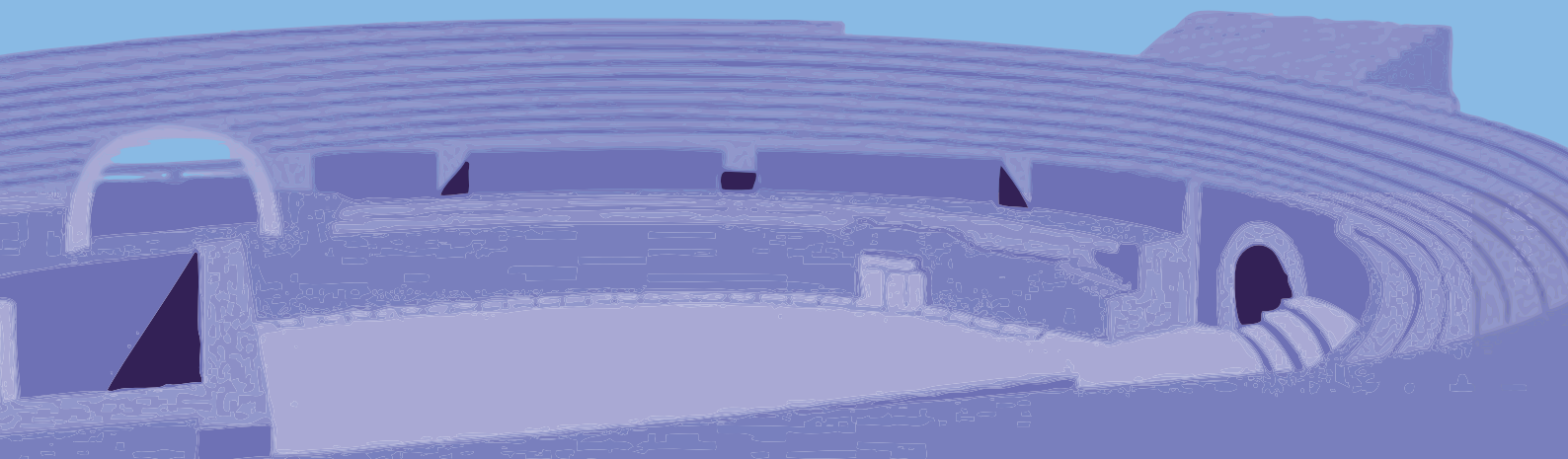


Embracing the Future - Influencing Change
Abrazando el Futuro - Influenciando el Cambio



Congress Delegate Book - Programa Final



5th International FOHNEU Congress on Occupational Health

19th - 21st September 2012

Palacio de Congresos de Tarragona, Spain



Healthy Workplaces
Working together
for risk prevention



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Welcome Letter

A very warm welcome to all Occupational Health Nurses and others involved in the occupational health safety and wellbeing of the workforce. This congress builds on the experiences and successes of the previous four FOHNEU Congresses, held in Brussels, Strasbourg, Helsinki and London.

Working life is in continuous transition. Keeping pace with the changes and the impacts on health, safety and wellbeing at work is a constant challenge facing all Occupational Health professionals. The program at this Congress will address central issues reflecting the current changes at the workplace.

The topics of the program will focus on current and future trends within the field. The program will include the history, the present and the future of the Occupational Health Nurse in Spain and the position of the Occupational Health Nurse Specialist. The results of the EU survey on education, competencies and advanced practice of Occupational Health Nurses within the EU, and other aspects of the role of the Occupational Health Nurse will be presented.

The 5th FOHNEU Congress aims to bring together occupational health professionals from Spain, EU Member States and internationally to share research papers, to network and to enjoy the company of like-minded colleagues.

The Congress also provides companies the opportunity for companies to exhibit their brands and to meet delegates with purchasing and influencing powers.

We are delighted to welcome you to the beautiful city of Tarragona.



Julie Staun President FOHNEU Denmark



Gurutze Aguirre - FEEDET España

Bienvenida

Les damos una cálida bienvenida a todas las Enfermeras de Salud Laboral y a aquellas personas involucradas en la seguridad laboral y el bienestar en el lugar de trabajo. Este congreso está construido sobre las experiencias y éxitos de los anteriores congresos de FOHNEU celebrados en Bruselas, Estrasburgo, Helsinki y Londres.

La vida laboral está en transición continua. Estar al día con los cambios y los impactos a la salud, seguridad y bienestar en el trabajo es el reto constante al que se enfrentan todos los profesionales de la Salud Laboral. El programa de este congreso estará enfocado hacia principales temas que reflejan los actuales cambios en el lugar de trabajo.

Los temas del programa tratarán las tendencias actuales y futuras del sector. El programa incluirá la historia, presente y futuro de la Enfermería Laboral en España y el rol de la Enfermera Especialista en Salud Laboral. Se presentarán también los resultados del estudio de la UE sobre educación, competencias y prácticas avanzadas de Enfermería Laboral en la UE, y otros aspectos sobre el rol de la Enfermera Laboral.

El 5º Congreso de FOHNEU desea reunir profesionales de la salud laboral de España, la Unión Europea e internacionales para compartir sus trabajos de investigación, hacer contactos y disfrutar de la afinidad de sus compañeros profesionales.

El congreso también ofrecerá a las empresas la oportunidad de exponer sus marcas y a conocer a personas influyentes en compras.

Estaremos encantados de darle la bienvenida a la bella ciudad de Tarragona.



Julie Staun President FOHNEU Denmark



Gurutze Aguirre - FEEDET España



The President

Ms Julie Staun
President FOHNEU
Federation of Occupational Health Nurses
within the European Union
Orebjerg Gods,
Orebjerg Allé 5 B
DK - 3630 Jaegerspris

202712 14.06.2012

Dear Ms Staun,

Thank you for your letter seeking the patronage of the European Parliament for the 5th FOHNEU Congress "Embracing the Future - Influencing Change" from 19–21 September 2012 in Tarragona.

Occupational health and safety remains an important challenge across the European Union. The European Parliament believes that health and safety protection contributes to the productivity, performance and welfare of workers. Furthermore, our Institution encourages a culture of prevention, including health and safety training in schools and at university level addressing young people entering the workforce. It is therefore with great pleasure that I grant the European Parliament's high patronage¹ to your event.

Unfortunately, due to a prior engagement, I will be unable to attend your event in person.

Yours sincerely,

Martin Schulz

¹ Events receiving the patronage of Parliament shall, by all appropriate means, highlight the institution's role and contribution in the field concerned. Parliament's patronage shall be lent to specific events only. Such arrangements may not be permanent (Rules governing patronage by the European Parliament PE 422.553/BUR)

Scientific Programme

WEDNESDAY 19TH SEPTEMBER

08.00 – 10.00h Registration

AUDITORIUM AUGUSTO

10.00h - 10.50h Opening Ceremony

Gurutze Aguirre FOHNEU Delegated, representative FEDEET
 Julie Staun President of FOHNEU
 Teresa Gené Escoda President of FEDEET
 Dr. Antoni Mateu, Director of Public Health Agency of Catalunya
 Hble. Mr. Josep Felix Ballesteros. Mayor of Tarragona

**10.50h - 11.45h Coffee Break and Human Towers Performance by “Xiquets de Tarragona”
 Sponsored by PORT DE TARRAGONA**

11.45h - 12.15h Dr. Rafael Lletget

Director General del Consejo General de Enfermería / Main Director of Spanish Nurses Board

12.15h - 12.45h Dr. F. Jesús Álvarez Hidalgo

Principal Administrator of the European Commission for Occupational Health
 Safety and Inclusion

12.45h - 14.30h Lunch

14.30h - 16.00h Session 1:

Chair Persons: Panayota Sourtzi (Greece) and Jesús Berraondo (Navarra, Spain)

The history, the present and the future of the Occupational Health Nurse in Spain

Rafael Lletget, Director General del Consejo General de Enfermería / Main Director of Spanish Nurses Board

The evolution of the role of the Occupational Health Nurse during the 20th Century

Pedro Cabeza, President of the Cantabria Health Nurses Association, Spain

The role of the Occupational Health Nurse in the 21st Century

Esperanza Alonso, Vice president of FEDEET/ President of the Asturias Health Nurses Association, Spain

16.00h - 16.30h Coffee Break

16.30h - 18.00h Session 2 - Sponsored by Covepal

Chair Persons: Henriett Hirdi (Hungary) and Gurutze Aguirre (Catalonia, Spain)

The Occupational Health Nurse specialist, competencies and advanced practice in the EU

Josefa Marquez, Vicerector of the University of Almeria for European Studies, Spain

Education, Profile and Status of Occupational Health Nursing in the European Union – Survey results 2012

Panayota Sourtzi, Associate Professor in Occupational Health Nursing, University of Athens, Greece
 Julie Staun, President of FOHNEU, Denmark

18.30h - 21.00h Guided Tour of Tarragona and Official Reception

THURSDAY 20TH SEPTEMBER**AUDITORIUM AUGUSTO****09.00h - 10.30h Session 3**

Chair Persons: Pilvi Österman (Finland) and Héctor Alegre (Asturias, Spain)

Work life balance

Gijsbertus Van Houten, Research Officer of Eurofound, Dublin, Ireland

Session 4 - Sponsored by Idiada

Chair Persons: Margaret Morrissey (Ireland) and Helena Galdeano (Cataluña, Spain)

Poster Exhibition**10.30h - 11.00h Coffee Break****11.00h - 13.00h Session 5**

Chair Persons: Eileen Sykes (Ireland) and Pedro Cabeza (Cantabria, Spain)

The role of the occupational Health Nurse in Economic crisis situation - downsizing. Strategies to prevent psycho social risk factors.

Clotilde Nogareda, Head of Ergonomics and Psycho-sociology at the National Institute of Health and Safety at Work, Spain

Ritva Partinen, OHN, Ministry of Social Affairs and Health, Finland

Session 7

Chair Persons: Jytte Kruckow (Denmark) and Miquel Àngel Calderó (Cataluña, Spain)

Psychosocial risk management / Best practice interventions

Aditya Jain, Nottingham University Business School, UK

Pepa Ruíz Figueroa, Head of labour risk prevention area. Prevention services for central units and autonomous bodies. Ministry of health, social services & equality. Spain

MEDUSA HALL**11.00h - 13.00h Session 6 - Sponsored by Bayer**

Chair Persons: Göte Molleby (Sweden) and Teresa Gene (Cataluña, Spain)

Dealing with an ageing workforce/the effect of increasing the retirement age

Montserrat Puiggené, Head of the Occupational Health Unit, Lleida Health Region, Spain

Helena Galdeano, OHN Specialist of the Occupational Health Unit, Lleida Health Region, Spain

Session 8 - Sponsored by ASES

Chair Persons: Eeva Himmanen (Finland) and Esperanza Alonso (Asturias, Spain)

Prevention Strategies to reduce the costs of MSDs.

Clara Gonzalez i Oliva, MD, MSc in Occupational Health and Safety, Spain

Free Paper Session

- O001 Prevalence of the limitations of the capacities and the relationshi with the effects of aging on the construction workers.** Aurora Jiménez Aliaga, Spain
- O002 Nursing intervention when approaching a temporary incapacity for a back to work programme.** Joan Mirabent Domingo, Spain

13.00h - 14.30h Lunch

AUDITORIUM AUGUSTO

14.30h - 16.00h Session 9

Chair Persons: Julie Staun (Denmark) and Jesús Berraondo (Navarra, Spain)

Shiftwork and Health

Johnni Hansen, PhD Head of Occupational Cancer, Institute of Cancer Epidemiology, Danish Cancer Society, Denmark

Free Paper Session

O003 Cyclical effects of the working Schedule on the health professional, Sara E. Amprachim. Greece

O004 Stress school – reducing stress in individuals. Jytte Kruckow, Denmark

MEDUSA HALL

14.30h - 16.00h Session 10

Chair Persons: Judith Fakkkel (The Netherlands) and Pablo Tomé (Cantabria, Spain)

Free Paper Session

O006 RIE, a tool to promote risk assessment in small and medium sized enterprises. Valerie van Gulck, Belgium

O007 The information systems: a great help for the Occupational Health Nurse. María Gil Linas, Spain

O008 The importance of nurse in emergency situations within the work-place. Gemma Gutiérrez Fernández, Spain

O009 Occupational health nurse working for a multi-company service: identity Surrey. Stefanie Albert, France

O010 Occupational health nursing practice analysis 2010 report. Ann Lachat, EE.UU

O011 Swedish female hairdressers´ view and reasoning on their working environment – a qualitative study. Kerstin Kronholm Diab, Sweden

O012 Brie, an online tool guiding the occupational health nurse in the detection and assessment of risks in a multi-regional company. Filip Pelgrims, Belgium

16.00h - 16.30h Coffee Break

AUDITORIUM AUGUSTO

16.30h - 18.00h Session 11

Chair Persons: Stella Tziaferi (Greece) and Gemma Gutierrez (Cantabria, Spain)

The role of the Occupational Health Nurse in accident prevention at the workplace

Su Wang, Secretary of the International Institute of Risk and Safety Management, UK
Juan Jose Alvarez Saenz, Managing Director of Mutua Universal, Spain

Free Paper Session

O013 Training Plan for a chemical company lifeguard staff. Seveso regulations.

Laura López Collazos, Spain

O014 The last sting-preventing needle-stick and sharp accidents, 2008-2112.

Bette Lundh, Denmark

O015 Methodology for risk evaluation of the blood extraction procedure in the Primary Health Care. Josep Maria Roige Torne, Spain

O016 Construction workers' occupational health card in Finland.

Laura Valenius, Finland

MEDUSA HALL

16.30h - 18.00h Session 12

Chair Persons: Geert van Gent (The Netherlands) and Pedro Cabeza (Cantabria, Spain)

Free Paper Session

O017 Supervisor Stress of clinical teaching students. Students stress at their clinical practicals. Delfina Pereira Ramos Teixeira, Portugal

O018 Design and validation of a questionnaire for measuring the quality of the nurse working on the prevention services. Pablo Tome Bravo, Spain

O019: Occupational Health Nurse and no traumatic accidents. Actions to carry out. Rafael Niñerola Guerra, Spain

O020 Aplicación de criterios de evidencia científica en la identificación de consumos de alcohol en el medio laboral. Javier González Caballero, Spain

O021 Psychological problems and realated factors among working children in urban istanbul,turkey. Ozlem Koseoglu, Turkey

O022 Determination of health problems and nursing interventions using the OMAHA system in a Group company, Turkey. Yclal Gokberber Kaya, Turkey

O023 The impact of the evaluation model for the Occupational Health service training qualification. Eija Maenpaa-Moilanen, Finland

O024 The study of the relationship between anthropometrical and analytic values in the Asturias Public Administration. Héctor Alegre Villazón, Spain

20.30h Gala Dinner

FRIDAY 21ST SEPTEMBER**AUDITORIUM AUGUSTO**

09.30h - 10.00h Session 13 - Sponsored by BASF

Chair Persons: Susan Pierrot (France) and Gurutze Aguirre (Cataluña, Spain)

Disaster Management at the work place.

Jordi Pardell, Occupational Health Nurse Specialist , BASF Spain

10.00h - 10.30h Coffee Break

10.30h - 12.15h Session 14

Chair Persons : Valérie van Gulck (Belgium) and Hector Alegre (Asturias, Spain)

The Role of the Occupational Health Nurse in Workplace Health Promotion / Influencing the future through evidence based practice. Session sponsored by ESTARRACO

Panayota Sourtzi, Associate Professor in Occupational Health Nursing, University of Athens, Greece

Oral Communications

O026 Effectiveness of the health promotion campaign in a pharmaceutical company. Clara Bertran Rocabert, Spain

O027 Biological risk prevention on the working travels of Volkswagen Navarra, S.A company. Elena Landibar Goñi. Spain

O028 The role of the occupational health nurse in the promotion of blood donation among workers in Hungary. Henriett Hirdi. Hungary

O029 How to induce behaviour's change to prevent alcohol consumption health risk at the workplace. Pro-de-sens: A new methodology?

Katia Schenkel, Sweden

O030 Health promotion of indicators in a working enviroment.

Carme Nogués Domingo (Cataluña, España)

12.15h - 12.45h **Session 15 - Sponsored by Full Audit**

Chair Persons: Karin Bjorkman (Sweden) and Teresa Gene (Cataluña, Spain)

The mobility of the European Workforce from an Occupational Health and Safety Perspective

Elena Castro, Senior Auditor and Director of International Area, Full Audit, Spain

12.45h - 13.30h **Closing Ceremony**

Future Perspectives in Occupational Health and Safety in the EU

Dr. Jukka Takala, Executive Director Workplace Safety and Health Institute, Singapore

13.30h - 14.00h **Awards**

14.00h - 14.30h **Closing**

Gurutze Aguirre FOHNEU representative FEDEET

Julie Staun President of FOHNEU

Teresa Gené Escoda President of FEDEET

14.30h **Farewell Reception**

MIÉRCOLES, 19 DE SEPTIEMBRE

08.00-10.00 Entrega de documentación

AUDITORIO AUGUSTO

10.00h - 10.50h **Acto Inaugural**

Gurutze Aguirre Alava, Delegada de FOHNEU por FEDEET
Julie Staun Presidenta de FOHNEU
Teresa Gené Escoda, Presidenta de FEDEET
Dr. Antoni Mateu, director de l'Agència de Salut Pública de Catalunya
Ilmo. Sr. Josep Felix Ballesteros Casanova. Alcalde de Tarragona.

10.50h - 11.45h **Pausa - Café y “Castellers Xiquets de Tarragona”.**
Esponsorizado por PORT DE TARRAGONA

11.45h - 12.15h Dr. Máximo A. González Jurado
Presidente del Consejo General de Enfermería en España

12.15h - 12.45h Dr. F. Jesús Álvarez Hidalgo
Administrador Principal de la Comisión Europea de Seguridad y Salud Laboral

12.45h - 14.30h **Comida**

14.30h - 16.00h **Sesión 1:**

Moderadores: Panayota Sourtzi (Grecia) y Jesús Berraondo (Navarra, España)

Historia, presente y futuro de la Enfermería del Trabajo en España.

Pilar Fernandez, Vicepresidenta Primera del Consejo General de Enfermería en España

La evolución del trabajo de l@s enfermeros de Salud Laboral durante el siglo XX

Pedro Cabeza Díaz, Presidente de la Asociación Cántabra de Enfermería del Trabajo, España.

La enfermería del trabajo en el siglo XXI

Esperanza Alonso Jiménez, Vicepresidenta de FEDEET/ Presidenta de la Asociación Asturiana de Enfermería del Trabajo y Salud Laboral, España.

16.00h - 16.30h **Pausa Café**

16.30h - 18.00h **Sesión 2 - Esponsorizado por Covepal**

Moderadores: Henriett Hirdi (Hungría) y Gurutze Aguirre (Cataluña, España)

El enfermero especialista en Salud Laboral, competencias y prácticas avanzadas en la UE.

Josefa Márquez, Vicerectora de la Universidad de Almería para Estudios Europeos, España

Formación, Perfil y Estado de la Enfermería Laboral en la Unión Europea - Resultados del estudio 2012

Panayota Sourtzi, Profesora adjunta en Enfermería Laboral. Universidad de Atenas, Grecia.
Julie Staun, Presidenta de FOHNEU, Dinamarca

18.30h - 21.00h **Visita guiada de Tarragona y Recepción Oficial.**

JUEVES 20 DE SEPTIEMBRE

AUDITORIO AUGUSTO

09.00h- 10.30h Sesión 3

Moderadores: Pilvi Österman (Finlandia) y Héctor Alegre (Asturias España)

Conciliación de la vida laboral

Gijsbertus Van Houten, Investigador de Eurofound, Dublin, Irlanda

Sesión 4 - Esponsorizado por Idiada

Moderadores: Margaret Morrissey (Irlanda) y Helena Galdeano (Cataluña, España)

Presentación de Pósters

10.30h - 11.00h Pausa Café

11.00h - 13.00h Sesión 5

Moderadores: Eileen Sykes (Irlanda) y Pedro Cabeza (Cantabria, España)

El rol del enfermero laboral en situaciones de crisis económicas. Estrategias para la prevenir riesgos psico-sociales.

Clotilde Nogareda, Directora del Programa de Ergonomía y Psicología del Instituto Nacional de Seguridad e Higiene en el Trabajo (INSHT), España.

Ritva Partinem. Enfermera de Salud Laboral, Ministerio de Salud y Seguridad Social, Finlandia.

Sesión 7

Moderadores: Jytte Kruckow (Dinamarca) y Miquel Ángel Calderó (Cataluña, España)

Gestión de los riesgos psico-sociales / Las mejores prácticas de intervención

Aditya Jain, Nottingham University Business School, Reino Unido.

Pepa Ruiz Figueroa Jefa de Área de Prevención de Riesgos Laborales Ministerio de Sanidad, Servicios Sociales e Igualdad, España

SALA MEDUSA

11.00h - 13.00h Sesión 6 - Esponsorizado por Bayer

Moderadores: Göte Molleby (Suecia) y Teresa Gené (Cataluña, España)

Los Trabajadores de Mayor Edad: estrategias para favorecer el Mantenimiento de su capacidad laboral y su intención de mantenerse laboralmente activos

Montserrat Puiggené Vallverdú, Médico Especialista en Medicina del Trabajo. Responsable de la Unitat de Salut Laboral de la RS Lleida i la RS Alt Pirineu i Aran. Agència de Salut Pública de Catalunya. Departament de Salut. Generalitat de Catalunya

Helena Galdeano Bonel, Enfermera Especialista en Enfermería del Trabajo. Unitat de Salut Laboral de la RS Lleida i la RS Alt Pirineu i Aran. Agència de Salut Pública de Catalunya. Departament de Salut. Generalitat de Catalunya

Sesión 8 - Esponsorizada por ASES

Moderadores: Eeva Himmanen (Finlandia) y Esperanza Alonso (Asturias, España)

Reducir los gastos de MSDs mediante estrategias de prevención.

Clara González i Oliva, Directora de Gabinet GO. Expertos en prevención y tratamiento de los Trastornos músculo-esqueléticos, Psicosociales y Promoción de la salud en el entorno laboral. (Cataluña, España).

Comunicaciones libres

O001 Prevalencia des limitaciones en la capacidad y relación con envejecimiento en trabajadores de la construcción. Aurora Jiménez Aliaga, España

O002 Actuación de enfermería en el abordaje de la incapacidad temporal en un Programa de retorno al trabajo en la empresa. Joan Mirabent Domingo, España

13.00h - 14.30h Comida

AUDITORIO AUGUSTO

14.30h - 16.00h Sesión 9

Moderadores: Julie Staun (Dinamarca) y Jesús Berraondo (Navarra, España)

Salud y Turnos Rotativos

Johnni Hansen, PhD Director de Cancer Laboral, Instituto Epidemiológico del Cáncer, Sociedad Danesa del Cáncer, Dinamarca.

Comunicaciones libres

O003 Efectos cíclicos del horario de trabajo en los profesionales de la salud
Sara E. Amprachin.Grecia

O004 Estrés escolar- reduciendo el estrés en los individuos Jytte Kruckow, Dinamarca

SALA MEDUSA

14.30h - 16.00h Sesión 10

Moderadores: Judith Fakkell (Holanda) y Pablo Tome (Cantabria, España)

Comunicaciones libres

O006 RIE una herramienta para promover el asesoramiento de riego en pequeñas y medianas empresas. Valerie van Gulck, Bélgica.

O007 Los sistemas de información: grandes aliados de la enfermería del trabajo.
María Gil Linas, España

O008 La importancia de enfermería en las actuaciones urgentes en el medio laboral.
Gemma Gutiérrez Fernández, España

O009 El trabajo de enfermera ocupacional para un servicio multiempresa.
Albert Stefanie, Francia

O010 Analisis de la práctica de la enfermería en Salut ocupacional, informe 2010.
Ann Lachat, EE.UU

O011 Punto de vista de las peluqueras suecas y razonamiento sobre su entorno laboral – un estudio cualitativo - Kerstin Kronholm Diab, Suecia

O012 Brie, una herramienta on-line para guiar a la enfermería ocupacional en la detección y asesoramiento del riesgo en una empresa multiregional.
Filip Pelgrims, Bélgica

16.00h - 16.30h Pausa Café

AUDITORIO AGUSTO**16.30h- 18.00h Sesión 11****Moderadores: Stella Tziaferi (Grecia) y Gemma Gutierrez (Cantabria, España)****El rol de la enfermería laboral en la prevención de accidentes laborales**

Su Wang, Secretaria del Instituto Internacional del Gestión de la Seguridad y el Riesgo, Reino Unido.

