwork burdens. Key barriers included the time it takes to implement solutions.

Frontline workers continue to use EPIC hazard identification tools and practices, and communicate about hazards and solutions regularly. The ‘raised awareness’ from EPIC has persisted. A key facilitator to success included the role of ergonomists consultants.

Conclusion EPIC program stakeholders participated in an interactive workshop to inform improvements in program delivery and evaluation of a participatory intervention. Participants noted that sharing solutions across sites would have been useful earlier. Future implementation research will incorporate solution sharing opportunities.

19597c SHARING SOLUTIONS IN PARTICIPATORY ERGONOMICS – A KEY TO SUSTAINABILITY

Introduction Musculoskeletal disorders (MSD) and slips, trips, and falls (STF) are a major source of workplace injuries. In Ontario, MSD account for upwards of 40% and STF account for almost 20% of all lost-time claims depending on sector. Our objective was to integrate stakeholder perspectives about the implementation of a participatory ergonomics program.

Methods The project builds on a recently completed pilot study and process evaluation of the Employee Participation in Change (EPIC) program in three work sites (391 workers) within one organisation. Individual interviews were conducted with Program Champions (n=3) and an interactive stakeholder workshop, including a moderated focus group (n=13), was held. Data from Program Champions informed the interactive workshop. Focus group data centred on strategies for knowledge sharing and program recommendations. Transcripts and field notes were analysed for emerging themes.

Results Participants reported positive experiences with program implementation. EPIC has been sustained and incorporated into existing health and safety procedures at all sites. Improvements in communication about safety were noted in all cases. Funding to implement changes remains a challenge in all sites.

Program champions, site administrators and worker representatives led discussions consistently noted positive changes in communication and receiving the data.

10.1136/oemed-2018-ICOHabstracts.236