

competitiveness especially of small and medium sized enterprises, where OSD-incidence peaks. For affected individuals, the chronic course of OD may result in job loss, precarious or unemployment. A joint coordinated approach to patient management as well as standardization of diagnostics, therapy, protective equipment as well as workers' education is lacking in Europe and other parts of the World. Important sustainable prevention strategies applied in various countries will be presented during this session.

1618a OSD PREVENTION: WHY? A EUROPEAN AND GLOBAL PERSPECTIVE

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10.1136/oemed-2018-ICOHabstracts.257

Introduction In Europe, occupational skin diseases (OSD) – mainly irritant and allergic contact dermatitis of the hands – constitute currently up to 40% of all work-related illnesses causing extensive suffering for affected workers. Due to emerging new workplace hazards and demographic change OSD are likely to increase over the next years. The annual costs incurred by OSD are estimated to exceed by far 5 billion € in the EU due to medical treatment, sick leave and loss of productivity.

Results Recent studies have demonstrated that dermatological intervention can save OSD patients' health and jobs, and avoid individual suffering as well as reduce costs for society. A longitudinal study carried out in Germany with severely OSD affected workers showed that due to an interdisciplinary in-patient prevention scheme 80% of patients were still working 3 years after the measure and sick leave was sustainably reduced (total cohort: N=1,409). Similar results were obtained from a randomized nationwide follow up study of initial cases of contact dermatitis receiving outpatient skin protection seminars and regular outpatient treatment by the local dermatologists (N=1,600). However, as yet, insurance systems in many countries do neither enable specific dermatological intervention nor specific preventive measures. Since 2010 the EADV 'healthy skin @work' campaign aims at raising awareness at the primary prevention level, and also to improve options for medical care for affected individuals, and coordinate scientific efforts. This dermatological initiative is also an official partner of the 'Healthy workplaces campaign' by the European Agency for Safety and Health at Work (EU OSHA).

Discussion In various European countries OSD specific centers have been or are being implemented (e.g. Austria and Denmark) geared at applying specifically tailored measures for OSD patients. In Germany on the other hand, where since 2009 the 'Week of Occupational skin Diseases (WOOD)' has been carried out, a 30% increase of OSD notifications could be observed, which will help tackle the under-reporting. At the same time, costs for job-retraining have substantially decreased due to earlier and more effective preventive intervention.

1618b THE OCCUPATIONAL DISEASE ACTION PLAN: ONTARIO, CANADA TAKES A STEP FORWARD

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10.1136/oemed-2018-ICOHabstracts.258

Introduction Government legislation, regulation and policy are important components of workplace prevention. While many jurisdictions have legislation and regulations that provide direction for workplace prevention, it is also important the government promotes workplace prevention in priority areas. In Ontario the focus has traditionally been on accidents and ergonomic issues. In 2016 the Province of Ontario, Canada initiated an Occupational Disease Action Plan (ODAP) to move the prevention of occupational disease into priority focus. The objective of this session is to describe the process leading to the development and implementation of the ODAP with respect to skin allergens and irritants.

Methods The Prevention Office of the Ontario Ministry of Labour held a meeting bringing together of occupational disease research and data experts and occupational health and safety (OHS) system partners to review and recommend where prevention efforts should be focused. Two lists of potential exposure and disease priorities were developed. A Reference Group was formed of OHS system partners that created a propriety ranking of areas for focus. An Implementation Team and Working Groups were formed to carry each priority area forward.

Results The five priority areas identified included general occupational disease awareness and skin and lung allergens and irritants. A working group for Allergens and Irritants is initially identifying priority allergens and irritants and will then move forward with awareness, resource and training development.

Discussion The development and implementation of the ODAP will see increased government and OHS system partner focus on occupational disease including skin allergens and irritants. Following prioritization of key skin allergens and irritants, resources and training opportunities will be reviewed and gaps filled. In addition, Ministry of Labour operations staff will ensure that the ODAP priorities are included in inspections and other activities.

1618c EFFECTIVENESS OF SECONDARY PREVENTION FOR OCCUPATIONAL DERMATITIS: THE EXPERIENCE IN TRIESTE HOSPITALS

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10.1136/oemed-2018-ICOHabstracts.259

Introduction Primary and secondary prevention for occupational contact dermatitis is a challenge for the occupational physician: educational training and the avoidance of contact with irritant and allergic substances permits a reduction of incidence cases and days of work lost for a disease that is the third in frequency among workers in industrialized countries.

Methods Workers with a diagnosis of occupational hand dermatitis were invited to a training course on prevention of skin