Juan José Álvarez Saenz, Director Gerente de Mutua Universal, España

Comunicaciones libres**O013 Plan den formación para el equipote socorristas de una empresa química de aplicación normativa seveso.** Laura López Collazos, España**O014 Las ultimas heridas- prevenir los pinchazos de aguja y los cortes, 2008-2112.** Bente Lundh, Dinamarca**O015 Metodología para la evaluación de los riesgos laborales en el procedimiento de la extracción sanguínea en atención primaria.** Josep Maria Roige Torne, España**O016 La tarjeta de salud laboral de los trabajadores de la construcción en Finlandia.** Laura Valenius, Filandia**SALA MEDUSA****16.30h- 18.00h Sesión 12****Moderadores: Geert van Gent (Holanda) y Pedro Cabeza (Cantabria, España)****Comunicaciones libres****O017 El estrés del supervisor de los estudiantes de enseñanza clínicas el estrés de los estudiantes en enfermería en practica clínica.** Delfina Pereira Ramos Teixeira, Portugal**O018 Diseño y validación de un cuestionario para medir la calidad de los cuidados de enfermería del trabajo en los servicios de prevención.** Pablo Tome Bravo, España**O019 Enfermería del Trabajo y accidentes no traumáticos. Acciones a desarrollar.** Rafael Niñerola Guerra, España**O020 Aplicación de criterios de evidencia científica en la identificación de consumos de alcohol en el medio laboral.** Javier Gonzalez Caballero, España**O021 Problemas psicológicos y factores condicionantes de los trabajadores infantiles en el casco urbano de Istanbul, Turquía.** Ozlem Koseoglu, Turquía**O022 Detección de problemas de salud e intervenciones enfermeras usando el sistema OMAHA en un grupo de empresa.** Turquía. Yclal Gokberber Kaya, Turquía.**O023 El impacto del modelo de evaluación del curso de capacitación en salud laboral.** Eija Maenpaa-Moilanen, Finlandia**O024 Estudio sobre la relación entre valores antropométricos y valores analíticos en una Administración Pública Asturiana.** Héctor Alegre Villazón, España**20.30h Cena de Gala****VIERNES 21 DE SEPTIEMBRE**

AUDITORIO AGUSTO**09.30h- 10.00h Sesión 13:****Moderadores: Susan Pierrot (Francia) y Gurutze Aguirre (Cataluña, España)****Gestión de desastres en el lugar de trabajo. Esponsorizado por BASF.**

Jordi Pardell Duran, Enfermero Especialista en Enfermería del Trabajo, BASF España.

10.00h - 10.30h Pausa Café**10.30h - 12.15h Sesión 14 - Esponsorizada por ESTARRACO****Moderadores : Valérie van Gulck (Bélgica) y Hector Alegre (Asturias, España)****El rol de la enfermería laboral en la promoción de la salud en el trabajo.**

Panayota Sourtzi, Profesora adjunta en Enfermería Laboral. Universidad de Atenas, Grecia

Comunicaciones libres**O026 Efectividad de las campanas de promoción de la salud en una empresa del sector farmacéutico.** Clara Bertran Rocabert, España**O027 Prevención del riesgo biológico en los viajes de trabajo de Volkswagen Navarra, S.A.** Elena Landibar Goñi, España**O028 El rol de la enfermera de salud ocupacional, en la promoción de la donación de sangre entre los trabajadores en Hungría.** Henriett Hirdi, Hungría**O029 Como inducir a cambios en el comportamiento para prevenir el consumo de alcohol con riesgo para la salud en el lugar de puesto de trabajo . Pro-de-sens: Un nuevo método?** Katia Schenkel, Suiza**O030 Indicadores de promoción de la salud en el ámbito laboral.** Carme Nogués Domingo (Tarragona, España)**12.15h - 12.45h Sesión 15 - Esponsorizado por Full Audit****Moderadores: Karin Bjorkman (Suecia) y Teresa Gene, (Cataluña, España)****La movilidad de los trabajadores europeos desde la perspectiva de la salud y seguridad laboral.**

Elena Castro Jefe Auditor y Directora Área Internacional, Full Audit. España

12.45h - 13.30h Ceremonia de Clausura**Perspectivas de futuro en la Enfermería y Seguridad Laboral en la UE.**

Dr. Jukka Takala, Instituto del Trabajo y Salud, Singapur

13.30h- 14.00h Premios**14.00h- 14.30h Clausura**

Gurutze Aguirre Alava, Delegada de FOHNEU por FEDEET

Julie Staun Presidenta de FOHNEU

Teresa Gené Escoda, Presidenta de FEDEET

14.30h Aperitivo de despedida

Venue / Sede

Palacio Ferial y de Congresos de Tarragona
Carrer de l'Arquitecte Rovira
43001 Tarragona Spain
www.palaucongréstgna.com

Registration Information / Información de Interés

Registration fee includes coffee/tea breaks, lunches, and gala dinner.
Registration Desk Opening hours:

19th and 20th September from 08.00h to 18.00h

21st September from 08.00h to 14.00h

La cuota de inscripción incluye pausa-cafés, comidas y cena de gala.

Horario Secretaría Técnica

19 y 20 de septiembre desde las 08.00h a las 18.00h

21 de septiembre desde las 08.00h a las 14.00h

Congress Certificate / Certificados

Certificates (attendance, speakers, oral and poster presentation) will be sent by e-mail after the congress.

This activity has received 1.5 credits. In order to obtain these credits you should sign in at the Registration Desk before the session starts. The total number of credits will be shown on the certificate.

Los certificados (asistencia, ponente, presentación poster o comunicación oral) serán enviados por email una vez finalice el congreso.

La actividad del congreso ha sido acreditada con 1.5 créditos. Informamos a los asistentes del 5º Congreso Internacional de FOHNEU que para obtener los créditos de Formación Continuada será imprescindible que se presenten en la Secretaría Técnica para el control de asistencia al inicio de cada sesión.

El número total de créditos obtenido constará en el certificado de asistencia

Poster & Exhibition Area

The Poster Area and the Commercial Exhibition will be located in the hall of the Augusto Auditorium from 08.00h on 19th September 2012 until 14.00h on 21st September 2012.

All necessary materials for hanging up the posters will be provided at the Registration Desk.

Area de Pósters y Exposición Comercial

Los Pósters y la Exposición Comercial esta ubicada en el hall del Auditorio Augusto desde las 08.00h del 19 de Septiembre hasta las 14.00h del 21 de Septiembre.

El material necesario para colgar los posters será entregado en el mostrador de entrega de documentación.

Languagues / Idiomas

The official languages of the Congress are English and Spanish.

Simultaneous translation Spanish -English will be available in all sessions of the Congress

Los idiomas oficiales del congreso son el inglés y el español.

Se ofrecerá traducción simultánea español - inglés en todas las sesiones del congreso.

Pre-Study Tour and Social Events / *Visita Formativa Pre-Congreso y Actos Sociales*

BASF Tour / *Visita BASF*

Date / *Fecha*: 18th September / *18 de Septiembre, 2012*

Time / *Hora*: 15.00

Meeting Point / *Recogida*: Husa Imperial Tarraco Hotel

Social Events / *Actos Sociales*

Tarragona Guided Tour and Welcome Cocktail / *Visita Guiada a Tarragona y Cocktail de Bienvenida*

Date / *Fecha*: 19th September / *19 de Septiembre 2012*

Time / *Hora*: 18.30

Meeting Point / *Recogida*: Hall of the Palacio de Congresos de Tarragona

Gala Dinner / *Cena de Gala*

Place / *Lugar*: Hotel Husa Imperial Tarraco

Date / *Fecha*: 20th September / *20 de Septiembre 2012*

Time / *Hora*: 20.30

Meeting Point / *Recogida*: Hall of the Palacio de Congresos de Tarragona

Dr. Rafael Lletget

Formación Académica

- Diplomado Universitario en Enfermería
- Licenciado en Antropología Social y Cultural
- Máster en Investigación de Cuidados
- Máster en Bioética
- Especialista en Gestión de Servicios de Enfermería
- Doctorando por la Universidad Complutense de Madrid

Cargos de representación

- Ex-Vicepresidente del Colegio de Enfermería de Madrid
- Ex secretario del Colegio de Enfermería de Madrid
- Miembro del Consejo Asesor de Especialidades de Enfermería

Actividad Profesional

- Director de Enfermería de la Fundación Jiménez Díaz (1990- 2000)
- Profesor de la Universidad Europea de Madrid
- Profesor Asociado de la Universidad Complutense de Madrid
- Asesor de Enfermería de la Ministra de Sanidad y Consumo (2000-2002)
- Director del Gabinete de Estudios del Consejo General de Enfermería (2002-)
- En la actualidad, Director General del Consejo General de Enfermería



Dr. Francisco Jesús Álvarez Hidalgo

Dr. Francisco Jesús Álvarez Hidalgo es médico. Ha trabajado en España como Médico Inspector de la Seguridad Social, habiendo desempeñado también durante varios años puestos directivos en diversos hospitales públicos. Tiene una amplia formación y experiencia en temas de Salud Laboral.

Desde 1994, es funcionario de la Comisión Europea, Administrador Principal en la Unidad de Salud y Seguridad en el Trabajo, en Luxemburgo, donde coordina en particular los aspectos relacionados con Salud Laboral, incluidos los referentes al sector sanitario. También es miembro del Consejo de Dirección de la Agencia Europea para la Seguridad y la Salud en el Trabajo".



Resumen

La enfermería laboral tiene un rol fundamental en la mejora de la prevención de los riesgos laborales, contribuyendo de manera decisiva a prevenir las enfermedades relacionadas con el trabajo y los accidentes laborales. La acción conjunta de todos los actores del mundo del trabajo es esencial para la mejora efectiva de las condiciones de salud y seguridad en el trabajo. El hecho de que la enfermería del trabajo tenga una presencia directa en los lugares de trabajo, junto con una formación especializada de alto nivel, contribuye a que tenga un papel ciertamente relevante no solo en la prevención de riesgos, sino también en la promoción de la salud en el trabajo.

La acción de la Unión Europea relativa a la salud laboral se encuadra en el marco de la Estrategia Europea de Salud y Seguridad en el Trabajo 2007-2012. Durante este periodo se han desarrollado, tanto a nivel nacional como Europeo, numerosas iniciativas en este ámbito, tanto de tipo legislativo como no legislativo. La actual situación económica y financiera, con las dificultades que implica, no debe hacer olvidar que la salud laboral es siempre una buena inversión para las empresas, y que los beneficios que conlleva superan ampliamente a los costes.

Las empresas que invierten en la protección de la salud de sus trabajadores a través de las políticas de prevención activas obtienen resultados que pueden medirse: reducción de los costes debidos al absentismo, disminución de la rotación del personal, mayor satisfacción de los clientes, incremento de la motivación, mejora de la calidad y mejor imagen de la empresa. Esos efectos positivos pueden reforzarse animando a los trabajadores, en un entorno de trabajo sano, a adoptar hábitos de vida que mejoren su estado de salud general. La enfermería del trabajo tiene ciertamente un papel decisivo en este ámbito.

La Comisión Europea está actualmente realizando una evaluación de dicha Estrategia Europea 2007-2012. Esta evaluación servirá de base para la formulación de las prioridades para el próximo periodo. En todo caso, la política europea de Salud y Seguridad en el Trabajo deberá contribuir de manera substancial al éxito de la Estrategia Europea 2020 para un crecimiento inteligente, sostenible e integrador.

Pedro Cabeza

Grado en Enfermería, Especialista en Enfermería del Trabajo, Técnico Superior en Prevención de Riesgos laborales.

Presidente de la Asociación Cántabra de Enfermería del Trabajo

Secretario de la Sociedad Cántabra de Medicina y Enfermería del Trabajo Enfermero de Solvay Química S.L.



Resumen

Desde principios del siglo XX, existen enfermas/os en los lugares de trabajo, realizando una labor muy importante dentro de las empresas e instituciones, además se han sabido adaptar a las nuevas competencias que se han desarrollado a lo largo del tiempo y así poder asumir nuevas funciones.

Durante la ponencia se abordará la evolución tanto de competencias como tareas que se han producido durante el siglo XX hasta nuestros días dentro del ámbito de la Salud laboral en especial sobre las actividades de la enfermería del trabajo.

Para ello, se analizará, basándonos en la historia del Servicio de Salud Laboral de la empresa Solvay Química de Torrelavega, que tiene 104 años de historia, como a medida que han pasado los años, las competencias, tareas e incluso las titulaciones han cambiado, pasando de ser una actividad prácticamente en su totalidad masculina y secundaria a otro trabajo para los enfermeros, a una especialidad reconocida por el RD 450/2005 de especialidades de enfermería y con un plan de estudios tipo EIR regulado por la orden SAS 1348/2009.

En los primeros tiempos las actividades de la enfermería de empresa se centraban principalmente en la labor asistencial a los trabajadores, tanto en el área de actuación de urgencias, como en la recuperación de las heridas causadas por los accidentes de trabajo, que por entonces eran muy numerosos. La progresiva automatización de los procesos productivos y la irrupción de la cultura de la prevención han obligado a los profesionales a ir cambiando el rol de los profesionales de enfermería hacia la prevención.

Esperanza Alonso

Títulos Académicos: Grado en Enfermería (Universidad Complutense de Madrid), especialista en Enfermería del Trabajo. Especialista en Enfermería Legal y Forense por la UNED. Master Universitario en Prevención de Riesgos Laborales en Seguridad, Higiene y Ergonomía. Universidad de Oviedo.



Actividad Docente: Profesora de la Escuela Nacional de Medicina del Trabajo (ENMT). Directora de los Cursos de Prevención de Riesgos laborales de la ECS. Varios años profesor de la Escuela de Enfermería de la Universidad de Oviedo. Directora de varios Cursos de Formación para Enfermeros Especialistas en Enfermería del Trabajo (formación continuada). Coordinadora de Cursos de SVB y SVA (SEMES-AHA) para personal del Equipo de Salud. Participación como docente en diversos cursos de Postgrado de Enfermería. Docente en cursos de evaluación de la Competencia para convalidación del título de Enfermero Especialista.

Actividad Investigadora: Publicación de Libros, Publicaciones en revistas y Aportaciones científicas a Congresos y Jornadas como ponente y en Comité Científico.

Actividad Asistencial en el Sistema Sanitario Público: Enfermera de Atención Primaria desde 1986 hasta 1989. Enfermera UVI y Unidad Quirúrgica 1989 hasta 1991. Enfermera Especialista en Enfermería del Trabajo desde 1991 hasta 2011. Actualmente ejercicio libre (freelance)

PARTICIPACIÓN EN COMITÉS CIENTÍFICOS Y DE ORGANIZACIÓN, COMISIONES Y GRUPOS DE EXPERTOS:

Miembro del Comité Científico en distintas Jornadas y Congresos. Miembro del Comité organizador en distintas Jornadas y Congresos. Vicepresidenta de la Comisión Nacional de la Especialidad de Enfermería del Trabajo (Ministerio Sanidad y Ministerio de Educación) en representación de la Dirección de RRHH del Sistema Nacional de Salud.

Resumen

No es difícil explicar cómo es la enfermería del trabajo del siglo XXI por que todos nosotros ya los somos... tal vez sea un compendio de todo lo que hacemos cada uno/a de nosotros/as, pero lo que intentare explicar será cual debe ser el perfil de la enfermera del trabajo del siglo XXI, que áreas, que competencias y que conocimientos debe manejar, conocer y utilizar para un buen desarrollo de su ejercicio profesional y un buen trabajo en equipo, en definitiva para llegar a alcanzar el objetivo de los cuidados enfermeros que en este caso no es otro que conseguir un estado de salud bio-psíquico-social del trabajador.

La labor profesional de los hasta ahora llamados enfermeros de empresa (en España) se ha desarrollado normativamente desde antes de que yo naciera por un Reglamento que ha regido precisamente casi toda mi vida profesional. Reglamento, ni bueno ni malo, pero que homogeneizaba nuestra actividad profesional, establecía relaciones de poder y nos obligaba a todos.

Profesionales como nosotros defendieron la necesidad de su puesta al día, de la modificación de sus articulados corporativistas, de la actualización de nuestra formación y de incluir las lagunas y las necesidades que el desarrollo de la sociedad estaba demandando.

Ahora en la Comunidad Económica Europea se han acometido distintas normas y leyes sobre el derecho a la protección de la seguridad y la salud de los trabajadores así como la transposición de la Directiva Marco. Fruto de esto apareció la Ley de Prevención de Riesgos Laborales (así se llama en España), por algunos de nosotros conocida y por muchos mas o menos aplicada.

No es hasta la aparición del Reglamento de los Servicios de Prevención en que por primera y única vez se nos cita y reconoce como integrantes del equipo de profesionales de los Servicios de Prevención. Nuestra posición no queda muy definida, pertenecemos a la disciplina preventiva de Medicina del Trabajo, pero no somos médicos. Puede parecer que somos unos compañeros de viaje no deseados pero parece que nos hemos hecho oír y han parecido justas las reivindicaciones...

Josefa Márquez

DUE en 1983 (UNED). Bachelor of Nursing en 2002 (Hogeschool Zeeland, Holanda). Certificado Diploma de Estudios Avanzados, con una calificación de Notable (8,73). Enfermera Especialista en Enfermería del Trabajo. Marzo 2007

Profesora Titular de Escuela Universitaria de la Universidad de Almería, desde 1996 hasta la actualidad. Impartiendo en la Diplomatura de Enfermería, la asignatura troncal de "Enfermería Comunitaria I" y la asignatura optativa de "Enfermería de Salud Laboral". Profesora de la asignatura obligatoria "Salud en contextos educativos y laborales" del Título de Grado en Enfermería. Curso académico 2011/12

Pertenece al grupo de investigación de la Junta de Andalucía "Ciencias de la Salud": Código: 451. Área: Ciencias y Tecnología de la salud.

Dirección de la Escuela Universitaria de Enfermería de la Universidad de Almería, desde Abril de 1998 hasta el 14 de mayo de 2007. Comisionada para el Espacio Europeo de Educación Superior de la Universidad de Almería, desde el 15 de Mayo de 2007 hasta el 6 de Febrero de 2011. Comisionada de Grado de la Universidad de Almería, desde el 6 de Febrero de 2011 hasta la actualidad.

Miembro de la Comisión Nacional de la especialidad de enfermería del trabajo, nombrada por el MEC.

Resumen

En España están surgiendo cambios que van a posibilitar que enfermería pueda alcanzar el máximo desarrollo académico y profesional.

Entre estos cambios se encuentra una nueva estructura de las titulaciones, que ha tenido como consecuencia que el Grado en Enfermería se iguale al resto de las Titulaciones en cuanto a objetivos formativos. Esta nueva estructura es la que va a permitir que enfermería pueda acceder al máster y al doctorado desde su propia disciplina.

En España las especialidades de enfermería se aprobaron en 2005. El programa formativo de la especialidad de enfermería del trabajo, se publica, en el BOE nº 129 de 28 de Mayo de 2009. En este programa se recoge, entre otros aspectos, las competencias que tienen que adquirir los futuros especialistas.

Al concretar dichas competencias, se recogieron las que como mínimo tienen que adquirir los estudiantes de máster, quedando explicitados dentro de las competencias específicas de la especialidad. Además de estas competencias, los futuros especialistas deben adquirir las competencias profesionales específicas, que se agrupan en cinco grandes áreas:

Preventiva.

Asistencial.

Legal y Pericial.

Gestión.

Docente e Investigadora.

En el segundo nivel de esta nueva estructura, se encuentran las enseñanzas de máster. El tercer nivel es el doctorado. Cómo se accede al doctorado?, los RD han ido cambiando desde 2005, el último, se publica en 2011, en su artículo 6 dispone: “los titulados universitarios que, previa obtención de plaza en formación en la correspondiente prueba de acceso a plazas de formación sanitaria especializada, hayan superado con evaluación positiva al menos dos años de formación de un programa para la obtención del título oficial de alguna de las especialidades en Ciencias de la Salud”. Por lo tanto si se tiene la especialidad de Enfermería del Trabajo se puede acceder al doctorado.

Otro punto es la admisión al mismo, ya que este mismo RD en su artículo 7, les da potestad a las Universidades para que puedan establecer requisitos para la admisión de los estudiantes al doctorado.

Por lo anteriormente expuesto, la comisión que elaboró el plan de formación de esta especialidad consideró oportuno establecer créditos de investigación, para que los futuros especialistas puedan ser admitidos en los programas de doctorado.

Es importante que podamos acceder a este tercer ciclo las enfermeras y los enfermeros ya que el doctorado va ligado, a la actividad investigadora, que es imprescindible para que una profesión progrese. Y enfermería, debe estar avanzando continuamente.

Panayota Sourtzi

Panayota Sourtzi is an Associate Professor in Occupational Health Nursing at the Department of Public Health, Faculty of Nursing, and University of Athens Greece. She has experience in OHN practice in Greece and she holds a MSc in OH and a PhD, both from the University of Birmingham UK. She has published numerous articles in the field of OH in Greek and International scientific Journals. She has also authored books related to OH in general and OH for health care professions in Greece and has contributed a chapter in the 3rd edition of “Occupation Health Nursing” book edited by K. Oakley. Her research interests are focusing on health promotion of the working population and in health and safety issues of health care professionals.



Julie Staun

Before entering the field of Occupational Health, Julie Staun was employed as a specialist nurse anaesthetist in the Danish National Health Service, studied literature at the University of Copenhagen and worked as a translator and language teacher.

Julie Staun was employed for 5 years as an Advisor at the Occupational Health Centre, Northern Zealand Denmark, providing services for 700 Companies/Organizations. From 1987-2009 Julie held the position as Manager of the Occupational Health Services at an International Danish company specializing in the research, development and production of chemical catalysts. Special interest was focused on the industrial shift-workers.



Julie is the current President of the Federation of Occupational Nurses within the European Union (FOHNEU), and immediate Past Chairperson of the Danish Society of Occupational Health Nurses where she currently holds the position as International Representative.

She is the initiator and coordinator of the Occupational Health Nurse Education programme in Denmark, and from 2004-2007 represented FOHNEU as Partner in the development of an on line Master Programme. The program “Harmonising Occupational Health Nursing in EU” HOHNEU was financed by the European Union. Julie is a member of the International Commission on Occupational Health (ICOH) and a member of the ICOH Scientific Committee on the History of Occupational and Environmental Health. Since 2009 Julie Staun has been an independent work environment consultant in Denmark and is currently studying for a PhD at the University of Cumbria, United Kingdom. The area of research is the Health Behaviour of Industrial Workers.

Summary. Panayota Soutzi and Julie Staun

FOHNEU is investigating the situation of OHN education and practice in Europe from time to time so that it is possible to identify positive as well as negative changes in the profession. These changes could then be discussed within its membership and try to improve the situation not only for the profession but mainly for the enhancement of the health and safety of the European workers. The current situation in the 20 countries that responded to the questionnaire shows that OHN education has improved since 2004; more countries have specialist education, while this has or is going to be upgraded to master's level. Similar findings are those referring to practice. OHNs have expanded their activities to match with contemporary health and safety needs of the workforce.

Gijsbertus Van Houten

Dr. Gijs van Houten is a member of Eurofound's Working Conditions and Industrial Relations unit. He primarily works on the European Working Conditions Survey and the European Company Survey, focussing on issues of work organisation, employee involvement and exposure to physical and psychosocial risks. Originally from the Netherlands, he studied sociology at Radboud University in Nijmegen, and wrote a PhD thesis on policy implementation in Dutch labour relations at Utrecht University. He lectured in quantitative research methods at University College Dublin and in policy analysis and institutional theory at Utrecht University. Before joining Eurofound in January 2010 he worked at the Netherlands Institute for Social Research (SCP).



