

**P.1.29 COMMUNICATION AND DISSEMINATION IN THE OMEGA-NET COST ACTION**

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OMEGA-NET (the Network on the Coordination and Harmonisation of European Occupational Cohorts - <http://omeganetcohorts.eu/>) is a 4 year EU-funded COST Action that commenced in November 2017. The overarching concept of OMEGA-NET is to create a network to optimise and integrate occupational, industrial, and population cohorts at the European level, and to provide a foundation for an enhanced evidence base for the identification of health risks and gains related to occupation and employment to foster safe and healthy preventive strategies and policies.

OMEGA-NET has research and capacity-building objectives, including:

- Coordinate and integrate cohorts on occupational health in Europe
- Implement an online interactive tool with detailed information on existing cohorts
- Facilitate work on harmonisation of occupational exposure and standardisation of health outcome information and new protocols for data collection
- Connect scientific communities on occupational health in Europe
- Provide networking and leadership opportunities for early career researchers, as well as researchers from COST Inclusiveness Target Countries
- Provide training in occupational epidemiology and exposure assessment
- Our stakeholders are at National, European (e.g. EU, EU-OSHA) and International levels (e.g. WHO, ILO). Scientists are under pressure to promote their research and the reasons for promoting OMEGA-NET include:
- Attracting future research funding in occupational health;
- Building new connections outside our Action, promoting research in other countries; and
- Putting occupational epidemiology on the agenda of EU and international (and national) policy-makers

We will present our Science Communication and Dissemination Plan, which sets out how we are interacting with and influencing key high-level stakeholders, and what we hope to achieve. We hope OMEGA-NET will inform occupational health research priority setting and promote a lively discussion on communication of research in occupational health.

**P.1.30 ASSESSMENT OF SICK BUILDING SYNDROME AMONG EMPLOYEES IN THE COMMERCIAL CENTERS IN NIŠ, SERBIA**

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Sick Building Syndrome (SBS) is a diseases associated with indoor air quality accompanied with various nonspecific symptoms that occur in the occupants of a building. This syndrome has been the subject of serious scientific investigation in the past years, but there are not enough studies in transition countries.

The aim of this study was to investigate the symptoms of the syndrome among employees in the commercial centers in Niš, Serbia.

**Methods** The cross-sectional study was conducted amongst employees of two commercial centers in the city of Niš, Serbia. In this study the MM-040EA questionnaire was used with two additional questions and 1152 employed were interviewed during the period of three years. Data extracted from the questionnaires were analyzed using the chi-square test and binary logistic regression.

**Results** The prevalence of SBS was high. The most common symptoms reported by employees included high room temperature (74.9%), stuffy air (73.5%), and dry air (75.7%), while rare complaints were towards static electricity (47.3%) and low room temperature (45.2%). Binary logistic regression showed that too low room temperature ( $p=0.002$ ), dry air ( $p=0.015$ ), static electricity ( $p=0.007$ ) and noise ( $p=0.024$ ) were the most important factors for the high symptoms score. A relatively small number of sick absence (13.4%) was found among subjects working in the investigated commercial centers.

**Conclusion** The high prevalence of SBS symptoms in the environment of commercial centers was almost associated with factors of unpleasant microclimate. So improvement of environmental conditions such as increasing the efficiency of the ventilation system, increasing fresh air flow in the sector and noise prevention, as well as enhancing the quality of working life will motivate the employees and increase productivity in the workplace. The occupational health care workers play an important role in educating of workers and their employers.

**P.1.31 LIMIT VALUES FOR METALS: DISCREPANCIES BETWEEN DERIVATION FROM ANIMAL EXPERIMENTS AND EPIDEMIOLOGICAL STUDIES/WORKPLACE OBSERVATIONS WITHOUT EFFECTS AT HIGHER EXPOSURES**

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Risk assessment/limit value setting for metals at the workplace is often based primarily on animal data. Epidemiological data providing information on quantitative exposure-response relationships is rarely available, but should be used preferentially if of sufficient quality, as in the case of chromium(VI). In Germany, the Committee of Hazardous Substances has derived an assessment criterion for chromium(VI) of  $1 \mu\text{g}/\text{m}^3$  reflecting a tolerable risk of 4 additional cancer cases in 1000 workers exposed over their whole working life. For various metals human data is less informative. Thus, for cobalt, a tolerable concentration of  $5 \mu\text{g}/\text{m}^3$  (respirable fraction) as been calculated based on inhalation studies in rats and mice which developed lung tumors after exposure to more than  $1 \text{mg}/\text{m}^3$ . However, recently