

Abstracts

the level of physical fitness in employees working in the energy industry.

Methods A cross-sectional study was designed. The study populations were employees who worked in an energy industry aged 19–60 years old. All participants were volunteers and they successfully attended all of the tests; 117 employees were asked to perform sit and reach test, handgrip strength and leg strength test, skinfold measurement. Body height and weight were measured to evaluate body mass index. Descriptive analysis was applied in the study for the overall results. The comparison of physical fitness levels in each age range and job characteristic were determined by one-way ANOVA.

Result Employees showed high levels of muscle flexibility and muscle strength but not in terms of body composition. Female employees presented BMI values in a healthy range but most employees showed overweight, obesity class I and class II. Employees at age range 40–49 years old showed high capacity of muscle strength and flexibility, employees at age 20–29 years old presented a higher percentage of very poor physical fitness levels compared to the higher age groups.

Discussion Most of the participants presented great muscle strength and flexibility. However, the employees presented high percentage body fat and high BMI than average and needed to improve. Employers should develop health promotion programmes for those with poor body composition which also encourage the maintenance of muscle strength and flexibility.

386

THE NEED FOR PILOT IMPLEMENTATION OF A PRACTICE GUIDELINE ON CANCER AND WORK AMONG OCCUPATIONAL PHYSICIANS

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Introduction The rising incidence and prevalence of cancer is affecting many people in the working age. Continuing employment is a positive outcome since for most cancer survivors, work helps with regaining a sense of normality, provides personal satisfaction, and is associated with health-related quality of life. The Netherlands Society of Occupational Medicine has recently developed an evidence-based guideline on cancer and work for occupational physicians, aiming in particular on vocational rehabilitation of workers with cancer. The guideline focuses on return to work interventions in general, on cancer-related fatigue, and on work-related problems due to mental problems or cognitive disorders. However, resistance from practitioners can be expected as adherence to the given recommendations will require substantial extension of the consultation time and the application of new tools, i.e. specific questionnaires. Therefore, a pilot implementation to evaluate the feasibility in a group of volunteering practitioners; to develop and test training tools; and to formulate the most important preconditions for use of the guideline is needed before national implementation can be carried out.

Methods The guideline development group has defined performance indicators on key issues of the guideline. In two

different regions, 50 volunteering occupational physicians are recruited. After a short training they are asked to apply the guideline in their daily practice and to document their activities in standardised forms. For each case, performance on the chosen indicators is assessed. Low group performance scores on one or more indicators indicate problems with feasibility and will lead to adaptation of the guideline, the further implementation plan, or the formulated preconditions for use of the guideline.

Result Results will be presented.

Discussion Poor implementation is often the Achilles heel of evidence based guidelines in daily practice. Implementation can be improved if with a draft of the guideline pilot implementation in real practice is carried out.

400

THE MODEL DEVELOPMENT OF RETURN TO WORK MANAGEMENT PROGRAM THROUGH OCCUPATIONAL MEDICINE CLINICS IN THAILAND

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Introduction In Thailand, occupational health services (OHS) are mainly provided through occupational medicine clinics (OMCs) under governmental general hospitals. Return to work (RTW) management for workers with illnesses is a major function of OHS. However, very few OMCs can provide that function. Therefore, it is so important to establish and develop RTW program into OHS through OMCs. The aims of the study were to describe how to develop RTW activities among pilot hospitals and to evaluate the program's achievement.

Methods This was a research and development study. The 8 OMCs were selected from every part of the country. The package of the RTW program included guideline with flow-chart, questionnaires, RTW assessment and reporting forms and one-day training course. The RTW management guideline involves activities both in hospital setting and in workplace. The training course took place in each hospital with participants from relevant stakeholders and network. The evaluation was performed at the end of the project.

Results Among 8 hospitals, two hospitals had already provided some RTW activities. After introducing of the package, all hospitals can provide RTW activities, e.g., screening and assessment of workers with illnesses, factory visits, and giving recommendations for workers and managers. After one year of implementation, 315 workers were reported to access the service. Most of them (87.6%) were workers from enterprises. The illnesses included musculo-skeletal disorders (42.8%), non-communicable diseases (9.2%), and occupational injuries (3.1%). After RTW management, most patients could come back to work in current job normally.

Conclusions and discussions The study showed the model was feasible. All OMCs can provide RTW management. The activities are mainly in hospital setting. However, RTW management in the workplaces needs to be strengthened. Most OH professional and network see the benefit of the program and capacity building with advance knowledge is also needed.