Summary

As part of its role to provide information, advice and expertise on living and working conditions, industrial relations and managing change in Europe Eurofound has carried out five waves for the European Working Conditions Survey (EWCS) up to date. Fieldwork for the last wave was carried out between January and June of 2010. The questionnaire covered the general job context, working time, work organisation, pay, work-related health risks, cognitive and psychosocial factors, work-life balance and access to training as well as issues of precarious employment, leadership styles and worker participation. A number of questions were included to capture the impact of the economic downturn on working conditions. Almost 44,000 workers were interviewed in 34 countries. The 5th EWCS was implemented following a strong quality assurance framework, to ensure the highest possible standards in all data collection and editing processes. In my presentation I will show findings from the survey on (1) the extent to which (different groups of) workers in Europe experience a good work life balance, (2) the extent to which work life balance is impacted by a wide range of working conditions (e.g. work organisation, working hours and working time arrangements) (3) the extent to which this impact differs for different groups of workers (for instance, between men and women, with or without children, and in different life stages), and finally, (4) the extent to which experiencing a poor work life balance affects outcomes like physical and mental health, job sustainability and job satisfaction.

Eusebio Rial González

Eusebio Rial González has a BA in Philology (University of Santiago de Compostela, Spain), BA (Hons) in Psychology (1st class, University of Nottingham, UK) and PhD in Applied Psychology (University of Nottingham, UK) and is a Chartered Psychologist (British Psychological Society).

He was a researcher and lecturer at the University of Nottingham until December 2002, and has been involved in research projects and consultancy in a variety of public and private sector enterprises in Europe and the USA. He joined the European Agency for Safety and Health at Work in 2003 as Project Manager. In 2005 he became the Head of the Agency's European Risk Observatory, and since January 2011 he is the Head of the Prevention and Research Unit.

Eusebio has been a reviewer for scientific journals and guest lecturer at the University of Santiago de Chile.



He is a member of several advisory committees on European and international research projects, of the International Advisory Board for the APA's Journal of Occupational Health Psychology, and of the International Commission on Occupational Health (ICOH), Consultant for the Work, Stress, and Health conferences (2006, 2008, 2009, 2011 and 2013 American Psychological Association & NIOSH). He was also Treasurer of the European Academy of Occupational Health Psychology (1998-2002). He has been to over 20 Bruce Springsteen concerts in at least 5 different countries.

Clotilde Nogareda

Desde 1973 presta sus servicios en el Instituto Nacional de Seguridad e Higiene en el Trabajo:

- 1973-1985: Técnica del departamento de Formación
- Nov. 1985 – Agosto 1986: Jefa del Dpto. de Formación
- 1986 – 1990: Técnica en Prevención en el Dpto. de Psicosociología
- Desde 1991: Directora del Programa de Ergonomía y Psicosociología



En julio de 1973 se integra en el Departamento de Formación del Instituto territorial de Barcelona, del Instituto Nacional de Seguridad e Higiene en el trabajo realizando funciones de planificación, coordinación y control de las actividades docentes del Centro, elaboración de material didáctico y audiovisual, impartición de cursos, control del nivel pedagógico de los cursos y elaboración, validación y aplicación de cuestionarios y escalas de actitudes.

Con la posterior ampliación funcional del Dpto. de Formación hacia el campo de la Psicosociología, pasa a desarrollar también funciones de investigación y asesoramiento técnico en esta especialidad.

Desde enero de 1985 desarrolla las funciones de Jefa de la Sección de Formación- Promoción del Centro de Investigación y Asistencia Técnica de Barcelona, recibiendo el nombramiento para dicho puesto en Agosto de 1985 y ocupándolo hasta agosto de 1986.

En septiembre de 1986 es adscrita al Departamento de Ergonomía y Psicosociología, como Técnico en Prevención, desarrollando funciones de asesoramiento, estudio, elaboración de informes y documentos e impartición de cursos en estas áreas.

Desde octubre de 1990 ocupa la plaza de Directora del Programa de Ergonomía y Psicosociología, recibiendo el nombramiento para la misma en agosto de 1991.

Ritva Partinen

Ritva Partinen, MSc, Senior Officer, Ministry of Social Affairs and Health, Finland since 2002. RN 1977, specialized nurse in occupational health care 1979, and Master of Sciences in Health Care Administration, University of Helsinki in 1996. She has worked as the chief occupational health nurse in the University of Helsinki and in the Medivire Occupational Health Center between 1981-1996. In 1985-86 she worked as a program assistant at the Stanford Health Improvement Program (HIP), which is a division of the Stanford Prevention Research Center, Stanford School of Medicine, Palo Alto, USA. In 1996-2002 she worked as a Planning Officer in occupational health issues in the Social Insurance Institution of Finland. 1996-2002. At the Ministry her current topics and areas of responsibility are occupational health, preventive health of unemployed persons and student health.



Summary

Global economic recession, demographic change and technological advancements are changing the work life and the occupational practices. Health is a human right, an essential element of wellbeing. Occupational

health is a worker's basic right (Rantanen 2011). Health is also closely linked with economic growth, employment and competitiveness.

The occupational health and occupational safety sector has an important role in building of policies and partnerships for workers' health and work ability. The main tasks of the occupational health sector are related to prevention of accidents and health risks and to promote health and work ability. Policy makers, employers and occupational health professionals should recognize that severe health risks may be associated with in economic crisis situations, organizational downsizing. Occupational health is one of the means for recovery from financial crisis.

Occupational health care, occupational safety and health and workplace health promotion can improve the health and work ability of the working population. Investment in the working-age population's health and health care services will pay for itself before long.

The key question is: what should policy makers, employers and occupational health professionals do in the situation of economic crisis? The answer comprises at least the following elements: policy actions, promotion of health and work ability and special support actions to most vulnerable groups of employees.

Aditya Jain



Dr Aditya Jain is Lecturer in Human Resource Management at the Nottingham University Business School. He holds an MSc in Work and Organisational Psychology, an MA in Public Policy and a PhD in Applied Psychology from the University of Nottingham. Aditya is a member of the Centre for Occupational Health and Development, Institute of Work Health and Organisation at the University. He is a member of the Planning Committee of the World Health Organisation Network of Collaborating Centres in Occupational Health and joint manager of its programme of work on 'Protection and promotion of workers' health' that involves fifty international projects in this area. He is also a member of the British Standards Institution 'British Standards Health & Safety Committee', 'British Standards Human Resource Management Committee' and the Executive Officer of the European Academy of Occupational Health Psychology.

Aditya's expertise lies in the translation of occupational health and safety knowledge into policy and practice and the role of business in society, particularly in relation to human resource management and psychosocial risk management. More specifically, Aditya's research focuses on establishing the role of softer forms of policy, such as voluntary standards, social dialogue and corporate social responsibility in the area of occupational health and safety, particularly in developing countries where legislative frameworks may be weak or non-existent. Aditya has worked on several projects funded by the European Commission and its agencies that have focused on the management of psychosocial risks and work-related stress and the promotion of mental health at the workplace level across different sectors.

Summary

Psychosocial hazards refer to those aspects of the design and management of work, and its social and organizational contexts that have the potential for causing psychological or physical harm. Work-related psychosocial risks have been identified as one of the major contemporary challenges for occupational health and safety; and are linked to such workplace problems as work-related stress, violence, harassment and bullying. In terms of recognizing the relevance of work-related stress and of psychosocial risks in general, considerable progress has been made over the last years in the EU. This is due to

- a) Legal and institutional developments, in particular the common European Framework, starting with the introduction of the 1989 EC Council Framework Directive 89/391/EEC on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work,
- b) The growing body of scientific knowledge on the detrimental effects of psychosocial risks on safety, health and productivity and the dissemination of this knowledge (e.g. EU-OSHA 2009, WHO 2010),
- c) Complementary actions taken by the European social partners within the Frame of European Social Dialogue, in particular the Framework Agreements on Work-related Stress (2004) and on Harassment and Violence at Work (2007).

d) A number of other complementary national approaches such as the HSE Management Standards for Work-Related Stress, the Health Covenants and Health Catalogues in the Netherlands.

This presentation will present a framework to promote mental health and psychosocial risk management at the workplace (PRIMA-EF) which has been developed through a consortium of WHO collaborating centres in occupational health with the support of a number of key stakeholders. PRIMA-EF links policy and practice at the organisational level and aims at providing best practice guidance and examples in this area. It specifically stresses the importance of ethics and corporate social responsibility for the promotion of mental health and the healthy workplace concept and provides a list of indicators that can be used by organisations for the management of psychosocial risks and the promotion of mental health. Key aspects of the framework include psychosocial risk assessment, social dialogue, stakeholder involvement and interventions. PRIMA-EF aims at promoting the translation of policy into practice for the prevention of work-related stress and workplace violence, harassment and bullying. Key guidance documents that support the implementation of the framework will be presented and discussed.

PRIMA-EF, which is now part of World Health Organization's Healthy Workplaces Framework aims at providing policy makers, employers, trade unions, experts and employees with a comprehensive best practice framework for psychosocial risk management at the workplace. The presentation will also discuss the relevance of the PRIMA-EF to occupational health practice, drawing on evidence from previous and current research and suggest avenues for future action and research.

Pepa Ruiz Figueroa

Actualmente trabajo como Jefa de Área de Prevención de Riesgos Laborales en el Ministerio de Sanidad, Servicios Sociales e Igualdad, donde soy responsable de la coordinación de la actividad del Servicio de Prevención de los Servicios Centrales y de 4 Organismos Autónomos del Departamento.

Anteriormente, fui Jefa del Servicio de Prevención de la Delegación de Gobierno en Andalucía y del Mº de Agricultura, Pesca y Alimentación.

He sido Jefa de Estudios de Postgrado en Salud Laboral en la Escuela Nacional de Medicina del Trabajo, del Instituto de Salud Carlos III durante 3 años y en el Instituto Nacional de Seguridad e Higiene en el Trabajo estuve 9 años en el Programa de Epidemiología laboral, donde realizábamos investigaciones de diferentes temas en materia de prevención de riesgos laborales y salud laboral.

Soy Especialista en Medicina del Trabajo y socióloga.

Resumen

Trataremos en nuestra ponencia de plantear posibilidades prácticas de abordaje de los riesgos psicosociales en las empresas y organizaciones de trabajo.

Empezaremos por presentar a modo de marco conceptual los elementos que constituyen la situación de trabajo como un proceso psicosocial característico y cómo éste afecta a diferente nivel al trabajador, al grupo de trabajo y a la empresa. Y analizaremos someramente cómo el proceso de generación de esos riesgos psicosociales nos obliga y nos da la oportunidad de actuar en diferentes momentos y niveles de acción: la cultura organizativa, el control específico de los riesgos o la atención a los daños producidos.

Con esos fundamentos, describiremos los principales obstáculos que se presentan en la actuación preventiva con valor psicosocial -sobre todo, prejuicios y carencias- y cómo ciertas pautas y planteamientos pueden servir de guía para salvar esas dificultades. A modo de ejemplo, presentaremos algunas experiencias desarrolladas en organizaciones de nuestro país, que mostrarán no sólo la viabilidad de sus propuestas sino también la variedad de acciones posibles y los logros esperables.



Terminaremos resaltando la necesidad del trabajo en equipo de todos los implicados, integrando a toda la organización, con una mirada especial hacia el papel de la Enfermería del Trabajo desde la Unidad de Salud laboral, hasta ahora insuficientemente desarrollado o evidenciado.

Summary

We will try to set out some actual possibilities of managing psychosocial labour risks in companies and work organizations.

First of all, we will present a conceptual framework in which the contextual labour elements establish a peculiar psychosocial process that can affect the worker, the group and the whole company, in different ways. Then the analysis of this process will allow us to show how we can and ought to act at various levels: organizational culture, specific risk control and injuries and loses assistance.

On the developed basis, we will describe main obstacles usually found in psychosocial interventions: prejudices and shortages, above all. We will present some actual cases implemented in our country in order to show the variety of proposals, their viability and goals.

At the end, we want to enhance the need for team working, to facilitate that everyone in the company, as a whole, take part, but specially the need for an enforced role of the occupational nursery, not sufficiently implemented or notorious till now.

Montserrat Puiggené Vallverdú

Metge Especialista en Medicina del Treball per Universitat de Barcelona.
Màster en Prevenció de Riscos Laborals per Universitat Pompeu Fabra.
Diploma en Sanitat. Institut de Salut Pública. Barcelona 1995.
Diploma en Gestió Sanitària per ESADE.
Diploma en Gestió de Serveis de Salut Laboral per EADA.



La seva carrera professional s'ha centrat en la Medicina del Treball i la salut laboral.

Inicia la seva activitat com a responsable del servei mèdic en la empresa UTA-MAI (United Technologies Automotive, Mecanismos Auxiliares Industriales) actualment Lear, en la planta de fabricació de components elèctrics per la indústria de la automoció de Cervera.

En la mateixa companyia passà a fer de Cap dels Serveis Mèdics de UTA- MAI per Espanya i assessora en temes mèdics per las plantes de Europa i nord d'Àfrica.

Ara fa de Responsable de la Unitat de Salut Laboral de la Regió Sanitària de Lleida i de la Regió Sanitària de l'Alt Pirineu i Aran del Departament de Salut de la Generalitat de Catalunya.

Ha estat membre de la Junta de Govern de la Societat Catalana de Seguretat i Medicina del Treball i vocal per Lleida.

Actualment te el càrrec de Presidenta de la Secció Metges del Treball del Col·legi Oficial de Metges de Lleida.

Helena Galdeano Bonel

Especialidad Enfermera Especialista en Enfermería del Trabajo.

Postgrados y Masters: Técnico Superior en Prevención de Riesgos Laborales en las especialidades: Higiene Industrial, Seguridad en el Trabajo y Ergonomía y Psicología Aplicada.

Experiencia profesional: Unitat de Salut Laboral - Regió Sanitària Lleida i Regió Sanitària Alt Pirineu i Aran. Agencia de Salut Pública de Catalunya. Departament de Salut



Publicaciones y Ponencias: He realizado algunas ponencias y comunicaciones en jornadas y congresos. También he publicado algún artículo en revistas científicas.

Resumen. Montserrat Puiggené Vallverdú y Helena Galdeano Bonel

Las actuales características demográficas y económicas de los países de la Unión Europea, y de España en particular, plantean un importante incremento del porcentaje de trabajadores entre 50 y 65 años para los próximos años.

El objetivo del equipo de trabajo del proyecto CapLab ha sido el estudio y análisis de los factores que, de manera específica, influyen en la capacidad laboral y el bienestar de los trabajadores de más de 50 años. Además también se han querido explorar posibles vías de actuación para mejorar estos factores.

Para ello se ha realizado una búsqueda sistemática de literatura. Posteriormente, partiendo de los resultados de esa revisión, hemos realizado un estudio cualitativo sobre la intención de los trabajadores mayores de 50 años de seguir trabajando. Además, se han realizado tres estudios cuantitativos, sobre la misma cuestión, en tres muestras diferentes: una de trabajadores de la industria y los servicios, otra de docentes, y una tercera de profesionales de la salud. Mediante estos trabajos, se ha establecido que la adecuación del puesto de trabajo a las circunstancias específicas de la edad, la flexibilidad, el reconocimiento, y unas relaciones intergeneracionales adecuadas, son factores clave en el mantenimiento del bienestar y la capacidad laboral de los trabajadores de más edad.

Finalmente, se han realizado dos experiencias piloto de mejora con trabajadores de más de 50 años, una en una escuela y otra en un hospital, que han permitido ofrecer un modelo de intervención integral.

Palabras clave: envejecimiento, jubilación anticipada, trabajadores mayores, satisfacción laboral, promoción de la salud.

Clara González i Oliva

Clara González Oliva es en la actualidad la directora de Gabinete GO . Gabinete de expertos en Ergonomía, Psicología y Promoción de la Salud. Es Licenciada en Medicina, Máster in Science in Occupational Health and Safety (Máster en Salud y Seguridad en el Trabajo), Temple University - Filadelfia y Técnica Superior en Prevención de Riesgos Laborales en las tres especialidades.



Clara González acumula más de 25 años dedicados a la Prevención en la Empresa Privada, Pública y Mutuas, así como en la docencia donde ha formado a un gran número de profesionales desde la Universidad y otras instituciones de prestigio.

Desde Gabinete GO aporta su experiencia añadiendo valor a las actuaciones que la LPRL demanda y dando soporte a los Gestores y Técnicos de los Servicios de Prevención de las organizaciones en la elaboración de Programas de Prevención a medida.

Gabinete GO es una organización dedicada en exclusiva a la Prevención y Atención Integral de la Ergonomía y el Riesgo Músculo-Esquelético y de la Psicología en el entorno Laboral.

En el tema que hoy nos ocupa puede aportar su dilatada experiencia en la realización de estudios de Ergonomía para empresas de gran tamaño de nuestro país..

Johnni Hansen

Johnni Hansen graduated from University of Copenhagen in 1986. He has been working at the National Institute of Occupational Health where he studied occupational exposures in general, and received his Ph.D. in occupational epidemiology in 1992. Since 2002 he has been responsible for the research in occupational cancer at the Danish Cancer Society. He became interested shift-work and cancer risk, and was the first to publish a hypothesis testing study on shift-work and breast cancer and in 2001. He participated in the International Agency for Research on Cancer expert group (WHO) that in 2007 classified "Shiftwork, that includes circadian disruption" as probably carcinogenic to humans.



Summary

People who work during traditional day-time from about 8 am to 5 pm have become a minority in the workforce in many countries. Further, night shiftwork, i.e. work schedules that include over-midnight work, now occurs in about one fifth of the workforce in many countries. Thus, the modern world has due to electrical lighting become a 24-hours society without a clear knowledge of the impact on health.

It is for a long time been recognized that night-work may imply acute effects such as fatigue and sleep deprivation, workplace injuries, as well as digestive, family and social problems. More recently, long term effects such as increased risk of certain cancers, vascular diseases, reproductive failure, diabetes etc. has been reported, however, so far without final conclusions. Thus, the International Agency for Research on Cancer (IARC) under WHO in 2007 classified shift-work that involves circadian disruptions as a probably cause of breast cancer. As a consequence, it is now possible in Denmark for women with breast cancer and over 20 years of previous night-work to receive acknowledge for an occupational disease, including economical compensation.

Night-work seems at present unavoidable in many jobs, e.g. in hospitals, the police, transport and energy supply. Therefore, in order to prevent or at least reduce health effects from shiftwork it is important to identify involved mechanisms. Examples of such suggested mechanisms are circadian disruption, reduction in the darkness hormone melatonin with anti-cancer properties, sleep deprivation with reduce in immune response, change of lifestyle (e.g. alcohol, tobacco, and diet and sun habits) and epigenetic changes of circadian genes.

The current evidence for associations between shift-work and chronic diseases, including the IARC evaluation, potential mechanisms involved and recommendations in order to reduce circadian disruption related to night work will be main topics in the presentation.

Su Wang

Su is an accredited occupational medicine specialist physician, having held roles in both the public and private sector of large organizations. Her qualifications include Fellow of the Faculty of Occupational Medicine, MSc Occupational Medicine (London), Diploma in Industrial Health, Diploma in Public Health, Certificate in Aviation Medicine, Diploma in Management Studies, and Member of the Institute of Ergonomics & Human Factors. She qualified as a Coach in 2010.



A member of the Examination Management Committee for the Faculty of Occupational Medicine, Su also represents the Faculty in a sub-committee to the Council for Work and Health. Su is Secretary of the Scientific Committee on Accident Prevention, International Commission on Occupational Health (ICOH SCAP), and is Trustee to the International Institute of Risk and Safety Management (IIRSM), and Trustee to the Men's Health Forum.

Su innovated 'The Virtual Company' for the management of absence, and together with her work in innovation, development, and implementation of an integrated health and well being programme, created a model and business case. External evaluation of Royal Mail's Attendance, Health and Wellbeing by the London School of Economics showed a contribution of £227 million to Royal Mail, won several prestigious awards for Royal Mail, and wide citation as an exemplary case study of organisational transformation in employee health and welfare.

Su has strong experience in instituting effective change, constructively changing organisational practice whilst maintaining excellent relationships with management teams, human resource departments and other key stakeholders. She is equally at home working at board level and in developing partnerships with trade unions. Recent publications include: Su Wang: 'The world in 2035" (Sainsbury Centre for Mental Health (2010), the next 25 years in mental health, and Su Wang, Andrew Kinder and Richard Park: 'The whole is greater than the parts of' eds Susan Cartwright and Cary Cooper (2011) 'Innovations in Stress and Health.

Summary

The role of occupational health nurse in accident prevention at the workplace. To embrace the future, we need to understand the past, and the present, and what remains the same: human beings and our behaviours. In a changing world OH nurses need to understand the challenges, and how to prepare themselves to be relevant in the workplace. Communication is key in a changing world. This presentation is largely in pictures, and suggests a way forward.

Juan José Álvarez Saenz

Cargo actual: Director Gerente de Mutua Universal. Mutua de Accidentes de Trabajo y Enfermedades Profesionales de la Seguridad Social.



Formación Académica:

- Doctor en Medicina
- Especialista en Traumatología y Cirugía Ortopédica
- Especialista en Medicina del Trabajo
- Técnico Superior en Seguridad, Higiene, Ergonomía y Psicopatología Laboral

Formación Docente:

- Director Académico del Curso Superior de Medicina del Trabajo. Formación MIR en Medicina del Trabajo.
- Vocal de la Comisión Nacional de la Especialidad de Medicina del Trabajo.

Formación Investigadora:

- Director y Miembro del Tribunal de numerosas Tesis Doctorales.
- Investigador y Miembro colaborador de distintos proyectos de Investigación sobre temas de Discapacidad, Salud Laboral y Medicina del Trabajo.

Otros:

- Autor y colaborador de varios libros
- Miembro Fundador de la Sociedad Española de Valoración de Daño Corporal
- Miembro Fundacional de la Red Universitaria de Discapacidad y Salud Mental
- Miembro de la Sociedad Formación Española de Profesionales de Salud Laboral y Medio Ambiente
- Redactor - Jefe y Director de varias publicaciones periódicas.

Resumen

Mutuas de Accidentes de Trabajo: Historia y sus funciones, preventivas, rehabilitadoras y sociales.

Enfermería laboral:

Practicantes de empresa, ATS de empresa, enfermería del trabajo y actualmente enfermer@ especialista en enfermería del trabajo. Distintos nombres para un mismo colectivo el cual, siempre ha mantenido una identidad propia y ha estado claramente definido históricamente desde mediados del siglo pasado. Ha sido un largo camino hasta llegar a la especialización oficial, pero tanto por su ámbito como por su formación específica su fin siempre se ha dirigido a un mismo punto; la salud laboral.

En este proceso el colectivo se ha ido adaptando a las necesidades sociales y laborales, adquiriendo un vasto campo de conocimientos y experiencias dando respuestas a las necesidades que surgen día a día en el desempeño de sus competencias.

Para un especialista en Enfermería del Trabajo el concepto de Salud prevalece por encima de todo lo demás. Potencialmente trata con personas sanas en edad productiva y cuya salud no puede ni debe verse alterada por situaciones de riesgo de origen laboral.

El concepto de enfermedad se aleja como objetivo inmediato, pero sin perderlo de vista, por tanto la responsabilidad del enfermero especialista del trabajo no debe quedar limitado a la vigilancia de la salud o la atención asistencial de urgencia, debe extender su actividad a cualquier circunstancia que afecte a pueda afectar a la salud de los trabajadores, a formar e informar a los mismos sobre posibles riesgos y como evitarlos o al menos minimizarlos, a promocionar la salud en los lugares de trabajo y a potenciar una estrecha colaboración con el SNS interactuando en la prevención, diagnóstico, tratamiento y rehabilitación de los problemas de la salud.

Uno de los puntos en que la enfermería puede actuar directamente en la prevención de accidentes laborales es sobre todo el conocimiento de los riesgos inherentes a los puestos de trabajo de las empresas que están a su cargo, quitarse la bata blanca y colocarse el mono azul de trabajo, conocer dichos puestos y su entorno para poder discernir y conocer dichos riesgos; ya sean físicos, químicos, biológicos o psíquicos, y saber en que condiciones realizan sus tareas esos trabajadores a los cuales tiene que promocionar y potenciar su salud así como anticiparse ante su posible pérdida es su gran reto.

Y con ello no queremos decir que enfermería se tiene que inmiscuir en el trabajo que realizan los Técnicos de Prevención de Riesgos Laborales especialistas en cada ramo ya que es importantísimo la multidisciplinaridad en los equipos profesionales que actúan en el ámbito de la salud laboral, tan solo es querer conocer en que condiciones trabaja la persona de la cual son responsables de su salud y con ello poder realizar una mejor prevención o actuación ante un posible accidente laboral.

Además de lo expuesto anteriormente no podemos olvidar la realización de controles de su estado biológico, la vigilancia específica del trabajador especialmente sensible y la realización de exámenes programados de vigilancia de la salud.

Por todo ello y para poder abordar con eficacia estas funciones, es necesario poseer las aptitudes, conocimientos y habilidades específicas para afrontar estas obligaciones y todo esto sólo se consigue con especialistas formados que prevengan, promuevan, protejan y restauren la salud de la población trabajadora con una sólida base científica y un conocimiento empírico.

Jordi Pardell Duran

Titulación académica: Enfermero especialista en Enfermería del Trabajo. Formación en “Escuela Universitaria de San Juan de Dios” de Barcelona

Formación postgrado: Máster en Prevención de Riesgos Laborales en la especialidad de Ergonomía y Psicología

Sociedades científicas: Perteneciente a la junta de la “Societat Catalana de Seguretat i Medicina del Treball” durante 8 años.

Actualmente formo parte de la junta de la “Associació Catalana d’Infermeria del Treball i Salut Laboral” desde el año 2009

Dedicación profesional: Actualmente trabajo en BASF Española en la planta de Tarragona, en el Departamento de Salud Laboral como Enfermero del Trabajo.



Resumen

Nosotros podemos estar preparados para determinadas emergencias con un alcance predecible de antemano, es decir, lo que consideramos que puede ser más habitual y posible. Pero el concepto de desastre nos lleva a consecuencias para las cuales no tenemos medios suficientes o adecuados para ser eficaces en nuestra misión, estamos desbordados.

El tema a desarrollar es como podemos llegar a conocer los alcances y magnitudes en estas situaciones en nuestro lugar de trabajo, como saber dimensionar los recursos y como organizarnos de forma eficaz conociendo que serán siempre limitados.

Para no actuar de forma improvisada, debemos de anticiparnos a las consecuencias del desastre, esto se logra con sistemas de organización de nuestros recursos humanos y materiales.

Plan de Emergencia Interior es la manera de tener preparados todos los procedimientos de actuación de forma automática en cuanto se dieran las circunstancias que lo activaran. Además debemos de contar con los soportes externos de nuestro entorno coordinados con los nuestros, para ello hay un trabajo previo de conocimiento mutuo.

En nuestro ámbito sanitario, el método de “Triaje” es el más recomendado y efectivo en las situaciones de limitación evidente de recursos en la zona del siniestro. Aquí se explica resumidamente los puntos principales para poder aplicarlo y desarrollarlo de forma eficaz.

Como conclusión, la única forma de estar preparados para ser lo más efectivos en los desastres es tenerlo todo planificado de antemano, para suplir lo mejor posible la limitación de medios con que nos vamos a encontrar.

Panayota Sourtzi

Panayota Sourtzi is an Associate Professor in Occupational Health Nursing at the Department of Public Health, Faculty of Nursing, University of Athens Greece. She has experience in OHN practice in Greece and she holds a MSc in OH and a PhD, both from the University of Birmingham UK. She has published numerous articles in the field of OH in Greek and International scientific Journals. She has also authored books related to OH in general and OH for health care professions in Greece and has contributed a chapter in the 3rd edition of “Occupation Health Nursing” book edited by K. Oakley. Her research interests are focusing on health promotion of the working population and in health and safety issues of health care professionals.



Summary

Panayota Sourtzi, Associate Professor in Occupational Health Nursing, University of Athens, Greece.

Health promotion is a core activity in every workplace as well as in occupational health nursing practice. International literature shows that health promotion activities have developed according to the special situation of each country. In Europe health promotion activities are promoted by OH&S organisations at central and national level. European guidelines although emphasise not only the health and safety of the workforce, but also the improvement of the workplace environment, so that there is an appropriate infrastructure to support health promotion activities. Health promotion is included in general and specialist education of occupational health nurses and this provides them with the necessary expertise to provide appropriate services to the organisations and workforce they serve. Occupational health nurses in almost all European countries have included health promotion activities in their everyday practice a long time ago as relevant studies show. They also try to develop and implement tailored made health promotion activities by involving the workers they provide services for, so that these are relevant to their needs and as successful as possible.

Elena Castro

Licenciada en Ciencias Ambientales y Master en Prevención de Riesgos Laborales. Larga experiencia en implantación de sistemas de gestión ambiental y de prevención de riesgos laborales en el sector de la automoción. Desde 2006 Auditora Jefe y Responsable del área internacional en Full Audit, empresa especializada en auditoría y consultoría de Sistemas de Seguridad y Salud en el Trabajo. Experiencia en proyectos de auditoría y consultoría en prevención de riesgos laborales en países como Alemania, Italia, Brasil, China y Marruecos.



Resumen

Cuando se habla de internacionalización es necesario recordar que éste es un concepto más amplio que el simple comercio de mercancías y servicios, y que afecta a distintas áreas y ámbitos del entorno de la empresa. La internacionalización va a implicar la movilidad de capitales, servicios, tecnología y personas. En este sentido, cabe prestar especial atención a la cada vez mayor movilidad de trabajadores y a las exigencias en materia de seguridad y salud que de ello se derivan. Los trabajadores desplazados deben afrontar una rápida adaptación a nuevos entornos laborales, además de la exposición a ciertos riesgos específicos de los países de destino. En paralelo a este proceso, los técnicos de prevención deberán adoptar las medidas preventivas necesarias para garantizar las condiciones de seguridad y salud del trabajador desplazado y el cumplimiento de la normativa específica del país.

Jukka Takala

Dr. Jukka Takala is an Adjunct Professor at the Tampere University of Technology, TUT (Finland) and the Secretary General of the International Panel for Working Life, IPWL. He has served the European Union as the Director of the European Agency for Safety and Health at Work, a position he held for five years until 15 September 2011. He was also the Head of the Coordination of all 32 EU regulatory Agencies in 2010-11.



Dr Takala joined the International Labour Organisation (ILO) as Chief Technical Adviser and Expert in OSH in Nairobi (Kenya) in March 1978 and then in Bangkok (Thailand) in June 1983. He held various positions in the ILO, including Chief of ILO's International OSH Information Centre (CIS) in September 1986; Chief of the Safety and Health Information Services Programme in January 1994 and Chief of the OSH Branch in June 1996. From 1 October 1999 to 15 September 2006, he was Director of the InFocus Programme on Safety and Health at Work and the Environment (SafeWork) of the International Labour Office. In that position he was in charge of setting up international law and supervising the implementation of existing Conventions, Recommendations and Resolutions, such as Convention 81 on Labour Inspection, C 155 on Occupational Safety and Health, Convention on the Promotional Framework on Occupational Safety and Health C 187 and the process leading to the Globally Harmonised System of Classification and Labelling of Chemicals, GHS.

Dr. Takala also worked in the metal industry and as an academic from 1968 to 1973. Prior to joining the ILO, Dr. Takala served the Government of Finland first as an Inspector, followed by posts of Safety Engineer, Chief Engineer and Chief of Machine Safety Bureau in the Occupational Safety and Health Administration of the Ministry of Social Affairs and Health and the Ministry of Labour in Finland.

He holds a MSc in Mechanical Engineering, and a Doctorate in Engineering (D.Sc. Tech.) from the Tampere University of Technology (Finland).

Summary

Objective: This presentation reviews the latest information on traditional, new and emerging risks, indicators, trends, and recent strategies on occupational safety and health and in working life in Europe and globally to make working life, workplaces and countries healthy, safe, competitive and productive.

Methods: Employment figures, mortality rates, occupational burden of disease and injuries, reported accidents, surveys on self-reported occupational illnesses and injuries, attributable fractions, and the most recent information on the problems from published papers, documents, and electronic data sources of international organizations have been reviewed, and European institutions/agencies, and public websites were studied. Programs and strategies to reduce the work-related negative outcomes at various levels were identified and analyzed.

Results: Work-related illnesses that have a long latency period and are linked to ageing are clearly on the increase, while the number of occupational accidents has gone down in industrialized countries thanks to prevention and structural changes. Globally there are 2.3 million deaths annually for reasons attributed to work. In Europe we have estimated that 168 000 deaths are work-related. Some 8.6 % of workers in Europe report work-related illnesses and 3.2% report occupational accidents. This means 20 million and 7 million people

repectively in Europe, correspondingly it would mean 240 million work-related illnesses, and ILO reports 317 million non-fatal accidents globally. Long term health aspects and the role of occupational health nurses will need much more attention than earlier as traditional safety issues have been taken over by “new” health problems at work. ILO, WHO and EU refer to risk prevention and health promotion methods as a “toolbox” and categorize the following as “individual tools”: legislation and enforcement, information on the existing state of problems and capacities (profile), knowledge of solutions and good practices, communication and promotion to increase awareness, collaboration and networking for exchange of good practice. Global, regional, national, and sectoral strategies and systems should cover these issues, reflecting their respective priorities.

Conclusion: In the present political situation and economic downturn, legal measures need to be supplemented with economic justification and convincing arguments to reduce corner-cutting and avoid long-term disabilities, premature retirement, and corporate closures due to a poor work environment. Quality work should be made not only a survival strategy but a successful business and society strategy at all levels.

Key words: Traditional risks, emerging risks, occupational health and safety, global and European estimates.

- O001 Prevalencia de limitaciones en la capacidad laboral y relación con el envejecimiento en trabajadores de la construcción
- O002 Actuación de enfermería en el abordaje de la incapacidad temporal en un programa de retorno al trabajo en la empresa
- O003 Efectos cíclicos del horario de trabajo en los profesionales de la salud.
- O004 Stress School - Reducing stress in individuals
- O005 Violencia laboral en trabajadores sanitarios: problema creciente - problema cambiante
- O006 Rie, a tool to promote risk assessment in small and medium sized enterprises.
- O007 Los sistemas de información: grandes aliados de la enfermería del trabajo intrahospitalaria
- O008 La importancia de la enfermería en las actuaciones urgentes en el medio laboral
- O009 Occupational health nurse working for a multi-company service: identity Survey
- O010 Occupational health nursing practice analysis 2010 report
- O011 Swedish female hairdressers' view and reasoning on their working environment – a qualitative study
- O012 Brie, an online tool guiding the occupational health nurse in the detection and assessment of risks in a multi-regional company.
- O013 Plan de formación para el equipo de socorristas de una empresa química, de aplicación normativa seveso
- O014 ¡The last sting!- preventing needle-stick and sharp accidents, 2008 - 2012
- O015 Metodología para la evaluación de los riesgos laborales en el procedimiento de la extracción sanguínea en atención primaria
- O016 Construction workers' occupational health card in Finland
- O017 El estrés del supervisor de los estudiantes de enseñanza clínica Vs el estrés de los estudiantes de enfermería en práctica clínica.
- O018 Diseño y validación de un cuestionario para medir la calidad de los cuidados de enfermería del trabajo en los servicios de prevención
- O019 Enfermería del trabajo y accidentes no traumáticos. Acciones a desarrollar
- O020 Starting from scratch: Developing an Occupational Health Program on a US Army shipyard in the United Kingdom
- O021 Psychological problems and related factors among working children in urban Istanbul, Turkey
- O022 Determination of health problems and nursing interventions using the Omaha system in a group company, Turkey
- O023 The impact evaluation model for the qualification training of occupational health service
- O024 Estudio sobre la relación entre valores antropométricos y valores analíticos en una administración pública Asturiana
- O025 Implementing a Global Health Promotion Program -- Tips for Success
- O026 Efectividad de las campañas de promoción de la salud en una empresa del sector farmacéutico
- O027 Prevención del riesgo biológico en los viajes de trabajo de Volkswagen Navarra, S.A.
- O028 The role of the occupational health nurse in promotion of blood donation among workers in Hungary
- O029 How to induce behavior's change to prevent alcohol consumption health risk at the workplace. pro-de-sens: a new methodology?
- O030 Indicadores de promoción de la salud en el ámbito laboral Poster
- P001 The Occupational Health Role in Threat Management and Preparedness
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- P003 Analyzing the effects of the financial crisis on the health status
- P004 Health entrepreneurs, healthier company – work wellbeing of micro-entrepreneurs
- P005 Micro-entrepreneurs' work ability
- P006 Occupational health officer nurses in the Greek army
- P007 La visión de los cuidados de enfermería a través de las TIC: clínica online en Mutua Universal
- P008 La enfermería en las mutuas de accidentes de trabajo: eslabón importante en la cadena multidisciplinar para una óptima salud laboral
- P009 Development of diffusive solid phase microextraction method for sampling of epichlorohydrin in air
- P010 Work related skin problems among Turkish young workers
- P011 ¿son efectivas las campañas de promoción y sensibilización para evitar los accidentes biológicos?
- P012 Management of occupational blood exposures: a three year review.
- P013 Incapacidad temporal por accidentes de trabajo en el sector sanitario en 2011. programación de intervenciones enfermeras en el ámbito laboral.
- P014 El estrés de los estudiantes de enfermería durante sus prácticas
- P015 Tuberculosis y los enfermeros en el lugar del hospital
- P016 The effect of workplace noise on life quality in bank employees
- P017 The effect of noise on job satisfaction and burnout in bank employees
- P019 Effectiveness of nurse-led smoking cessation program for the employees
- P020 Nurses working shifts: the effects on their social and domestic life
- P021 Burnout among nursing staff: a systematic review and meta-analysis
- P022 Access and use of health care services by immigrant workers in Greece
- P023 Occupational risks in the services sector industries in Morocco
- P024 Working conditions and quality of life of Albanians living in Greece in comparison to those living in Albania
- P025 Nursing science clinical practice
- P026 The complexity of safety and health policies and procedures during Olympic Games: the Athens 2004 experience
- P027 Professional nurses' stress and coping strategies

- P028 Evulation of occupational health nurses' interventions in a company that providing HARBOR SERVICES
- P029 Causes of Occupational Accidents and Occupational Health Nursing Interventions: Case Reports from a High-risk Company
- P030 Nordsam
- P031 Occupational and environmental health nursing in the usa
- P032 Translation and cross-cultural adaptation of the occupational stress questionnaire in greek
- P033 Depression –anxiety state of adults who have stopped smoking in a workplace
- P034 Structure, input and output in occupational health services (ohs) in finland in 2010
- P035 Coronary heart disease risk factors and healthy life style behaviors of the employees engaged in a pharmaceutical company
- P036 Commissioned education – to master's programme: experiences so far author: andersson u. ulla anderson, occupational and environmental medicine, university and regional laboratories region skåne, lund, sweden. +4646173158, fax +4646173180, ulla_b.andersson@med.lu.se
- P037 Epidemiologia de accidentes por mordeduras de serpientes en Marruecos
- P038 Evaluation of coping with stress at a bank call center
- P039 Plan de cuidados de enfermería en pacientes con heridas
- P041 Occupational stress in nurses: teaching vs. clinical practice
- P042 Epidemiología y tratamiento del cuerpo extraño ocular por accidente laboral
- P045 Mobbing perceptions of nurses working in psychiatric clinics and related factors
- p046 La empleabilidad de los nuevos graduados en enfermería.
- P047 Accidentes biológicos en el personalde enfermería de asepeyo: análisis de factores de riesgo y propuestas de mejora
- P048 Protección de la trabajadora gestante con exposición a radiaciones ionizantes
- P049 Programa de actuación frente al riesgo de accidente laboral por exposición a material biológico en atencion primaria(ap)
- P050 An integrated approach to the prevention and management of musculoskeletal disorders
- P051 Algunas nuevas enfermedades emergentes en los trabajadores: burnout, vigorexia, ortorexia; dependencias electroludicas y amaxafobia
- P052 Spirometry case-finding. rendimiento en la detección oportunista de alteraciones espirometricas ignoradas en poblacion fumadora asintomática
- P053 Spirometry motivational intervention. resultados de una intervención motivacional para dejar de fumar.

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O001 PREVALENCIA DE LIMITACIONES EN LA CAPACIDAD LABORAL Y RELACIÓN CON EL ENVEJECIMIENTO EN TRABAJADORES DE LA CONSTRUCCIÓN

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MC PREVENCIÓN

Objetivo: Analizar la relación entre las restricciones en la capacidad laboral y el envejecimiento de los trabajadores en una empresa del sector construcción. Metodología: Se ha realizado un estudio transversal con una muestra de 281 trabajadores. Para ello se han utilizado los datos obtenidos en el examen de salud laboral de los trabajadores de una empresa de construcción durante el año 2010. Para el análisis de los datos se ha utilizado el programa EPIDAT 4.0 así como la hoja de cálculo EXCEL. Resultado: La prevalencia de limitaciones en la capacidad laboral en el total de la población estudiada es del 11,38% (IC 95%, 0,077-0,151). Examinando los grupos de edad, no se encuentran trabajadores con limitaciones hasta los 40 años. En el grupo de edad de 40 a 44 años la prevalencia de limitaciones es del 5,12%. Se observa un aumento de la prevalencia progresivo conforme aumenta la edad de los grupos, encontrándose una prevalencia del 43% en el grupo de edad de 60 a 64 años. Mediante el test chi-cuadrado con corrección de Yates se ha comprobado la dependencia de las variables estudiadas. Conclusiones: Se observa que a partir de los 40 años se produce un aumento de la prevalencia de limitaciones en la capacidad laboral. Ante esta realidad, sería conveniente la adopción de medidas concretas tendentes a facilitar el desempeño del trabajo a través de un rediseño de los puestos de trabajo que permita compensar las posibles limitaciones de las capacidades funcionales que van apareciendo con la edad.

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O002 ACTUACION DE ENFERMERIA EN EL ABORDAJE DE LA INCAPACIDAD TEMPORAL EN UN PROGRAMA DE RETORNO AL TRABAJO EN LA EMPRESA

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Objetivo: Describir una intervención interdisciplinar cuyo objetivo es promover una vida laboralmente activa y segura, incrementando la capacidad para trabajar, donde la enfermería del trabajo tiene un papel clave como agente facilitador. Método: En Enero de 2011 se inició desde el Servicio de Salud Laboral de una institución sanitaria de tercer nivel una intervención cuyo objetivo es facilitar el retorno al trabajo. El papel de la enfermería del trabajo en este proceso consiste en realizar un primer contacto telefónico, realizando una valoración integral del estado de salud de los trabajadores en situación de incapacidad temporal (IT) por contingencias comunes, considerando posibilidades de intervención (gestiones clínicas, evaluación de las condiciones del puesto de trabajo, programación de visita médica para la valoración la capacidad para trabajar) y participando en la valoración conjunta con el responsable inmediato y un comité multidisciplinar con Recursos Humanos y Enfermería, y el posterior seguimiento de los casos. Se analiza la actividad realizada y su impacto sobre el índice de IT. Resultado: Entre enero y diciembre 2011 se contactó telefónicamente a 500 trabajadores, con 810 llamadas que fueron realizadas en diferentes franjas horarias y días, explicando la finalidad y objetivo del programa y salvaguardando la confidencialidad de la conversación. Se programaron 100 visitas médicas y se propuso una adaptación del puesto de trabajo en 11 trabajadores/as. Se realizó el seguimiento de 116 casos y gestiones clínicas en 21. El número de episodios de IT de más de 30 días descendió en un año desde 102 a 64 y el índice de IT CC de 6,49 a 4,55. Conclusiones: El papel de la enfermería del trabajo en esta intervención multi e interdisciplinar, junto con la participación de otros agentes implicados, se ha mostrado efectiva y muy bien aceptada por parte de los/as trabajadores/as, representantes e institución

O003 EFECTOS CICLICOS DEL HORARIO DE TRABAJO EN LOS PROFESIONALES DE LA SALUD.

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Introducción y objetivos: El análisis y la investigación del tiempo cíclico de trabajo ha sido muy estudiado por los investigadores en el campo de la salud internacional. Influye tanto en la vida personal como familiar del profesional. En su salud física y mental. Así como en la calidad de los servicios sanitarios que presta. El presente documento tiene por objeto destacar la importancia de la exploración, comprensión y reconocimiento temprano de los efectos cíclicos de las horas de trabajo. Material y métodos: Para realizar este trabajo se ha empleado literatura internacional utilizando motores de búsqueda como: profesionales de la salud, trabajo por turnos, insomnio, tasa de Kikardios. Resultados: La mayoría de los profesionales de salud son conscientes del impacto que el tiempo cíclico de trabajo tiene en la fisiología del ritmo circadiano. Diversas investigaciones han encontrado una relación entre el sistema hipofisario y neuroendocrino, que explican los síntomas que provocan los cambios en el tiempo de trabajo. Estos son: insomnio, trastornos gastrointestinales, dolores de cabeza y trastornos sexuales. Se encontró que las personas que siguen el tiempo cíclico son más vulnerables a los errores dentro de la empresa y los accidentes de trabajo. Conclusiones: Se es más propenso a la fatiga del trabajo, porque la carga de éste se les hace desproporcionada, originando una intensa sensación de ansiedad y responsabilidad.

O004 Stress School - Reducing stress in individuals

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The background: A risk assessment at Bornholms Hospital showed a high level of stress among the employees compared with other hospitals in the Region. A strategy to prevent and to handle stress in the organisation was decided. One of the interventions in the strategy was the concept of a "Stress school". The hypothesis is that individuals can reduce self reported stress, when offered psycho-education and mindfulness training over a short period of time. The objectives were to reduce the self reported stress level with 50% on stress signals scored in the category "very often" and "often". Methods: 10 employees who felt they were suffering from stress, were offered to join the "the Stress school". The participants filled out a questionnaire before "the Stress school" started, and again after 5 sessions of "Stress school" reporting on their stress level. "The Stress school" was conducted over 5 sessions. Every session was 2 hours and had the same structure every time: Enter the room and be present, reflections since last meeting, presenting homework done, psycho education, new homework till next meeting, mindfulness training, reflections on the training, goodbye to the group. Results:

In the baseline questionnaire the stress signals got 47 scores in the category “very often” or “often”. In the final questionnaire stress signals got 5 scores in the category “very often” or “often”. The category “some times” went from 69 to 55 scores. The category “seldom” went from 48 to 82 scores. Conclusions: A combination of psycho-education and mindfulness training seems to make it possible for self reported stressed individuals to reduce their stress level significantly. It seems necessary at this stage to prepare a follow up to measure the long term effect of the concept “Stress school”

O006 RIE, A TOOL TO PROMOTE RISK ASSESSMENT IN SMALL AND MEDIUM SIZED ENTREPRISES .

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RIE, A TOOL TO PROMOTE RISK ASSESSMENT IN SMALL AND MEDIUM SIZED ENTREPRISES .

Introduction: The European campaign on risk-assessments of “healthy workplaces” is sustained by IDEWE, the largest Belgian external service for prevention and protection at work. Small and medium sized enterprises (SME’s) are concerned about their employees’ health and safety; yet face problems with risk-assessments and implementation of preventive measures. Therefore IDEWE developed a method “Risk-Inventarisation and-Evaluation (RIE), step-by-step to a managed wellbeing at work” to raise their awareness on legal responsibilities and to motivate them to perform risk-assessments. The aim of this study was to describe and evaluate this RIE-campaign. Methods: During the period 2009-2010 about 200 trained occupational health nurses (OHN) visited 7812 employers to explain this RIE-method, i.e. a systematic and participatory risk-assessment. The OHN’s presented them a document describing the method as an easy three-step plan: 1) a risk-inventory, 2) a risk-evaluation and 3) implementation of preventive measures. Three completion forms were also provided in view of reporting their risk-assessment and evaluation at several levels, i.e. company-, individual- and workstation-level, as a base for their 1- and 5-year prevention plan. The use of these RIE-forms was then evaluated by the OHN’s, in the SME’s for which a next visit was planned in the period 2010-2011. Results: In total 781 SME’s were surveyed. Note that not all included companies completed the forms. Almost 86% of the SME’s failed to execute one of the 3 steps described in RIE. Only 7 % (188/781 completed) reported a risk-assessment, 2,9 % (83/781 completed) and 2,4% (59/781 forms completed) respectively reported a one- and 5-year prevention plan. Conclusions: The results reveal that only a limited number of SME’s responded to the 3-step plan. Some SME’s tend to perform and evaluate the risk-assessment; yet do not translate this in action-plans. Therefore, to encourage SME’s, OHN’s should be more involved in occupational safety and health” management.

O007 LOS SISTEMAS DE INFORMACIÓN: GRANDES ALIADOS DE LA ENFERMERÍA DEL TRABAJO INTRAHOSPITALARIA

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JUSTIFICACIÓN: Dado que el Hospital Son Llätzer basa su modelo de gestión en la informatización integral de todos los procesos clínicos, se evidencia la necesidad de la equiparación por parte de la Enfermería del Trabajo en el desarrollo de sus funciones, entre ellas, facilitar la adquisición de conocimientos a los trabajadores en materia preventiva y en los resultados de su vigilancia de la salud. AUTOR/ES: M.Gil(*), A. Pareja(**), P.Laínez(*), I.Sevilla(*) (*) Unidad de Medicina del Trabajo (**)Unidad de Epidemiología Hospital Son Llätzer. Palma de Mallorca **OBJETIVOS:** Establecer efectividad de los sistemas de información en la disposición de la misma a los trabajadores para ampliar conocimientos en materia preventiva y conocer resultados de su vigilancia de la salud, ahorrando tiempo y recursos. **DESCRIPCIÓN (METODOLOGÍA, SISTEMÁTICA...):** Se analizan tres proyectos informáticos realizados en 2011 por la Enfermera del Trabajo. El primero dirigido a promocionar la correcta utilización de los dispositivos de seguridad implantados, el segundo a proporcionar información a los trabajadores del proyecto intrahospitalario frente a las agresiones y el tercero aumentar las consultas de los trabajadores en las recomendaciones derivadas de su vigilancia de la salud. **RESULTADOS:** 1. Visitas al rincón de los dispositivos de seguridad: 4 en 2010 y 45 en 2011. 2.

Visitas al rincón de las agresiones: 124 antes de la intervención y 195 tras la intervención. 3. Trabajadores que acuden a recoger su informe de Vigilancia de la salud: 83 antes de la intervención, tras la intervención acceden informáticamente 413. **CONCLUSIONES:** Los sistemas de información son grandes aliados de la Enfermería del Trabajo en la actualidad, permitiendo al trabajador poder enriquecer sus conocimientos, acceder fácilmente a documentos e informes y participar activamente con el Servicio de Prevención. **PALABRAS CLAVE:** Sistemas de información Mejora de conocimientos

O008 La importancia de la enfermería en las actuaciones urgentes en el medio laboral

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A modo de introducción se describirán una serie de conceptos relacionados con la actuación en situaciones de urgencias y emergencias dentro del ámbito laboral así como las referencias legales que determinan el marco de actuación de la enfermería del trabajo. Se analizarán las tareas y competencias de los profesionales de la enfermería, trazándose las líneas a seguir en la gestión de nuestros procesos y analizándose la realidad con que nos encontramos en nuestro que hacer diario. **Conclusiones:** Con el objetivo de aumentar la formación de los enfermeros en materia de urgencias y emergencias, realizar una formación continuada a los trabajadores en primeros auxilios y definir un protocolo de actuación eficaz evaluándolo con simulacros periódicos.

O009 OCCUPATIONAL HEALTH NURSE WORKING FOR A MULTI-COMPANY SERVICE: IDENTITY SURVEY

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¹Service De Sante Au Travail En Savoie, France, ²Service de pathologies professionnelles des hopitaux universitaire de strasbourg, France

Background and objectives: This study examines ways in which, as part of a professional Bachelor's degree course in occupational health, a nurse may be able to integrate into a French multi-company occupational health service. It considers organisation and procedures within the service, nurse training, the setting up of a multi-disciplinary team and the means available to deal with difficulties in a French context. **Methods:** Through precise examples, conversations and bibliographical researches, this study analyses the various difficulties and suggests ways of facilitating cooperation between the nurse, doctors, professional risk managers and technical assistants in the field of occupational health. **Results:** The main difficulties encountered by a nurse trying to integrate into a multi-professional service are related to the novelty of this role and the apprehension raised in the minds of other professionals. This phenomenon is aggravated by a lack of awareness of what nurses can do in a multi-company context. **Conclusions:** There is division in this sector related to the delegation to qualified nurses of certain responsibilities formerly undertaken by doctors. Nursing activities in occupational health are manifest and represent real added value. They respond to a need to develop the service in the face of a decrease in medical resources whilst maintaining confidence in its quality in the eyes of workers and companies. The training and experience gained as part of the professional degree add significant skills but nurses need to devote time to further high level training in order to assert their identity. They will thus become an important element of the occupational health teams of tomorrow.

O0010 OCCUPATIONAL HEALTH NURSING PRACTICE ANALYSIS 2010 REPORT

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Background and Objectives The American Board for Occupational Health Nurses (ABOHN) is the certifying body for nurses in the United States and Canada practicing in occupational health. ABOHN must ensure their certification examinations validly reflect the scope of current occupational health nursing practice by periodically conducting a practice analysis. This report presents the findings of this research study, which was conducted in 2010. The primary purpose of this practice analysis was to confirm the knowledge, skills and activities currently required for the proficient practice of occupational health nursing as reflected by the tasks performed. **Methods** A valid and reliable survey instrument was developed by a practice analysis committee

of subject matter experts. The survey contained 20 demographic questions and 136 nursing task statements. An email invitation to participate in the web-based survey containing a link to the survey instrument was distributed to 8,720 occupational health nurses in the United States and Canada. After reducing the survey sample for undeliverable emails and addresses (n=2401), 6,319 surveys remained. Respondents returned 2,594 surveys for a total response rate of 41%. Decision rules were developed to determine which tasks were appropriate for inclusion in the examinations for: certified occupational health nurses (COHN), certified occupational health nurse specialists (COHN-S) and certified case management (CM) examination blueprints. Results and Conclusions The survey data were used to refine the ABOHN certification examination blueprints for the COHN, COHN-S, and CM examinations; and will be further used to update and refine the examination items to assure the items on the examinations accurately reflect the current practice of occupational health nurses in the United States and Canada. Additionally, the demographic data obtained are useful in describing occupational health nurses, their roles and responsibilities and their areas of practice.

O0011 Swedish female hairdressers' view and reasoning on their working environment – a qualitative study

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Background and objectives: Hairdressers have several work related risk factors, where effects of chemical substances on the airways are such. Others are job strain, ergonomic and skin irritating factors. We know little about their strategies for the work environment. The aim was to examine the hairdressers' work environment with special focus on the work related risks, the strategies for dealing with the risks, implementing of their knowledge from high school within the field, the financial impact, any symptoms and their effect on the work. Methods: Participants (14) in a prospective study of graduated female hairdressers were selected after having worked for three to four years as a hairdresser. Seven hairdressers had work-related nasal symptoms, and seven did not. The interviews (22 - 69 min) were made openly using a specific guideline covering the physical, social and mental work environment. The analysis was made by manifest and latent content analysis. Results: Awareness is the main theme. Subthemes are Seeing the work environment, Seeing their clients, Seeing their profession, Seeing their symptoms and Managing their waste. These include reflections of ventilation, respiratory, skin and ergonomic problems, job strain, choice of hair products, strategies and concern for having to leave the profession and economic issues as well as the approach to the work environment. Also the organization of the enterprise, the approach to and the acceptance of their work environment were important emerging factors. Conclusion: Female hairdressers in Sweden have an awareness of their work environment, its pros and cons and the needs of improvement, but lack the strategies to make improvements and investments in the work environment as a whole. There is a need for a forum for knowledge and for regular supervision from the authorities.

O0012 BRIE, AN ONLINE TOOL GUIDING THE OCCUPATIONAL HEALTH NURSE IN THE DETECTION AND ASSESSMENT OF RISKS IN A MULTI-REGIONAL COMPANY.

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Idewe, Centre for Health Services and Nursing Research, Katholieke Universiteit Leuven

Background and objectives: Idewe, the largest Belgian external service for prevention and protection at work, organises periodic visits in companies during which an online risk-assessment tool, i.e. "BRIE (i.e. Company screenings Risk Inventarisation and Evaluation) is used. The features of BRIE are threefold: 1) it guides prevention workers (e.g. occupational health nurses) during periodic visits with a framework of important sector-specific welfare aspects, 2) it supports them to formulate advice regarding good practices, legal information and preventive actions and 3) it is an analytic tool to evaluate sector-specific occupational risks. A pilot study was performed to demonstrate that BRIE is applicable in view of a fire-safety risk assessment in a multi-regional company. Methods Risk-assessments were performed by trained occupational health nurses in a selection of stores of a large perfume/cosmetics company (i.e. > 110 stores located in different cities). Following safety issues were assessed by scoring OK/NOK: e.g. 1) evacuation instructions; 2) fire action signs and symbols and 3) location of the fire exit and fire extinguishers. Note that not all factors were assessed in each of the

included stores due to time constraints. Descriptive statistics were performed and prevalences were calculated using frequencies. Results Thirty-eight perfume stores were included. For about 55% (23/38 scored) of the companies, instructions for evacuations were considered "OK". Fire action signs and symbols were rated as "OK" in 31,6% (20/38 scored) of the stores. The fire extinguishers, their location and signalisation were "OK" in 71,1% (27/38 scored), 28,9% (21/38 scored) and 55,3% (25/38 scored) of the stores respectively. Conclusions The results reveal that fire safety is not optimal in the selected perfume stores. Yet, BRIE is a practical tool that allows nurses to provide sector-specific advice and can be used to guide the development of occupational health and safety policy for companies, such as fire safety.

O0013 PLAN DE FORMACION PARA EL EQUIPO DE SOCORRISTAS DE UNA EMPRESA QUÍMICA, DE APLICACIÓN NORMATIVA SEVESO

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Objetivo: Describir el Plan de Formación realizado al Equipo de Socorristas voluntarios/as (40 Socorristas/ 300 trabajadores en plantilla) de una Planta Química, en la que la Seguridad y la respuesta ante emergencias, debe garantizar una rápida y eficaz actuación en caso de incidente y/o accidente. Método: Se planificó la formación que se debía impartir durante tres años, divididas en 4 prácticas anuales. El contenido teórico-práctico incluía un simulacro conjunto con el equipo de bomberos de fábrica, y la obtención de un diploma acreditado de Interés Sanitario por el Instituto de Estudios de la Salud (IES) de la Generalitat de Catalunya, si superaban un examen. Durante el año 2011, se compraron e instalaron dos Desfibriladores Externos Automáticos (DEA), y se programó la formación inicialmente de un grupo reducido de socorristas y la formación como instructores por parte del personal sanitario de Medicina del Trabajo, para impartir los cursos a todos los socorristas de la fábrica. A finales del año 2012 todos los socorristas habrán realizado la formación de Soporte Vital Básico (SVB) + Desfibrilador Externo Automático (DEA). Resultados: Los resultados obtenidos en el examen final del "Plan de formación para equipos de Primeros Auxilios en situaciones de Urgencia", indican el nivel excelente de formación, siendo el 100% del equipo de Socorristas que lo obtuvieron. De la misma manera y cumpliendo el plan de formación para este año 2012 se marca el objetivo de obtención del carnet para el uso del DEA en el 100% de los Socorristas. Conclusiones: Podemos concluir que dado el papel desempeñado por los Equipos de Socorristas Voluntarios/as existe la necesidad de garantizar su presencia durante todos los horarios de funcionamiento de la fábrica, por lo que tienen que estar perfectamente formados para atender en la medida de sus conocimientos cualquier urgencia que pueda presentarse en el horario de ausencia del Servicio Médico.

O0014 ¡THE LAST STING!- PREVENTING NEEDLE-STICK AND SHARP ACCIDENTS, 2008 - 2012

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Authors: Lundh B; Larsen C Objective: Needle-stick or sharps accidents are a common risk to healthcare staff and workers. The aim of the campaign, launched in 2008, was to reduce the number of needle-stick and sharp accidents in 3 Danish hospitals. The campaign was designed to highlight awareness about needle-stick and sharp accidents and improve prevention, through encouraging pro-active, safety involvement, by the Hospital staff. The campaign focused on 2 particular types of needle-stick and sharp accidents, sustained during recapping and when using the needle-box. Methods: „X Kick-off events, to inform about the campaign: e.g. posters, competitions and live presentations of ¡safety-needles! and needle-boxes. „X Offering all Hospital wards and units needle-stick-accident check-ups. „X An extended follow-up, with the injured staff members. „X An evaluation of the usage of needle-boxes, before and after the campaign „X An analysis of all reported needle-stick and sharp accidents, from 2008 to 2011 Results: The result of the campaign from 2008 showed: „X A decline in the number of reported accidents by 46 %. „X Overfilled needle-boxes fell by 53 %. „X The finding of needle-boxes, not being properly strapped into their stands, fell by 27 %. The result of implementing the campaign showed in the years 2008-2011: „X The number of reported accidents did not fall. This could be explained by the attention caused by the campaign. „X Accidents because of recapping were reduced from 7 to 1 per year. „X Accidents

because of overfilled needle-boxes varied between 5 and 15. Conclusions: Overall, the campaign received considerable attention, and has continued to do so, the following years with more focused interventions. Newer results will be discussed at the conference in Tarragona.

00015 METODOLOGIA PARA LA EVALUACION DE LOS RIESGOS LABORALES EN EL PROCEDIMIENTO DE LA EXTRACCION SANGUÍNEA EN ATENCION PRIMARIA

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En la atención primaria del Institut Català de la Salut (ICS) el riesgo de accidente por bioinoculación o contacto con material biológico figura como el más elevado para el personal sanitario suponiendo más del 50% de los accidentes laborales. El colectivo con más accidentes por bioinoculación es el personal de enfermería siendo el procedimiento con mayor riesgo la extracción de sangre periférica. La extracción de sangre se realiza en los Centros de Atención Primaria (CAP) habitualmente al inicio de la jornada laboral observándose: -Tipos de locales con características ambientales, de material y de mobiliario distintas. -Tarea que se realiza con presión asistencial y apremio de tiempo. -Organización del procedimiento distinto según los CAP -El uso los equipos de protección y el material de bioseguridad es muy variable según el profesional y el centro. Por este motivo se decide la creación de una metodología propia que nos permita la evaluación de los riesgos laborales en las extracciones sanguíneas. OBJETIVOS: -Elaboración de un check-list que nos permita conocer y valorar las condiciones de la tarea. -Evaluar los riesgos laborales en el procedimiento de extracción de sangre en los CAP -Proponer las medidas correctoras para mejorar las condiciones de trabajo. -Evaluar la eficacia del material de seguridad implantado y de las medidas correctoras recomendadas y aplicadas. METODO: -Check-list que aplicaran en trabajo de campo los Técnicos de Prevención. -Cumplimentación de un cuestionario personalizado para el personal de enfermería. -Evaluación de riesgos laborales (incluida la ergonómica) según metodología de la Generalitat de Catalunya. RESULTADOS: Se ha creado un check-list y un cuestionario personalizado que se ha aplicado en los diferentes CAP proporcionando unos resultados que nos ha permitido conocer las deficiencias del procedimiento, evaluar su importancia y proponer un plan de mejora.

00016 CONSTRUCTION WORKERS' OCCUPATIONAL HEALTH CARD IN FINLAND

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CONSTRUCTION WORKERS' OCCUPATIONAL HEALTH CARD IN FINLAND Laura Vallenius MSc, OHN; Minna Savinainen PhD; Maija-Leena Merivirta MA. Finnish Institute of Occupational Health, Finland. Laura Vallenius, Finnish Institute of Occupational Health, PL 486 (Uimalankatu 1), 33101 Tampere, Finland. tel. +358-30474 8673, fax +358-30474 8605, Laura.Vallenius@ttl.fi BACKGROUND: Occupational health service coverage in the construction industry is low compared to other industries in Finland (87% vs. 94% to 99%). Construction workers should have regular health examinations according to their occupational exposure and individual needs. In 2007, an individual-specific occupational health card was introduced, based on the occupational health act. Its aim is to implement health examinations and follow-ups, as well as to ensure coverage of occupational health services in the construction industry. All workers employed by construction companies are entitled to this card. OBJECTIVES: The aim of this study was to investigate the use of the occupational health card and to find out how well-known it is in the industry. METHOD: Questionnaires given out to construction industry workplaces (n=443) and occupational health nurses (n=151), and telephone interviews of construction workers (n=479). RESULTS: Only 13.5% of the workplaces that answered the questionnaire used occupational health cards. A total of 56% of the construction workers to whom the card applied (n=103) used it. About one third of occupational health nurses (31%) reported that the occupational health cards were in use in every or nearly every client workplace. All respondent groups claimed that the advantages of the occupational health card was the easiness of follow-up of both executed and planned health examinations. Disadvantages mentioned were the lack of information regarding the existence and use of the card. Construction workers seldom carried the card, and respondents suggested linking the card to

other cards needed in construction work. CONCLUSIONS: At present, the use of the card and awareness of its existence are poor. The poor use of the occupational health card in workplaces is partly explained by lack of information among small-scale enterprises, and private entrepreneurs, to whom the card does not apply. Constructors, enterprises and occupational health services should receive more information regarding the use of the occupational health card.

O0017 El estrés del supervisor de los estudiantes de enseñanza clínica Vs el estrés de los estudiantes de enfermería en práctica clínica.

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Introducción: El estrés es un proceso presente en las experiencias cotidianas de las personas con implicaciones del aprendizaje desarrollo de proceso y el estudiante. En el caso de los estudiantes de enfermería, en enseñanza clínica ha sido identificado como un componente de formación que genera altos niveles de estrés
Objetivos: i) relacionar los niveles de estrés de los tutores de enseñanza clínica con los niveles de estrés de los estudiantes en la enseñanza clínica en el área de enfermería (ii) identificar las principales fuentes de estrés a que esta sujeto el tutor de la enseñanza clínica de los estudiantes de enfermería; ii) identificar las principales fuentes de estrés experimentado por los estudiantes de enfermería en la enseñanza clínica;
Metodología: Teniendo en cuenta las características y objetivos del estudio, optamos por un estudio de carácter cuantitativo, correlaciona de carácter descriptivo. Muestra: Es formada por A = (52 estudiantes) y B = (25 Tutores y mentores de la práctica clínica). Resultados: El nivel de estrés en este grupo A en la anterior educación clínica es bajo (34,6%), estos se mantienen bajos en esta enseñanza clínica, las situaciones que inducen la mayor fuente de estrés son: El Temor de hacer errores (16%) y el grado de exigencia (20%). Grupo B las fuentes que aumentan los niveles de estrés son: El salario y Evaluación del rendimiento (40%); Falta de promoción (60%) y Subestimado (80%). Conclusión: Los estudiantes de la licenciatura en enfermería se encuentran diariamente con un tiempo lleno de desafíos y situaciones que puedan inducir a estrés. En ambos grupos el estrés se mantiene bajo lo que nos muestra que existe una correlación positiva.

O0018 DISEÑO Y VALIDACIÓN DE UN CUESTIONARIO PARA MEDIR LA CALIDAD DE LOS CUIDADOS DE ENFERMERÍA DEL TRABAJO EN LOS SERVICIOS DE PREVENCIÓN

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Título: DISEÑO Y VALIDACIÓN DE UN CUESTIONARIO PARA MEDIR LA CALIDAD DE LOS CUIDADOS DE ENFERMERÍA DEL TRABAJO EN LOS SERVICIOS DE PREVENCIÓN. Origen y objetivos: En el ámbito profesional de la enfermería del trabajo no existe, en la actualidad, ninguna herramienta que permita medir la calidad de sus cuidados. Por ello, el principal objetivo del equipo investigador ha sido el diseño y validación de un cuestionario que permita tal fin. Método: El cuestionario se divide en tres partes: 1. Variables sociodemográficas, formadas por 4 ítems; 2. Opinión sobre el servicio de prevención, formado por 15 ítems; 3. Opinión de los trabajadores sobre la atención de enfermería, formado por 23 ítems. Se analizó el comportamiento métrico del cuestionario respecto a la validez de constructo, de criterio y la consistencia interna. Resultados: La muestra estuvo compuesta por 55 cuestionarios. La valoración de los expertos obtuvo resultados superiores al 80% y en cuanto a la confiabilidad interna, se obtuvo un alfa de Conbrach = 0.857 Conclusión: El cuestionario reúne suficientes propiedades psicométricas como para que sea considerado una herramienta... (para que pueda ser considerado una herramienta) útil y fiable capaz de medir con objetividad la satisfacción de los trabajadores con los cuidados de la enfermería del trabajo.

O0019 Enfermería del trabajo y accidentes no traumáticos. Acciones a desarrollar

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ORIGEN: Las enfermedades cardiovasculares son la primera causa de muerte en los países industrializados. Dichas enfermedades en España adquieren una mayor relevancia ya que por jurisprudencia, a diferencia de otros países de la UE, las que se producen en el ámbito laboral se consideran en un porcentaje muy elevado, accidentes de trabajo. OBJETIVOS: 1. Concienciar y sensibilizar al trabajador de que los buenos hábitos disminuyen el riesgo de aparición de enfermedades cardiovasculares. 2. Identificar trabajadores con riesgo cardiovascular 3. Asesoramiento y seguimiento de los trabajadores con riesgo para disminuir la aparición de este tipo de enfermedades. METODO: Una de las pruebas más eficaces, reconocida científicamente, sencilla y de fácil aplicación es el cálculo del riesgo cardiovascular (SCORE, REGICOR). Esta prueba nos permite hacer un screening general de la población, para identificar aquellos que tienen un mayor riesgo de sufrir una enfermedad cardiovascular y por tanto ser objeto de la formación en los buenos hábitos. RESULTADOS: 1. Incrementar la salud y bienestar de la población trabajadora 2. Reducir la incidencia de enfermedades cardiovasculares en el ambiente laboral 3. Mejorar la eficiencia y competitividad de las empresas CONCLUSIÓN: Existe un grupo de enfermedades importantes por su gravedad e incidencia que repercuten en la salud de la población y en la productividad empresarial. Dichas enfermedades pueden disminuir su incidencia mediante acciones preventivas primarias que se han demostrado eficaces, dependiendo de nosotros mismos dicha disminución con la implantación simplemente de hábitos saludables.

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O021 PSYCHOLOGICAL PROBLEMS AND RELATED FACTORS AMONG WORKING CHILDREN IN URBAN ISTANBUL, TURKEY

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Background and objectives Children are the most vulnerable members of society who not yet fully completed the process of development and growth are affected more than adults. However, working children are known to be under greater risk. One of the biggest problems is working children in the 21st century are exposed to psychological problems in initial phase of the processes of life, adverse effects also lead to more psychological problems at advanced stages of age. Therefore, early identification of these problems and taking necessary measures have an important place. Because of these, this study is aimed to determine 'Psychological Problems and the influencing factors of Working Children' Methods The design of the study was cross-sectional. The sample included 837 child workers. They are at age of 15-18 years who gets training and education in Apprenticeship / Vocational Education Center's one day a week and work in other days in hairdressing and barber shops (61 %), electricity (17 %) and car engine shops (%22) in Istanbul. Data was gathered using Knowledge Form, Brief Symptom Inventory (BSI) and Multidimensional Scale of Perceived Social Support (MSPSS). Results The study was included 837 subject (19,4% female and 80,6% male). The mean age was 17±0.8. Average daily working time was 12.7±1.6 h. The income level of 68.1% their families were low. 92.4% of children working to get an occupation in future. The finding showed that 10.2 % of them have chronic health problems which are diagnosed by physician. The mean of MSPSS score was 59.5 ± 16.5 and the mean of BSI score 29.3±12. One of the subscale of BSI which is hostility got the highest score. Conclusions The findings might help Occupational Health Nurses and other specialists in assessing working children who could benefit from interventions aimed minimizing psychological disorders. Key Words Working children, psychological problems, Related factors

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O0022 DETERMINATION OF HEALTH PROBLEMS AND NURSING INTERVENTIONS USING THE OMAHA SYSTEM IN A GROUP COMPANY, TURKEY

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Background and Objective: In the recent years, the need to use standardized nursing classification systems in improving the quality of nursing care has been emphasized in occupational health nursing (OHN). Omaha System (OS) is one of the most suitable classification systems in nursing. This study aimed to determine the prevalence and type of the worker's health problems, and nursing interventions using with a standardized nursing terminology, the Omaha System. Method: Data was collected by two OHN who received training for Omaha system. Nurses are working in the a " health and safety unit" which provides services to twelve

companies. A software program based on OS was used for documentation. Data was collected between 2009-2011. Descriptive analysis of the data was performed. Results: Results of the study included 1283 workers. In the study 4483 problems were documented by the OHN. The problems were Physiological (57.54%), Health Related Behavior (38.74%), psychosocial (2.67%), and environmental (1.03%) domain. The top three actual problems identified for workers were Health care supervisions (24.4 %), Pain (11.2%) and, Circulation (18.9%). In the study, 10597 nursing interventions were coded by the nurses. It was determined that among the nursing interventions, 86.5% was about Treatments and procedures, 9.7% about Surveillance, 6.4% about Case Management and, 0.6% about Health Teaching / Guidance / Counseling. Nurses spent 111293 minutes for all nursing interventions. These results demonstrate that the nurses worked continuously for approximately six hours a day. Conclusion: The results from this study provided fundamental data for the detailed examination of nursing interventions and the nursing applications to be planned in that workplace. The occupational health care teams gained awareness of the importance of nursing documentation and the use of a standardized nursing terminology.

O0023 THE IMPACT EVALUATION MODEL FOR THE QUALIFICATION TRAINING OF OCCUPATIONAL HEALTH SERVICE

Mäenpää-Moilanen,Eija; Pesonen,Sanna; Lindström,Pia; Rautio,Maria; Meyer-Arnold,Marianne; Kämäräinen,Markku; Manninen,Pirjo¹; Ylikoski,Matti;

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THE IMPACT EVALUATION MODEL FOR THE QUALIFICATION TRAINING OF OCCUPATIONAL HEALTH SERVICE Pesonen S; Lindström P; Meyer-Arnold M, Rautio M, Kämäräinen M; Manninen P; Mäenpää-Moilanen E; Ylikoski M. Mäenpää-Moilanen E; Finnish Institute of Occupational Health, Finland Aapistie 1, 90220 Oulu, Finland, +358503643159, fax +358304746000, e-mail eija.maenpaa-moilanen2@ttl.fi The aim of this research project was to develop an impact evaluation model for the qualification training of occupational service (OHS). The model enabled us to assess the impact of the OHS qualification training on both the individual and work community level. The research project also investigated the current situation and future challenges of OHS and training and revealed the development needs of OHS qualification training. We adapted Kirkpatrick's training evaluation model for our project. Target group of the research consisted of individuals who had participated in FIOH qualification training (N=110), their supervisors and interest groups. We used the triangulation method, combining the qualitative and quantitative approaches. The quantitative research material consisted of questionnaires gathered from participants of OHS training and the qualitative research material comprised the questionnaires' open responses and interviews. During this research project, an evaluation model was developed, which illustrated the impact of FIOH' s OHS qualification training. Evaluation model consider three different phases: pre-questionnaire, final-questionnaire, and questionnaire and interviews six months after training. After training, work became more focused on occupational health, comprehensive and reflective. Participants brought in to their work community new knowledge and new working methods. The impact of training was stronger on the individual level than the work community level. Those who took part in the training were mostly highly satisfied with it. The development needs of the training were more practical and participative teaching methods. We have took advantage of these results when we have developed qualification training of OHS. Length of the training is eleven credits, and 2/3 of it is implicated in e-learning environment, where participants can apply the gained knowledge in practice. Almost all exercises are made in multidisciplinary teams. The studies is included developmental task, which is connected to the participants own task.

O0024 ESTUDIO SOBRE LA RELACIÓN ENTRE VALORES ANTROPOMÉTRICOS Y VALORES ANALÍTICOS EN UNA ADMINISTRACIÓN PÚBLICA ASTURIANA

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RESUMEN Este estudio pretende relacionar los valores como el Índice de Masa Corporal (IMC) y el perímetro abdominal con la T.A. y valores analíticos tales como el Colesterol, Triglicéridos y el Factor de Riesgo. Se ha realizado el estudio en una administración pública como es un ayuntamiento asturiano que cuenta con un total de 213 trabajadores de los cuales 175 han realizado el eess. El interés de este estudio viene dado a que

en la actualidad se está dando mucha importancia al riesgo cardiovascular. **OBJETIVOS** Valorar si existe relación significativa entre los valores antropométricos como son el IMC y el perímetro abdominal con la T.A. y valores analíticos como son el colesterol, triglicéridos y el factor de riesgo. **METODOLOGÍA** Se realiza una revisión de 175 exámenes de salud periódicos correspondientes a 2011, realizados en una administración pública asturiana (ayuntamiento). **RESULTADOS** Aprovechando la revisión pormenorizada de la analítica y de la historia clínica (datos antropométricos) que se deriva de los EESS de los trabajadores del ayuntamiento, dichos resultados de éste estudio nos llevan a establecer si existe una relación directa entre los valores anteriormente citados. **DISCUSIÓN Y CONCLUSIONES** Ratificar si existe relación objetiva entre los valores antropométricos y los valores analíticos anteriormente citados. Dichos resultados nos llevarán a la posibilidad de establecer, si el estudio así lo indica, campañas de promoción de la salud y hábitos saludables en la población trabajadora que realicen el examen de salud y tengan estos valores alterados.

O0026 EFECTIVIDAD DE LAS CAMPAÑAS DE PROMOCIÓN DE LA SALUD EN UNA EMPRESA DEL SECTOR FARMACÉUTICO

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Objetivo: Describir el metodo seguido para proponer y realizar campañas de promoción de la salud I en una empresa del sector farmacéutico mediante las tecnologías de la información y la comunicación para llegar a la máxima población posible. **Método:** A traves de los resultados obtenidos en la vigilancia de la salud colectiva, se propone a la dirección distintas campañas de prommoción de la salud que se desarrollan con los medios de comunicación y formación que disponemos: notas informativas puntuales, notas en la revista interna, campañas de comunicación en nusetra Intranet, cursos de formación, recomendaciones expresas a raiz de la vigilancia de la salud individual. Tras la difusión se realizó un segundo estudio estadístico para valorar la incidencia de la promoción de la salud en los hábitos de salud de los trabajadores. **Resultados:** Los hábitos de salud / factores de riesgo modificables habían variado en muy poca medida. No tenemos conocimiento del impacto de esas medidas de promoción de la salud como habían afectado a las personas. **Conclusiones:** Es necesaria un mayor empeño en la promoción de la salud, no es suficiente proporcionar al personal la información sino quizás se deben dar herramientas más prácticas, y poder así ejercer un mayor control sobre la misma. Sería interesante realizar coaching en promoción de la salud efectiva.

O0027 PREVENCIÓN DEL RIESGO BIOLÓGICO EN LOS VIAJES DE TRABAJO DE VOLKSWAGEN NAVARRA, S.A.

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Volkswagen Navarra, S.A

Desde 2009, Volkswagen Navarra lidera la construcción del Polo en el mundo. Se hace necesario que trabajadores de distintas áreas de la empresa, se desplacen a otras plantas Volkswagen en Europa, América, Asia y África. Nuestro objetivo, ha sido crear un protocolo para que todo el personal viaje durante su trabajo con la protección e información necesarias frente a agentes biológicos. **Método:** 1. Introducir el protocolo "viajes de trabajo" en la aplicación informática de gestión corporativa, SAP. 2. Compromiso de Área Técnica de comunicar, al servicio de vigilancia de la salud, el personal que es susceptible de viajar y destinos. 3. Incluir el personal en el protocolo: a. Examen de salud específico: analítica + anamnesis + exploración b. Vacunación específica según analítica y destino. c. Información específica sobre vacunas y medidas higiénico-sanitarias. d. Analítica de control post-vacunación 4. Citación mediante Outlook para examen de salud, administración de vacunas y analítica de control. 5. Charla informativa: vacunas necesarias y medidas higiénico-sanitarias. 6. Impartir curso de primeros auxilios para personal cuya estancia en destino sea superior a 6 meses. 7. Incluir en la Intranet de fábrica un PowerPoint con la información y un link a la página del Ministerio de Sanidad para consulta. 8. Adosar la información por escrito al Dossier de documentación que entrega la empresa antes del viaje. 9. Preparar y entregar botiquines de primeros auxilios, añadiendo antipalúdico (Malarone), según necesidad. **Resultados:** Trabajadores incluidos en el protocolo desde 2009 hasta 2012: 177 Trabajadores vacunados: 59 VHA; 118 VHB; 77 VAT; 163 VTF Mal respondedor a VHB 15 Grado de satisfacción de los trabajadores: muy positivo **Conclusiones:** Se ha conseguido introducir en Volkswagen Navarra, un protocolo de actuación frente a riesgos biológicos, para los trabajadores que viajan por motivos de trabajo, con un alto grado de aceptación a todos los niveles.

O0028 THE ROLE OF THE OCCUPATIONAL HEALTH NURSE IN PROMOTION OF BLOOD DONATION AMONG WORKERS IN HUNGARY

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Background: Although workplace health promotion is a core concept in occupational health nursing there is no study referring to promotion of blood donation among workers from the occupational health nurses' point of view in Hungary. Objective: The aim of this study was to assess the level of knowledge and practice regarding blood donation among workers in Hungary. Methods: Anonymous questionnaire has been developed based on the Eurobarometer 41.0 (1995): Europeans and Blood. We used mixed-mode data collection: traditional paper-based questionnaire (N=180) and web-based survey (N=303) between August and December 2010. 483 workers completed the survey on a voluntary basis. Data were analysed with Microsoft Excel 2003 software, using a descriptive statistical method and chi-square tests. The level of significance was set at $p < 0.05$. Results: The sample consisted of 302 male (63%) and 181 female (37%); the majority of the sample (82%) were donors ($p < 0.001$), which is significantly higher than the percentage recorded in the Eurobarometer 72.3 in 2009 (EU27: 37%; HU: 44%). The respondents were between the ages of 18-60 years. 68% of the sample population judged their state of health to be very good or excellent ($p = 0.15$). The majority of respondents (89%) think that the safety of transfusion has improved over the past ten years, compared to 57% (EU27) and 51% (HU) recorded in the Eurobarometer 72.3. Based on the results it was concluded that the studied workers are well informed about certain basic facts about blood, 86,7% in comparison to the 40% (EU12, 1995). Conclusions: It's clearly seen from the results that an occupational health nurse-initiated education can strongly increase the level of knowledge, attitudes, and practices regarding blood donation among workers. Moreover it might lead to higher blood donation rates. Key words: occupational health nurse, blood donation, education, health knowledge.

O0029 HOW TO INDUCE BEHAVIOR'S CHANGE TO PREVENT ALCOHOL CONSUMPTION HEALTH RISK AT THE WORKPLACE. PRO-DE-SENS: A NEW METHODOLOGY?

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Twenty-five percent of accidents are related to alcohol consumption at the workplace (Swiss Federal Office of Statistics). These accidents and excessive alcohol consumption have significant consequences on the psychological and physical health of employees. As a health service commissioned by a construction company we had a preventative role to play. Clear rules exist in the company we studied, but they are not followed and we have implemented a program to improve compliance with these rules. For that matter we used a new methodology to create a program to raise awareness on alcohol consumption at the workplace. We started from the idea that to change behaviors the proper knowledge is needed. This program involves several steps which will be described in details at the conference. After a needs' analysis using focus groups, executives are trained by experts in health promotion and by an alcohol specialized MD. This is a new way of looking at prevention as it passes through the executives of the company. Indeed, managers are initially trained and then they are those who pass on the information to their employees. Thus they are involved in the prevention of the health of their employees. The program is very well accepted and the new directive also. Preliminary results show that eighty nine percent of managers trained are satisfied with the training and the implementation of this program. The results of staff training will be presented at the conference. In conclusion, we can say that this new type of program meets the expectations of executives in order to approach the subject of health with their employees.

O030 INDICADORES DE PROMOCIÓN DE LA SALUD EN EL ÁMBITO LABORAL

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ORIGEN: Nuestra finalidad va dirigida a aportar indicadores de promoción de la salud para la enfermera laboral y para los trabajadores de la propia empresa. El "Inventario de acciones de promoción de la salud en la empresa", en una de sus conclusiones afirma que "existe la necesidad de establecer buenos indicadores para la evaluación de la promoción de la salud así como de guías de buenas prácticas para aumentar la eficacia y calidad de dichas actuaciones" **OBJETIVOS:** Presentar indicadores de cuatro elementos influyentes que presentamos Aportar indicadores al objetivo de la ENWHP (Red Europea de Promoción de la Salud en el Trabajo): "Trabajadores sanos en empresas saludables" **MÉTODO:** Se realiza una revisión bibliográfica focalizada al objeto de estudio. De los materiales obtenidos, a través de metodología cualitativa, se utiliza el análisis crítico de contenido para poder dotar de significado práctico los diferentes indicadores. **RESULTADO:** Para hacer el análisis de contenido, nos hemos basado en cuatro elementos que a nuestra consideración, influyen en el trabajo e "incrementan el control sobre la salud para mejorarla", con un indicador cualitativo: Tener objetivos claros respecto a nuestro trabajo: "A través de comunicación pertinente, se lo que la empresa espera de mi" Sentirse parte de la empresa, además de serlo: "Participo también en actividades sociales de mi empresa" Aprender para enseñar, cuidarse para cuidar: "Practico la creatividad en la cobertura de necesidades de los trabajadores de mi empresa" Aceptar para cambiar: "En nuestra empresa tenemos identificados los procedimientos de mejora continua" **CONCLUSIONES:** Una vez definidos los indicadores, habría que realizar una prueba para demostrar su aplicabilidad, tanto cualitativos como cuantitativos Reafirmar que para la Promoción de la Salud, los indicadores deben contemplar aspectos multidisciplinares

P002 Aplicación de criterios de evidencia científica en la identificación de consumos de alcohol en el medio laboral

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Introducción El consumo de alcohol en el medio laboral puede tener importantes repercusiones para los trabajadores, tanto por afectar a la realización de las tareas que ha de llevar a cabo en el desempeño del trabajo, como por los problemas sociosanitarios que puede generar en otros ámbitos extralaborales. En algunos casos el consumo de esta sustancia psicoactiva puede afectar a terceros, contribuyendo asimismo a que se produzca un aumento de la siniestralidad laboral. Igualmente algunas condiciones o características del trabajo que se desarrolla o del entorno laboral pueden comportarse como factores de riesgo o de protección en el consumo. **Objetivos** Planificar estrategias preventivas permite adecuar el diseño de las posibles intervenciones a las características de la población diana. Aglutinar actuaciones que aisladamente no tendrían el efecto deseado en el objeto de la intervención. **Metodología** Búsqueda de estudios en bases de datos bibliográficas (CISDOC, IBSST, MEDLINE, COCHRANE-PLUS), en buscadores y portales de información (RED-BVS, THE INTERNET PUBLIC LIBRARY) y consultas a expertos. **Resultados** El test de AUDIT ha sido validado en España por diversos grupos con buenos resultados para la detección del consumo problemático de alcohol. La indicación más adecuada de los marcadores biológicos es la monitorización de la respuesta al tratamiento así como el consejo por parte del profesional sanitario. **Conclusiones** La intervención breve realizada en las Unidades Básicas Sanitarias sobre bebedores a riesgo es eficaz, aunque su efecto sea sólo moderado.

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P003 ANALYZING THE EFFECTS OF THE FINANCIAL CRISIS ON THE HEALTH STATUS

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Background and Objectives Europe has been hit by the global economic crisis and has suffered a sustained economic contraction, driven by falling financial activity. Greece has been affected more by the financial turmoil beginning in 2007 than any other European country. There is a widespread concern that the present economic crisis in Greece, particularly its effect on the working population, will adversely affect public health. The objective of this presentation is to review the scientific evidence that refers to the relationship between financial crisis and health, focusing on the association between health status and socioeconomic factors (especially employment, unemployment, precarious employment). **Methods** MEDLINE was searched for all relevant articles with the use of the key words “financial crisis”, “health status”, “precarious employment” and a range of financial data and rates for Greece. A secondary search was conducted for references from the primary search articles, review articles or published commentaries. Research was focused on articles published between 1980 and 2011. **Results** In total, 34 articles were reviewed. There is evidence that financial crises have adverse consequences for the health of individuals, through rises in medically certified sick leave, rises in mortality, higher levels of depression and anxiety and worse self-rated physical health. **Conclusions** Evidence suggests a strong, positive association between financial crisis and many adverse health outcomes. Unemployment and precarious employment due to the economical recession negatively affect physical and mental health. Further research is essential in order to investigate the effects of the financial and employment instability in relation to the health status of employees in Greece.

P004 HEALTH ENTREPRENEURS, HEALTHIER COMPANY – WORK WELLBEING OF MICRO-ENTREPRENEURS

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Mikkeli University of Applied Sciences corporate with its partners in a project called Voi hyvin yrittäjä. The aim is to develop and promote tools for entrepreneurs to improve the health and well-being. The target groups are micro-entrepreneurs in South Savo, Finland. During the operational phase of the project the goal is to involve 65 micro-entrepreneurs. The project is funded by the European Social Fund. The most important methods in the project are individual company visits and group meetings which proceed as a process. The first visit focuses on the company's well-being, exploring the work environment, working conditions and risk factors. The second visit to the company focuses on the entrepreneur's health and well-being. During this visit the measurements of health, fitness assessment, physical exercise, and health counseling are carried out. A specific lifestyle analysis tool called Hyvinvointianalyysi, is used to measure the stress and recovery of the entrepreneur and the possibilities to support micro-entrepreneurs are discussed through occupational health. These individual company visits are supported by the meetings with a group of entrepreneurs. The project also applies a specific self- assessment tool called Yrittäjä Step, developed by the Finnish Institute of Occupational Health. The company visits and group meetings result in a process for promoting micro-entrepreneurs' well-being. This process is modeled in the project. In addition, entrepreneurs draw up a work well-being development plan with the help of the self-assessment tool. The tool is modified for the micro-entrepreneurs' needs, and the project will also model the cooperation between micro-entrepreneurs and occupational health services. The project will model the development process of the micro-entrepreneurs' work well-being as well as test company visits, group meetings and life style assessment tool in promoting micro-entrepreneurs' work well-being. In addition, the project studies if the group meetings proved a beneficial method for promoting work well-being.

P005 MICRO-ENTREPRENEURS' WORK ABILITY

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Mikkeli University of Applied Sciences corporates with its partners in a project called Voi hyvin yrittäjä. The aim is to develop and promote tools for entrepreneurs to improve their health and well-being. The project is funded by the European Social Fund. Behind this project is the concern for entrepreneurs' well-being and the well-being of the personnel in micro-enterprises and their operating conditions. The project is aimed at the companies in South-Savo, Finland, that employ fewer than ten employees. The companies come from various industries. The goal there is to involve 65 micro-entrepreneurs. They apply a specific self-assessment tool called Yrittäjä Step, developed by the Finnish Institute of Occupational Health. Through the self-assessment entrepreneurs describe their work ability model (paraphrasing Ilmarinen et al 2003), as well as explore areas for improvement and draw up the development plan for work their well-being. In the self-assessment entrepreneurs rate well-being activities at basic, advanced, and the target levels. The assessed areas are professional expertise, work and work environment and health and functional capacity in their company. Through self-assessment entrepreneurs draw up a plan to promote well-being in the companies' activities. The result of the project is a description of micro-entrepreneurs' work ability model and its various aspects. The most important improvement areas of micro-entrepreneurs' work ability and well-being were the preparation of operating instructions and accounting for occupational safety and emergency skills, health risk prediction, risk situations and the expansion of the entrepreneurial support network. The specific tool raised a number of development needs for work the well-being of micro-entrepreneurs. In the future this tool must be designed to meet the needs of micro-entrepreneurs more precisely. Occupational health care covered

only few entrepreneurs' health care, and therefore the cooperation between micro-entrepreneurs and the occupational health care system must be enhanced.

P006 OCCUPATIONAL HEALTH OFFICER NURSES IN THE GREEK ARMY

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Background and objectives: Health and safety at work of army officers' is a very important issue in the Greek Army even at peace time. The aim of this presentation is to describe the Greek occupational health nurse's role in a demanding working field as Army is. Method: A review of international and Greek literature related to the role of OHN in general and in the armed forces in particular. Results: The role of an occupational health officer nurse is quite diverse because it involves rather extensive administrative responsibilities in the Greek Army and is according to the Greek Occupational Health and Safety legislation. It is also similar to that in other developed countries armed forces. Occupational health officer nurses not only work to evaluate workplaces for any potential hazards that may cause health problems in the army personnel, but also provide recommendations on how to improve health and safety conditions. The occupational health officer nurse may work as the officer in charge in a system of health and safety that is responsible for documenting employee injuries that occur in the work place, carrying out risk assessments, surveying work environment for potential hazards, managing injuries amongst army personnel for maintaining and analyzing army officers' health records and statistics and developing and managing emergency procedures. Conclusions: The Greek military occupational health officer nurse is an autonomous nursing role which provides prevention and care wherever is needed. The officer nurse's role could be used as a good practice example for the development of the occupational health nurse role in Greece.

P007 LA VISIÓN DE LOS CUIDADOS DE ENFERMERÍA A TRAVÉS DE LAS TIC: CLINICA ONLINE en MUTUA UNIVERSAL

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Mutua Universal

RESUMEN: Mutua Universal-Mugenat, Mutua de Accidentes de Trabajo y Enfermedades Profesionales de la Seguridad Social nº 10, tiene como principal objeto facilitar asistencia sanitaria a los trabajadores protegidos que han sufrido un accidente de trabajo o Enfermedad Profesional. En 2009 se desarrolla el Proyecto de Clínica online. Clínica online es un sistema de telemedicina que permite a todos nuestros profesionales sanitarios, independientemente del centro asistencial donde estén situados, consultar, recibir apoyo y asesoramiento del mejor especialista a través de consultas con conexión online o diferidas. Palabras clave: Clínica on line, accidente de trabajo. OBJETIVOS. Evidenciar que las TIC son una herramienta clave para los cuidados de enfermería. Las TICs como soporte para compartir el conocimiento enfermero. METODO Se realizó un estudio observacional, para ver los beneficios que pueden tener los cuidados de enfermería apoyados en las TIC. El estudio se lleva a cabo a partir de la implantación de Clínica online, desde Marzo 2011 hasta la actualidad. RESULTADO Para el colectivo de enfermería, clínica on line, supone un avance en los cuidados enfermeros aportando un alto grado de autonomía profesional para proporcionar una atención integral de calidad. Ofrece la posibilidad de compartir y desarrollar la información enfermera, basada en cuidados. Visión de los cuidados de enfermería a través de la Clínica online (TIC's):  Mejoramos los cuidados, los recursos capturados con clínica on line (fotos y vídeos) y los registros digitalizados se integran en la HC informatizada pudiendo ser valorados y compartidos por todos los niveles asistenciales de

forma inmediata.  Soporte para compartir y difundir el conocimiento enfermero. (Sesiones Clínicas, formación,...)  Disponibilidad de datos para realizar estudios basados en la evidencia científica. CONCLUSIONES: Las nuevas tecnologías permiten a los profesionales de enfermería prestar cuidados de máxima calidad, con una gestión eficiente basada en las personas y en el conocimiento compartido como elemento diferenciador.

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P008 LA ENFERMERIA EN LAS MUTUAS DE ACCIDENTES DE TRABAJO: ESLABÓN IMPORTANTE EN LA CADENA MULTIDISCIPLINAR PARA UNA ÓPTIMA SALUD LABORAL

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Mutua Universal, Mutua Universal, Mutua Universa

LA ENFERMERIA EN LAS MUTUAS DE ACCIDENTES DE TRABAJO: ESLABÓN IMPORTANTE EN LA CADENA MULTIDISCIPLINAR PARA UNA ÓPTIMA SALUD LABORAL

RESUMEN: Para alcanzar una excelente relación entre salud y trabajo, es imprescindible un equipo de profesionales multidisciplinar (TPRL, Médicos y Enfermeros del Trabajo, Psicólogos, profesionales de MATEPSS, etc.) que trabajen al unísono para conseguir un fin común, prevenir y en su caso tratar el accidente de trabajo y la enfermedad profesional. Formando esta cadena nos encontramos al personal de enfermería que presta sus servicios en una MATEPSS, profesional desconocido para muchos, pero que realiza una labor muy importante en Salud Laboral. Palabras clave: Enfermería de MATEPSS, salud laboral, accidente de trabajo. OBJETIVOS - Definir las características del personal de enfermería en una MATEPSS. - Destacar la importancia del nexo de unión entre las partes implicadas en la Salud Laboral. METODO Revisión bibliográfica de las competencias y actividades de enfermería en materia de actuación en el Accidente de Trabajo. Descripción de las competencias profesionales de enfermería en Mutua Universal. RESULTADO 1- El personal de enfermería de MATEPSS tiene como objetivo principal prestar cuidados individualizados para ayudar al trabajador a obtener el máximo grado de salud y recobrar la autonomía suficiente que le permita desarrollar lo antes posible sus roles profesionales y personales. Además, enfermería realizara educación sanitaria y consejos saludables que son beneficiosos para su Salud Laboral. 2- Enfermería es el profesional asistencial que por la capacidad de empatía que consigue con el paciente, le es posible detectar signos de alarma manifestadas por el trabajador y ser el enlace ideal con los diferentes interlocutores dentro el ámbito laboral (Servicios de Prevención, Empresa, equipo asistencial, etc.). CONCLUSIONES La enfermería es un eslabón importante dentro del equipo multidisciplinar para ofrecer los mejores servicios integrales con la máxima calidad asistencial, detectando los problemas reales y potenciales de forma bio-psico-social del trabajador, que influirá de manera determinante en la evolución de su enfermedad y la reinserción al mundo laboral, siendo un nexo de unión fundamental entre las partes implicadas en Salud Laboral.

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P009 DEVELOPMENT OF DIFFUSIVE SOLID PHASE MICROEXTRACTION METHOD FOR SAMPLING OF EPICHLOROHYDRIN IN AIR

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Epichlorohydrin is used frequently in many industrial processes such as petrochemical industries. Occupational exposure to this pollutant could lead to several disease and disorders in workforces. The present work developed a novel SPME based method for time weighted average determination of epichlorohydrin in air by GC/MS. CAR/PDMS fiber was selected and Solid Phase MicroExtraction (SPME) method in retracted mode was developed. Effect of environmental parameters on sampling property of fiber was also examined. There was no significant difference between Sampling rate in different temperature and velocities but Relative humidity had significant effect on sampling rate. Comparison of results of sampling with SPME with NIOSH

standard method in standard test atmosphere and real samples showed that results obtained by developed SPME method has good agreement with results obtained by NIOSH method 1010.

P010 WORK RELATED SKIN PROBLEMS AMONG TURKISH YOUNG WORKERS

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Background and objectives: Skin diseases are among the most frequent occupational diseases in many industrialized countries. Especially contact dermatitis is the most common chronic occupational skin diseases (OSDs) affecting hands or forearms. Young workers are more vulnerable to risk factors arising from work environment. There is a need to determine the prevalence of OSDs among young workers. The present study aimed to determine the prevalence of OSDs among young workers. For this reason, the present study may provide baseline data for OSDs prevention programs. Methods: The design of the study was cross-sectional. The study included 455 subjects (240 female and 215 male) who were studying and working as hairdressers, jewelers or car mechanics in "occupational education schools" in Istanbul. The selection reason of these three occupations is to have higher risks in terms of OSDs. Data was collected by using the new long version of Turkish Nordic Occupational Skin Questionnaire (NOSQ-2002). Results: It was found that 55,6 % of the children were hairdressers, 22,2% were jewelers and 22,2% were car mechanics. It was reported that 202 (44,4%) young workers had hand and forearm dermatitis (HaFD). Young workers mean their age was $17,9 \pm 1,7$ who had been working since they were 14 years old. It was also found to work 68,4 hours. There was not found a significant association between HaFD and gender ($p>0.05$), HaFD and age groups ($p>0.05$). It was found significant association between HaFD and present occupation ($p<0.05$) that the hairdressers (50%) had HaFD more than the other occupations. It was found significant association between HaFD and worked years (mean $3,7 \pm 2,5$) ($p<0.05$). Conclusions: The results of the study will be used in the planning of health programs to prevent HaFD and other OSDs in young workers. These results provided the valuable information for occupational health nurses and other specialists.

P011 ¿SON EFECTIVAS LAS CAMPAÑAS DE PROMOCIÓN Y SENSIBILIZACIÓN PARA EVITAR LOS ACCIDENTES BIOLÓGICOS?

Gil,Maria; Pareja,Atonio; Laínez,Pilar; Sevilla,Isabel;

Llinás,

RESÚMEN DE LA COMUNICACIÓN CIENTÍFICA TÍTULO: ¿SON EFECTIVAS LAS CAMPAÑAS DE PROMOCIÓN Y SENSIBILIZACIÓN PARA EVITAR LOS ACCIDENTES BIOLÓGICOS? AUTOR/ES: M.Gil(*), A. Pareja(**), P. Laínez(*), I. Sevilla(*) (*) Unidad de Medicina del Trabajo (**) Unidad de Epidemiología Hospital Son Llàtzer. Palma de Mallorca JUSTIFICACIÓN: Dado el bajo descenso de la accidentalidad biológica tras la primera campaña de promoción de dispositivos de seguridad en el 2008: 6,11 accidentes x 100 trabajadores (accx100t) frente a un 6,01 en 2009, se pone en marcha en 2011 la segunda campaña de promoción y sensibilización del uso correcto de los dispositivos de seguridad utilizando los sistemas de información disponibles en el Hospital. OBJETIVOS: Estudiar la efectividad de las campañas de promoción y sensibilización para evitar los accidentes biológicos utilizando los sistemas de información. DESCRIPCIÓN (METODOLOGÍA,SISTEMÁTICA...): Se realiza un estudio descriptivo, analizando número de visitas al rincón de dispositivos de seguridad (1), y comparando número de accidentes durante los periodos de actividad de la primera y la segunda campaña de promoción del uso correcto de dispositivos de seguridad. RESULTADOS: 1. El número de visitas de los trabajadores al rincón de dispositivos de seguridad es 4 en 2010 frente a 45 en 2011. 2. El número de pinchazos en 2010 es de 3.51 pinchazos x 100 trabajadores (px100t) frente a 2.77 en 2011. 3. El número de salpicaduras en 2010 es de 1.37 salpicaduras x 100 trabajadores (sx100t) frente a 1.19 en 2011. 4. En el primer semestre de 2011, sin la nueva intervención, se producen 1.67px100t

y 0.71sx100t. En el segundo semestre se producen 1.09 px100t y 0.47 sx100t. CONCLUSIONES: La realización de campañas de promoción y sensibilización mediante el uso de los sistemas de información por parte de Enfermería del trabajo en el Hospital Son LLàtzer permite aumentar el interés de los trabajadores en materia preventiva, facilitando información para conseguir una buena praxis, hábitos de trabajo seguros y con ello reducir el número de los accidentes biológicos. PALABRAS CLAVE: (1) Espacio de Intranet dedicado exclusivamente a los dispositivos de seguridad

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P012 MANAGEMENT OF OCCUPATIONAL BLOOD EXPOSURES: A THREE YEAR REVIEW.

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MANAGEMENT OF OCCUPATIONAL BLOOD EXPOSURES: A THREE YEAR REVIEW. Background Occupational blood exposure is a well recognised hazard in the healthcare setting. Risks cannot be eliminated therefore policies and procedures should be in place to reduce the risk of infection and ensure the most appropriate management and treatment options. Objectives The objective of this review was to examine the cases presenting in the hospital as a result of possible occupational blood exposure and to ascertain if documentation of management and follow-up was appropriate and in-line with best practice. Methods Data was gathered from occupational blood exposures reported to either the Occupational Health Department or the Emergency Department in a large teaching hospital during the period 2008-2010. It was retrospectively analysed. Results Percutaneous injury accounted for 88% (n=86), mucocutaneous exposure for 10% (n=10) and bites for 2% (n=2) of occupational blood exposures. Eighty percent (n=78) of recipients of occupational blood exposures presented for treatment within 72 hours. The infectious status of 78% (n=76) of source patients was unknown at the time of exposure and 6% (n=6) were known to have a blood borne virus at the time of the exposure. Twenty eight percent (n=27) of healthcare workers who reported exposure required follow-up. Data on documentation management of the occupational blood exposure is also reviewed. Conclusions Policies and procedures need to be clearly followed to ensure appropriate management, to minimise any psychological upset or anxiety resulting from an occupational blood exposure. Further review of the documentation process is recommended.

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P013 INCAPACIDAD TEMPORAL POR ACCIDENTES DE TRABAJO EN EL SECTOR SANITARIO EN 2011. PROGRAMACIÓN DE INTERVENCIONES ENFERMERAS EN EL ÁMBITO LABORAL.

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Mutua Universa

RESUMEN: Mutua Universal-Mugenat, Mutua de Accidentes de Trabajo y Enfermedades Profesionales de la Seguridad Social, nº 10 (MU) tiene como principal objetivo facilitar asistencia sanitaria y servicio a los trabajadores protegidos. Se desarrollan intervenciones enfocadas al cuidado integral de la población protegida. Enfermería del Trabajo (ET), persigue, de forma general, a través del trabajo en el entorno laboral, abordar de manera eficaz el cuidado integral del trabajador, y en este caso, dentro del propio sector sanitario. Palabras claves: Accidente de Trabajo, Enfermería del trabajo, Sector Sanitario. OBJETIVOS: Determinar, dentro del sector sanitario asistido en MU en el año 2011, los diagnósticos médicos más frecuentes que han supuesto Incapacidad Temporal (IT) por Accidentes Laborales. Planificar y protocolizar intervenciones de enfermería en la vigilancia, promoción de la salud y prevención de accidentes. METODO: Estudio mediante análisis descriptivo de frecuencias de casos de IT en el sector sanitario asistidos en MU durante el 2011. Análisis de los estadísticos descriptivos básicos en relación a los diagnósticos comunes más frecuentes. RESULTADOS: Se determinó, dentro del total de población protegida (N=1.047.166) la IT en el sector sanitario (n=2.150; 4,31% de la IT total) y los problemas de salud más frecuentes en el sector sanitario lo

que permitió, a través de las funciones, actividades y tareas legalmente establecidas y desarrolladas por ET, dirigirse a aquellos aspectos destinados a mejorar la salud y la seguridad, la asistencia a los trabajadores protegidos, y planificar y programar el desarrollo de las competencias profesionales. **CONCLUSION:** La forma sistemática y protocolizada del trabajo de ET, permite una identidad propia como especialidad con un perfil definido dentro de la salud laboral en busca de la promoción de la salud y la seguridad de cada trabajador y su entorno, y en este caso del sector sanitario analizado.

P014 EL ESTRES DE LOS ESTUDIANTES DE ENFERMERIA DURANTE SUS PRÁCTICAS

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INTRODUCCIÓN Y OBJETIVOS: El estrés es un problema importante en nuestra sociedad actual. Todo el mundo puede afectarse; desde niños que están en el colegio, trabajadores, incluso ancianos. En este trabajo se menciona a un grupo de estudiantes de enfermería especificando cómo afecta este trastorno durante sus prácticas. **MÉTODOS:** Realicé una revisión sistemática de literatura relacionada en bases de datos electrónicas, Medline, Cinahl, la asociación Griega de Bibliotecas universitarias (HEAL- Link) y google académico con las siguientes palabras: estrés, enfermería, medicina, estudiantes de enfermería. **RESULTADOS:** El estrés que experimentan los estudiantes de enfermería durante sus prácticas puede inferir seriamente y obstaculizar su aprendizaje. El ambiente de las plantas de los hospitales físicos (instalaciones e instrumentos) y sociales (individuos y grupos) influye en ellos sobre todo cuando la ayuda que reciben es insuficiente. Debido a que en este espacio es donde se realiza la enfermería real, el estrés intenso provoca que los estudiantes sean una amenaza para la seguridad del paciente, puesto que cualquier error es potencial. **CONCLUSIONES:** Las prácticas influyen en los estudiantes de enfermería y esto podría hacerlos inadecuados para curar a los pacientes.

P015 TUBERCULOSIS Y LOS ENFERMEROS EN EL LUGAR DEL HOSPITAL

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INTRODUCCION Y OBJETIVOS: La tuberculosis es internacionalmente la primera enfermedad infecciosa mortal. Este dato la hace especialmente peligrosa para profesionales de la salud en los hospitales. En este estudio retrospectivo se destaca la necesidad de adoptar medidas para proteger a los trabajadores en hospitales y especialmente a las enfermeras. **MÉTODOS:** Se realiza una revisión sistemática de la literatura en bases de datos electrónicas Medline, Cinahl, la Asociación de Bibliotecas Universitarias griego (HEAL-Link) y el motor de búsqueda de Google Académico, con las siguientes palabras clave: tuberculosis, enfermería, enfermedades transmisibles, enfermedades profesionales. **RESULTADOS:** La tuberculosis es una enfermedad profesional contagiosa, en especial para las enfermeras y sus respectivos pacientes hospitalizados. El fenómeno de las cepas resistentes a los tratamientos también supone una gran preocupación, por lo que es imprescindible reconocer rápidamente a los afectados. Puesto que es muy contagiosa, la pronta iniciación del tratamiento médico y el aislamiento de los enfermos durante el periodo de enfermedad es fundamental. Requerirán el uso de la radiación ultravioleta, ventiladores y máscaras de filtrado capaces de proteger de las gotas que emiten. En cuanto a las enfermeras, se precisará un seguimiento periódico con radiografía de tórax y piel fymatinoantidraisi (Mantoux), cada uno o dos años. **CONCLUSIONES:** La educación de las enfermeras en los métodos de protección contra la tuberculosis es la mejor inversión para su protección.

P016 THE EFFECT OF WORKPLACE NOISE ON LIFE QUALITY IN BANK EMPLOYEES

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Background and objectives: Study aims to determine the effect of workplace noise on life quality in employees at call center and credit department of a bank. Material and Method: This descriptive study was conducted in call center and credit department of a private bank in Istanbul in March-April 2011. Through extech noise measurement and recording device, level of noise in call center was measured to be 50-67 decibels. 95 % of the employees here described the workplace as noisy, but no measurement was done in credit department; employees described the workplace as noiseless. Population consists of employees in call center (N=296) and credit department (N=162); 311 volunteers participated in the study. Data was collected by using questionnaire form prepared by researchers and SF-36 Life Quality Scale. It has four main dimensions and eight sub-dimensions. Dependent variable is employees' scores for life quality while independent variables are their demographic information, workplace factors and noise. Necessary permission was received from the employees and the bank. Data was evaluated through, percentage, t-test, Kruskal-Wallis variance analysis and chi-square test. Results: Average age of the employees is 29.05 ± 5.89 and 26.4 % of them are male and 73.6 % are female. 64.6 % of the employees work in call center while 35.4 % of them work in credit department. There is a statistically significant difference between two groups in terms of noise ($\chi^2 = 28.21$; $p = 0.00$). Life quality average scores were found to be statistically lower ($t = 5.95$; $p = 0.000$) in call center ($x = 56.73 \pm 15.69$) than credit department employees ($x = 66.36 \pm 8.3$). Also, average scores for sub-dimensions of life quality scale were statistically lower in call center employees than the other. Conclusion: Life quality scores of the employees in call center described as a noisy environment were found to be lower than those of credit department employees. Key Words: Occupational Health, Life Quality, Noise

P017 THE EFFECT OF NOISE ON JOB SATISFACTION AND BURNOUT IN BANK EMPLOYEES

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Objectives: Study aims to determine the effect of workplace noise on burnout level and job satisfaction in call center and credit department employees of a bank. Material and Method: This descriptive study was conducted in call center and credit department of a private bank in Istanbul, in March-April 2011. Through extech noise measurement and recording device, level of noise in call center was measured to be between 50 and 67 decibels. Call center employees described the workplace as noisy, but no measurement of noise was done in credit department and employees described the workplace as noiseless. Research population consists of employees in call center (N=296) and credit department (N=162). No sampling method was used and totally 311 volunteers participated. Data was collected by using questionnaire form prepared by researchers in line with literature, Maslach Burnout Inventory (MBI), and Short Form Minnesota Satisfaction Questionnaire (MSQ). Dependent variables are scores obtained from job satisfaction and level of burnout scales. Independent variables are employees' demographic information, workplace factors and noise. Necessary permission was received from the employees and the bank. Data was evaluated through, percentage, t-test, Kruskal-Wallis variance analysis and chi-square test. Results: Average age of the call center employees is 27.21 ± 4.49 , and that of credit department is 32.41 ± 6.63 . All the employees in credit department described workplace as noiseless and 95 % of call center employees described as noisy. There is a statistically significant difference between two

groups ($x^2=28.21$; $p=0.00$). Job satisfaction average score of call center employees is 66.82 ± 14.00 while it is 73.63 ± 16.08 for those in credit department. A significant difference was found between two groups ($t=4.32$; $p=0.000$). Average scores for emotional burnout ($x= 18.92\pm 7.87$) and desensitization ($x=13.26\pm 4.39$) were statistically lower in those who described workplace as noisy than those finding noiseless (respectively $t=7.86$; $p=0.000$, $t=5.60$; $p=0.001$). Conclusion: Workplace noise affects job satisfaction negatively and increases employees' level of emotional burnout and desensitization. Key Words: Occupational Health, Job Satisfaction, Level of Burnout, Noise

P019 EFFECTIVENESS OF NURSE-LED SMOKING CESSATION PROGRAM FOR THE EMPLOYEES

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Background and objectives: The smoking rate of the general population in Turkey is considerably high. Occupational Health Nurses can play an important role in the campaign against smoking. The objective of this study was to test effectiveness of Nurse-led Smoking Cessation Program for the employees. Methods: A randomized controlled experimental design included 100 participants who work for a pharmaceutical company and also smokers. They were divided into experimental ($n = 50$ worker) and control ($n = 50$ worker) groups, and the smoking cessation program was conducted in the experimental group. Socio-demographic data were collected at baseline, and tobacco use, tobacco addictions and saliva cotinine level data were collected with NicAlert Saliva Nicotine Test and Fagerström Nicotine Tolerance Questionnaire at baseline and six month follow-up. At the statistical analyses, descriptive statistics, Independent Samples T test, Chi-Square, Mann-Whitney U, McNemar and Wilcoxon tests were used. Results: At the post test which was carried after 6 months of the pre-test, was found out that 1 person in the control group and 13 people in the intervention group quit smoking($p=0.001$). Those who quit smoking in the intervention group quit 119.84 ± 60.60 (median=142) days ago. 1 person in the control group quit smoking 21 days ago. At the control group, there was no significant difference when the pre-test and post-test results, according to amount of cigarettes, were compared ($p=0.075$). As for the intervention group, there was a statistical significant difference between the pre and final amount of cigarettes ($p=0.006$). At the final test, the number of those who smoked 11 and above decreased. At the pre-test, average cotinine level of the employees for the intervention group was 3.48 ± 0.81 , for the control group 3.44 ± 0.78 and there was no statistical significance difference between the groups ($p=0.99$). At the final test, the average cotinine level for the intervention group (2.50 ± 1.64) was statistically significantly lower than that of control group (3.58 ± 0.88)($p=0.004$). Conclusion: The research proved that the smoking cessation intervention that has been carried out by occupational nurse has been successful. Key Words: Nurse, smoking cessation, workplace.

P020 NURSES WORKING SHIFTS: THE EFFECTS ON THEIR SOCIAL AND DOMESTIC LIFE

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Objectives Working rotating shifts has important implications not only on personal wellbeing of employees but on their social and domestic life as well. The aim of the present study was to examine the degree to which nursing personnel is satisfied with the amount of time the shift system leaves them for specific activities, as well as the amount of social and domestic disruption experienced as a result of working shifts. Methods A cross-sectional survey was carried out in order to study the factors that are associated with social and domestic disruption related to shiftwork. The instrument used for data collection was the Standard Shiftwork Index, which was completed by 365 nurses and nurse assistants working either rotating shifts including nights or permanently

morning shifts. Results The total sample consisted of 49 men (13.5%) and 313 women (86.5%); 39.3% of the sample were working exclusively mornings and 60.7% rotating shifts. Study participants that reported less satisfied with the amount of time the shift system allows them, were female nurses, married or living with a partner, having more than 2-3 members (usually children) to look after, with more than 18 years of working experience and working rotating shifts. Moreover, greater social and domestic disruption was found in nursing personnel with more than 18 years of working experience. Conclusion Our results require immediate attention from managers and policymakers in order to identify the challenges, choices, and outcomes associated with the complexity of working rotating shifts if they wish to employ satisfied and productive employees.

P021 BURNOUT AMONG NURSING STAFF: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background and Objective: Burnout is a stres-induced professional occupational disease that has been identified in many healthcare providers. Empirical evidence has shown that burnout has consequences including anxiety, depression, lowered self-esteem and substance abuse, and for the workplace, in the form of lowered productivity, absenteeism and turnover. Maslach Burnout Inventory is demonstrate burnout in three dimensions; emotional exhaustion, depersonalization, and personel accomplishment. The objective is to conduct a systematic review and meta-analysis of studies that evaluated the presence of burnout syndrome in nurses who provide care to patients. Methods: A search was made of the MEDLINE, COHRANE, PUBMED, SCÝENCE DÝRECT and BLACKWELL SYNERGY databases. Articles were selected that had used the Maslach questionnaire to assess burnout syndrome prevalance, had evaluated at least 70 subjects (including nurses), had at least a 20% questionnaire response rate, and that were published in English and Turkish. Results: Twenty two studies (5477 participants) were included in this analysis. The overall prevalence of emotional exhaustion found was 44% [95% confidence interval (CI) (40-49)], while for depersonalization this was 27% [95% CI (21-33)] and for personel accomplishment was 62% [95% CI (54-69)]. Statistical heterogeneity was seen for all dimensions across trials. Conclusion: The prevalance of burnout syndrome is elevated among nurses throughout the world but varies substantially among studies. Advanced researches point to the sources of heterogeneity in studies that three dimensions; (1) the different countries in which the included studies took place; (2) multi-professional nature of the teams from which the subjects for some studies were recruited; and (3) different rates of response to the questionnaires in the included studies. Further research is needed to better understand and prevent this syndrome. Keywords: Burnout syndrome, nurses, health care workers.

P022 ACCESS AND USE OF HEALTH CARE SERVICES BY IMMIGRANT WORKERS IN GREECE

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Background and objectives: Greece became a major migration destination since 1990, while it was not prepared to cater for this population. Although it is known from other countries that immigrants face problems related to access and use of health care, including occupational health, such information is scarce in Greece. Aim of this study was to investigate immigrants' access and utilization of health services. Methods: A cross-sectional study was conducted from January to April 2012 in Athens. The study population consisted of 191 immigrants that they were living in Greece less than 10 years. We developed a questionnaire that included information about sociodemographic characteristics, working status, health status and health services' access and utilization. Results: Mean age of the study population was 37.4 years (standard deviation, 10), while

mean length of stay in Greece was 76.8 months (standard deviation, 33.1). One hundred and twenty-seven (66.5%) of immigrants were employed. Working population consisted of 60 (47.2%) blue-collar workers, 45 (35.4%) white-collar workers and 22 (17.4%) self-employed persons. Almost half of the participants (n=95, 49.7%) used health services in the last 12 months, while 28.3% (n=54) visited an emergency department. Sixty-two percent (n=119) of the participants indicated that they needed health care services during the last 12 months, but they could not use these. The most important problems they faced were increased waiting times in hospitals (n=115, 60.2%), communication with health professionals (n=87, 45.5%), high cost of health care (n=74, 38.7%) and the system's complexity (n=65, 34%). Only, increased family monthly income was associated with decreased difficulties in access in health services ($p < 0.001$). Conclusions: A great number of immigrants faced off difficulties concerning health services in Greece. Public health policies should target the solution of this problem in order to improve quality of life of immigrants. 'This research has been co-financed by the European Union (European Social Fund – ESF) and Greek national funds through the Operational Program 'Education and Lifelong Learning' of the National Strategic Reference Framework (NSRF) - Research Funding Program: THALIS, UOA.'

P023 OCCUPATIONAL RISKS IN THE SERVICES SECTOR INDUSTRIES IN MOROCCO

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Background and objectives: Occupational risks in the services sector differ widely from those in other fields of work. The aim of this study is to determine the state of occupational safety in services sector industries in Kenitra city, economic capital of the Gharb region (NW of Morocco). Methods: A descriptive retrospective analysis of occupational injuries notified in the delegation of employment of Kenitra in 2008, was performed. Results: In 2008, 70 occupational injuries were reported among services sector workers; 59 have resulted in temporary disability, 9 a permanent disability and 2 have been fatal. According to data recorded, 83% of reported accidents have involved male workers. Accidents in this sector are caused by tools, falls from height and electrical accidents. Conclusions: The assessment and prevention of occupational risks are a major asset to improve the quality of work and retain employees through a better quality of work life.

P024 WORKING CONDITIONS AND QUALITY OF LIFE OF ALBANIANS LIVING IN GREECE IN COMPARISON TO THOSE LIVING IN ALBANIA

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Introduction: Nowadays, Albanian people represent approximately 60% of immigrants in Greece. However there is limited data on their quality of life in relation to their employment status. Objectives: The comparison of the quality of life of Albanian immigrants in Greece in terms of employment, compared with Albanians living in their country. Methods and Sample: Cross-sectional and comparative study with 638 participants who were selected using snowball sampling. Quality of life was measured with the SF-36 questionnaire; demographic and employment data were also recorded. 339 of the participants (152 men and 187 women) had as a permanent residence Albania and 299 were living for at least three years in Greece (158 men and 141 women), with mean age, $40,3 \pm 8,9$ years and $37,2 \pm 9,3$ years, respectively. Results: Participants, with a permanent job were living at a significantly higher rate in Albania, while participants who had a second job were mainly living in Greece and their income was higher than those living in Albania. Participants, who had a permanent job, as well as men,

had a significantly higher score on all dimensions of SF-36 showing a better quality of life in general. Those with higher income scored higher on the dimension of «Physical Function”. Conclusions: Migration is a factor that may positively influences living standards of immigrants but not their quality of life because of the insecurity persisting even after a considerable stay in the host country.

P025 NURSING SCIENCE CLINICAL PRACTICE

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Background: Since 2009, Örebro University, in conjunction with the University Hospital's Department of Occupational and Environmental Medicine, has provided the postgraduate education of Occupational Health nurses in Örebro, Sweden. This education had previously been available to those registered nurses already employed in Occupational Health (OH), but since 2009 it is available to a wider range of registered nurses. The Occupational Health Nursing Program is worth 60 Higher Education Credits. Of these 60 credits, 7,5 are awarded for Nursing Clinical Practice - Second Level. The content and evaluation of this specific course is outlined here. Method: The methods by which the students are evaluated for the 7,5 credits in Nursing Clinical Practice Second Level include assessment in the following areas: Competence and Skills Judgement and Approach Ethical Approach Each student is required to complete 120 hours in clinical training with supervision from an experienced nurse educated in OH. At the end of the period, an evaluation is made by means of a form entitled Assessment of Clinical Education where the student is awarded Good Achievement or Very Good Achievement. This evaluation covers areas such as: Communication and Education Nursing Process Supervision and Cooperation Results: All the students from autumn 2011 were satisfied with their clinical practice. They have also taken part in studies and observational placements/visits with a focus on occupational health such as rehabilitation and public insurance as well as occupational health and environmental medicine clinics in their counties. All the students have started their own networks that can be useful in the future. Conclusions: The newly examined nurses will be better equipped to be good supervisors. They appreciate how valuable it is to be, and to have, a good supervisor for new students and nurses in OH education. It is anticipated that this will have a spin-off effect. Author Anne-Marie Porat anne-marie.porat@orebroll.se Occupational Medicine Nurse Department of Occupational and Environmental Medicine Örebro University Hospital, SE- 701 85 Örebro Sweden.

P026 THE COMPLEXITY OF SAFETY AND HEALTH POLICIES AND PROCEDURES DURING OLYMPIC GAMES: THE ATHENS 2004 EXPERIENCE

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Background and objectives: The provision of health services during mega events such as the Olympic Games receives significant attention aiming to secure the safety of the respective sport event participants. The aim of the present study is to highlight the parameters influencing the mapping of the specific policies and procedures exercised during the 2004 Olympic Games and the whole strategic plan decided to satisfy the needs of this gigantic event. Methods: Qualitative approach was implemented and official semi-structured interviews were obtained from the key policy players of the health services as well as the venue medical officers who participated in the design and exercise of the Athens Olympic medical plan. Results: In Athens 2004, local organizers faced the critical task of enforcing demanding policies in order to minimize the exposure to health hazards, advice on prevention and address public health issues deriving from this highly risky environment. The most

evident difficulty was the task of encompassing and coordinating public health authorities, private institutions and voluntary medical organizations with specific local idiosyncrasies all under the strict supervision of the Olympic Medical Commission, as well as the medical commissions of all sports participated. The policies and procedures that applied led to a best practice organization in health and safety performance promoting the health and well-being of all participants. Conclusions: The strategy enforced is influenced by a complex policy environment where the organizers have to effectively structure a demanding health system directly linked with the guidelines of a plethora of monitoring bodies that seek to assure the health and safety of participants. The complexity is increased when addressing the policies towards different groups of employees, an oversized visiting audience concentrated in specific venue locations, scattered over a city capital as well as a demanding sports clientele featuring in the most televised event in the world. Considering this context from the existing evidence enriches any future planning and development of policy agendas related to health and wellbeing during Olympic Games, while constitutes an excellent opportunity for health professionals to promote occupational health issues.

P027 PROFESSIONAL NURSES' STRESS AND COPING STRATEGIES

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Background and Objectives: There is evidence that work environment related stress adversely affects the health of workers, especially in care settings. Several studies have considered that stress affect the physical and mental health of nurses. There is agreement that occupational stress negatively affects the quality of life of nurses, increases minor psychiatric morbidity and possibly contributes in causing certain types of physical illness. The purpose of the present study was to present the contemporary nursing research on coping strategies of occupational stress of nurses. Methods: A critical narrative literature review was conducted. Data were collected through databases (Pubmed, Scopus) and journals (Heal-link), and critical analysis was made of the evidence provided. Results: Nurse's characteristics, hospital environment, communication and interaction with patient and relatives have identified as sources of stress. Stress frequently causes symptoms and signs at biological, behavioral, emotional, cognitive and/or social level. Coping strategies used by nurses included problem solving strategies, avoidance or strategies that focus on regulation of emotions. The strategies that focus on the problem can prevent burnout, while avoiding or strategies that focus on the regulation of emotion contribute to it. However, many stressors during nursing care are not modified by nursing staff, so changing their behavior to stressful factors and use strategies that focus on the regulation of emotion, can form an effective way of addressing occupational stress. Conclusions: Professional stress contributes to inefficiency in the particular micro and macro environment of care. Nursing staff is implementing a combination of techniques and strategies to address occupational stress. Avoidance is considered to be harmful for nurses while problem solving may be associated with better mental health. Nurses managers are required to create better conditions for nurses at the workplace and to prioritize stress management policies which reduce perceived occupational stress, increase job satisfaction and job performance.

P028 EVALUATION OF OCCUPATIONAL HEALTH NURSES' INTERVENTIONS IN A COMPANY THAT PROVIDING HARBOR SERVICES

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Background and objectives: Port services (loading, unloading, transshipment etc.) and terminal services (gate input / output, examination, full detected filling / emptying, transshipment etc.) are offered in port operation. People who work in these services may get health problems and work accident in relation with different occupational risk. According to the related literature, there is not adequate information on occupation health

services in this area. It was aimed to assess the occupational health services which were practiced by the occupational health nurses (OHNs) in the area. Methods: This study contains the occupational health nurses services which were performed on 585 workers (95, 21 % male, 4, 79 % female.) from January 2011 to December 2011. The sample included 6572 nursing interventions which was recorded into "nursing practice book". The interventions were retrospectively evaluated. Every interventions were coded to the suitable category which were Health Surveillance (HS), Training/Monitoring/Consulting (TMC), Treatment/Processing (TP), and Case Management (CM). Results: The majority of the employees (46,1 %) graduated from high school. The age of 49% employees were between 24 to 34 years old. The most common health problems faced by workers were fatigue, insomnia and musculoskeletal system problems. In the last one year, 7,18% of work accidents occurred. According to the data, the first reason of accidents was inattentiveness and hastiness (45, 24%). The nursing interventions were comprised with 53,25% of EMC, 39,38 % of HS, 7,14 % of TP and 0,23% of CM . Conclusion: Port services have a lot of health risks. OHNs have an important role of protecting employee's health who works in the services. Regular health records kept by nurses are very crucial in occupational health and safety services. The result of this study was useful in identifying nursing interventions offered in this area.

P029 Causes of Occupational Accidents and Occupational Health Nursing Interventions: Case Reports from a High-risk Company

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Background and objectives: Occupational accidents and deaths are the most important health problems of workers. Approximately, 72,000 occupational accidents occur each year, and 1,000 cases end with deaths. The most important issue of the occupational accidents is that they are preventable. Occupational health nurse is responsible for the prevention of accident. Examining the cases that resulted in an accident at work and evaluating the nursing interventions, implemented to these cases can be an example for planning interventions for other occupational health nurses. In this study, we present five cases caused by work accident and we examine the causes and the nursing interventions of these cases. Method: The cases were selected from a factory that produces medical instruments. The occupational health nurse developed 'Nurse accident analysis form' and it was used for data collection. This form contains employees' socio-demographic characteristics, health status (slightly injured, extremity loss, seriously injured, dead), definition of the accident by the victim, nursing diagnosis of the cause of the accident, nursing interventions and results. The data were collected by individual in-depth interviews and observation of workplace. Results: Two cases were women and three cases were male. Subjects' ages were between 22-34 years. All cases were slightly injured. Two accidents occurred when the workers were not at work (walking or dressing), and three of the accidents occurred during the work (working with the machine). Workers had health problems in the soft tissue such as contusions, lacerations. According to the data the reasons of the accidents were unsafe behaviors, inattentiveness, hastiness, stress and technical reasons. Nurse carried out nursing interventions including first aid, Health Surveillance, Training/Monitoring/Consulting and Case Management and reorganization of the work environment . Conclusion: Known causes of work accident, and evaluation of the occupational health nursing interventions in case of accident at work can provide the basic data in planning initiatives aimed at preventing work-related accidents for occupational health nurses.

P030 NORDSAM

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NORDSAM is a Nordic collaboration of Occupational Health Nurses from Denmark, Norway, Sweden and Finland, Island and The Faroe Islands. NORDSAM was founded in 1976. NORDSAM's purpose: - to exchange knowledge and working experience through collaboration and personal contact - to pass this on to

the sphere of Occupational Health Nurses Working to prevent occupational illness Promote good health on the job Create a safe and healthy working environment NORDSAM's organisation: -each country has one representative chosen by that country's association - the representative leads his work team -the representative has a seat in NORDSAM's administration and they meet at least once a year - each representative has a substitute - NORDSAM's committee chooses a Chairman and a Secretary for a 3 year period - NORDSAM's committee consists of one representative from each Nordic country with the right to vote. Norway on the other hand has two representatives, one from each organisation NORDSAM's task: - Pass on knowledge of the respective country's seminars and courses - Give the members of the organisation in the Nordic countries the opportunity to participate in seminars and courses - Exchange pamphlets and magazines - Arrange Nordic Conference for Occupational Health Nurses

P031 OCCUPATIONAL AND ENVIRONMENTAL HEALTH NURSING IN THE USA

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Background: In 2008, an estimated 19,000 registered nurses (RNs) in the USA reported occupational health as their principal nursing employment. The purpose of this presentation is to describe the demographics, education, and current employment characteristics of occupational and environmental health nurses (OHENs) in the USA according to data from the 2008 National Sample Survey of Registered Nurses (NSSRN). Future OEHN employment characteristics will also be presented utilizing data from the 2011 National Assessment of the Occupational Safety and Health Workforce (NAOSHW) survey. Objectives: To outline the state of the OEHN workforce, review OEH nursing education and evolving nursing education policy initiatives in the USA, and explore future opportunities for OEHNs in the USA. Methods: NSSRN data were collected July 2008-March 2009 from RNs via telephone interviews, mail, and web surveys, yielding a response rate of 62%. NAOSHW surveys were conducted January-May 2011 using national probability sampling of Occupational Safety and Health employers and providers. A total of 470 employers and 202 providers completed surveys, with response rates of 34.5% and 65.2%, respectively. Results: OEHNs are predominately female (93%) and white (84%) with a mean age of 52 years. OEHNs are primarily employed in the private industry setting (55%) and work full-time (70%). Employer's demand for 1,373 OEHNs over the next five years will surpass the 336 expected OEHN program graduates. Employers seek OEHNs with specialities in case management/transitional work programs (47%), conducting health/injury assessments (45%), and wellness/health promotion initiatives (32%). Conclusions: To meet the future demand for OEHNs, we must increase the visibility of OEH nursing. OEHNs need to collaborate with partners and stakeholders to address the shortage in OEH nursing education programs. OEH nursing curriculum should highlight leadership, communication, and the ability to evaluate health outcomes and costs of health service programs while incorporating new technology.

P032 TRANSLATION AND CROSS-CULTURAL ADAPTATION OF THE OCCUPATIONAL STRESS QUESTIONNAIRE IN GREEK

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Background and objectives: The Occupational Stress Questionnaire (OSQ) is a valid and reliable tool, designed to assess the stress experienced by work personnel in any area of production. The OSQ has not been previously evaluated as to its usability and validity as a data collection instrument within Greece. The objective of our study was the translation in Greek and validation of the OSQ. Methods: The English version of the questionnaire was used. The translation strategy comprised of forward translations, reconciliation, backward translations and cross-cultural adaptation. The final version of the Greek OSQ was administered

in healthy workers twice with a one-month interval. The validation procedure included explorations of internal consistency, test-retest reliability, construct validity and concurrent validity of the questionnaire. Results: The Greek OSQ was found to be well accepted by employees as it is easy to complete both in understanding and in required time. The results of this study provided evidence of acceptable internal consistency (Cronbach's alpha) and test-retest reliability (Pearson correlation coefficient). The Greek version of the OSQ retains the characteristics of the English original and can provide a standardised measure of workers' perceptions about the stress factors of their work. Conclusions: This study resulted in a validated Greek version of the OSQ. This version could now be used by interested parties to assess the stress experienced by Greek employees, study the factors that affect it and evaluate the effectiveness of measures aimed at promoting health standards within Greek workplaces.

P033 DEPRESSION –ANXIETY STATE OF ADULTS WHO HAVE STOPPED SMOKING IN A WORKPLACE

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Background and objectives: Anxiety and depression are important factors to start smoking again. The aim of this study was to evaluate anxiety and depression levels of office workers before and after the smoking cessation program. Method: This was comparative descriptive study. 52 office workers who were participating in workplace smoking cessation program, giving up smoking and accepting to participate in this research were enrolled in this study. The access of this study was 42 office workers (80 %). Data were collected with Hospital Anxiety and Depression Scale (HADS). This scale was developed by Zigmond and Snaith (1983). Turkish reliability and validity studies of this scale was conducted by Aydemir et al.(1997). HADS includes anxiety (HAD-A) and depression subscales (HAD-D). Post-test was performed six months after the smoking cessation program. Data were analyzed with a statistical package program in computer. Paired sample t-test, percentage and arithmetic mean were used in data assessment. Results: Of 42 individuals participating in this study 27 (64,3%) were males, 15 (35,7%) were females. The mean of age were 35.14±6.28 range (min: 26- max: 54). Total pre-test average score of HADS was 19.80±2.98; post-test score was 20,69±3.25 (p>0.05). Pre-test average score of HAD-A was 12.88 ± 2.34 post-test score was 13,59 ± 2.15 (p>0.05). Pre-test average score of HAD- D was 6.92 ± 2.47 post-test score was 7.09 ± 2.27(p>0.05). Conclusions: Posttest average scores of Hospital Anxiety and Depression Scale and its subscales scores have increased but these increases were not statistically significant level (p >0.05). Monitoring anxiety and depression levels after the smoking cessation program regularly will be effective to avoid starting to smoke again.

P034 STRUCTURE, INPUT AND OUTPUT IN OCCUPATIONAL HEALTH SERVICES (OHS) IN FINLAND IN 2010

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Background and objectives: This survey is a part of the national follow-up system for occupational health services (OHS) and was commissioned by the Finnish Ministry of Social Affairs and Health. This is the seventh survey in a series collected every third to fourth year to achieve an overview of arrangements, resources and output in Finnish OHS. The survey provides a broad overview of Finnish OHS and the needs for development therein. Methods: Questionnaires were sent both in electronic and paper formats first to all OHS units in our register. One part of the data was collected directly from the biggest private medical centers. The questionnaire items dealt with OHS activities, compensation obtained from the Social Insurance Institution qualification and available resources. To get a high response rate extra questionnaires were sent to the OHS units who had not

responded and finally remaining non-responders were interviewed by telephone. Results: The preliminary results show that the increase of the private sector as provider of OHS has slowed down, albeit the private sector is still the biggest producer of OHS in Finland. Public enterprises have increased their client numbers and private employer's own units have decreased. There are regional differences in the number of OHS staff. The biggest cities have the best staff resources. Conclusions: Although the response rate in this survey was high it is still challenging to get reliable information about OHS resources and outputs. One reason is that occupational health staff is busy and another is that Finnish OHS ICT-systems are not well suited for this type of data reporting. The preventive work in OHS has been nonetheless developed and systematised by the creation of work ability and intervention models.

P035 CORONARY HEART DISEASE RISK FACTORS AND HEALTHY LIFE STYLE BEHAVIORS OF THE EMPLOYEES ENGAGED IN A PHARMACEUTICAL COMPANY

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Background and objectives: Cardiovascular disease is the most common cause of death in Turkey. Healthy Lifestyle can decrease coronary heart disease (CHD) risk factors. The aim of this study was to determine the coronary heart disease risk factors and healthy life style behaviors of the employees engaged in a pharmaceutical company. Methods: The population was 178 volunteer factory employees. Data were collected with Coronary Heart Disease Risk Factors Frequency Survey and Health-Promoting Lifestyle Profile II (HPLP II). In this study, blood pressure, height, weight, waist circumference, pre-prandial blood glucose, total cholesterol, triglyceride and HDL cholesterol were measured by the researcher. Risk points were calculated according to Framingham and Turkish Adult Risk Factor Study (TEKHARF). Results: The mean of age were 36.34±7.02 and 59 % of them were men. The prevalence of CHD risk factors according to TEKHARF was found the following findings respectively: high blood pressure was 6.7%, obesity was 14.6%, central obesity was 33.1% and metabolic syndrome was 23%. According to the Framingham risk score myocardial infarct and coronary death risk in the 10 years 92.1% of employees was low, 7.9% of employees was moderate. According to TEKHARF myocardial infarct and coronary death risk in the 10 years 93.6% of employees was low, 6.4% of employees was moderate. HPLP II total score and its three subscales (spiritual growth, stress management and interpersonal relationships) of medium-risk group were significantly higher than lower risk group (p<0.05). Conclusions: Central obesity and metabolic syndrome rates were found very high. HPLP II score of medium-risk group were significantly higher than lower risk group. Our findings may be helpful in formulating prevention strategies and future research.

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Background: In 2009, a decision was taken to transfer the commissioned education to occupational health nurse in Sweden to the universities' regular education. At Lund University, we inserted the education into the existing interdisciplinary Master of Medical Science. Method: A process started to build a new specialization in the Master's programme, named working environment and health, in collaboration with the Faculty of Medicine and other stakeholders. New interdisciplinary courses were formed, in order to give the students both broad knowledge and specific professional recess. Results: A challenge was to adjust the courses to students with various professional backgrounds and experience. Our former students had experience from the area; they were all employed in the occupational health services. Now, many students lack experience from occupational health. Due to the difficulties to arrange internships, the application of theoretical knowledge in

realistic situations is performed through case studies, exercises and site visits. To secure relevant and up-to-date case, a national interactive case database is under construction, in collaboration with other universities and professionals in occupational health services. A question bank is also under construction. To achieve both width and depth to each profession, the students highlight problems from their own professional background and get feedback from students with different professional experiences. Even the tutors represent various disciplines. The new students will be more trained in critical evaluation and how to apply this in the writing. On the other hand they maybe not will be enough prepared to handle with different situations in their future professional role. Conclusion: So far, the courses seem to attract many students and according to the evaluations, they are satisfied. Furthermore, it remains to find out how the occupational health services will esteem the students, who have received higher academically level but less practical experiences.

P037 EPIDEMIOLOGIA DE ACCIDENTES POR MORDEDURAS DE SERPIENTES EN MARRUECOS

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Objetivos: Los accidentes ofídicos representan un problema real de salud pública en una gran parte del mundo. La mordedura y el veneno de la serpiente son la causa de la muerte y de las discapacidades físicas y psicológicas en los seres humanos. El objetivo del presente estudio es describir las características de envenenamiento por mordeduras de serpientes en Marruecos y identificar los indicadores de salud asociados con los mismos a fin de reducir la morbilidad y la mortalidad de estos envenenamientos y mejorar su cuidado. Métodos: Se realizó un análisis retrospectivo de todos los casos de mordeduras de serpientes declarados al Centro Contraveneno y de Farmacovigilancia de Marruecos desde 1980 hasta 2008. Resultados: Durante el período de estudio, 1 761 casos de mordeduras se registraron. Las mordeduras ocurridas durante las actividades agropecuarias representaron el 70% de los casos, con una letalidad específica de 13,4%. La edad promedio era de 27 años. El índice de masculinidad (M / F) era de 1,2 (p<0,001). La mayoría de las mordeduras se produjeron en las estaciones cálidas, con frecuencias significativamente diferentes a la de la temporada fría del año. Sin embargo, no hubo una diferencia entre las letalidades específicas de las diferentes estaciones. La región de Souss-Massa-Drâa fue la más afectada (27,4%) y su frecuencia difería significativamente de la de las demás regiones marroquíes, salvo la de Marrakech-Tensift-Al Haouz (20,7%), Meknes -Tafilalt (12,2%) y Guelmim-Es Semara (11,8%). De 1994 a 2008, el promedio anual de la incidencia y la mortalidad fue, respectivamente, 0,34 y 0,02 casos por 100 000 habitantes. Conclusiones: Las tasas de morbilidad y de mortalidad eran lo suficientemente altas en las zonas rurales, pobladas principalmente por los agricultores. Se añade la lejanía de las instalaciones sanitarias que aumenta el riesgo de empeoramiento del estado de salud de la víctima.

P038 EVALUATION OF COPING WITH STRESS AT A BANK CALL CENTER

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Background and objectives: Stress is a potential cause of disease and effectively coping with stress can prevent health problems. The aim of this study was to evaluate coping with stress at a bank call center workers. Method: This descriptive study was performed with 96 call center workers ranging in age from 21 to 35 years old. Data were collected with information form and Ways of Coping Inventory (WCI) (Folkman & Lazarus, 1980). WCI is 4-point Likert scale (min=0, max=3) and includes 30-item and five subscales (self-confident,

optimistic, submissive, helpless style, and seeking of social support). Data were analyzed with a statistical package program in computer. Percentage and arithmetic mean were used in data assessment. Results: Of 96 individuals participating in this study 82 (85,4%) were females, 14 (14,6%) were males. The mean of age were 27.48±3.44 range. Subscale score means of WCI was found the following results respectively; self-confident mean was 2.02±0.51, optimistic mean was 1.70±0.52, submissive mean was 0.67±0.43, helpless style mean was 0.91±0.51, and seeking of social support mean was 1.93±0.52. Conclusion: We found submissive subscales score of call center workers was the lowest and self-confident subscales score highest. To define the status of coping with stress is very important to develop stress coping strategies for call center workers.

P039 PLAN DE CUIDADOS DE ENFERMERIA EN PACIENTES CON HERIDAS

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OBJETIVO Determinar la prevalencia de pacientes atendidos con heridas por accidente laboral en un servicio de curas de Atención Primaria, valorar la evolución de las mismas y la aplicación correcta del Programa de Atención en Enfermería(P.A.E.). **METODOLOGIA** Estudio descriptivo transversal realizado en un centro de Asistencia Primaria donde se incluyeron todas las primeras visitas por accidente laboral atendidas durante 2010. Los datos se obtuvieron a través de la Historia Clínica informatizada tratándose posteriormente mediante el programa estadístico SPSSv.12. **RESULTADOS** Se recogieron 834 primeras visitas. La prevalencia de pacientes atendidos con heridas resultó del 10,79%. El 92,22% eran varones pertenecientes al sector de la construcción. El miembro superior fue el más afectado en un 87,56%. La curación de heridas cursó en su totalidad sin complicaciones precisando una media de entre 8 a 10 días de curas por servicio de enfermería. Se realizó un P.A.E. aplicado para este tipo de patología. -00046 DETERIORO INTEGRIDAD CUTANEA r/c herida manifestado por destrucción cutánea. NOC; 1102 Curación herida NIC; 3360 Cuidados de heridas, 3340 Cuidados del lugar incisión, 3620 Sutura, 3584 Cuidados de la piel; tratamiento tópico, 2300 Administración medicación, 3420; Cuidados del paciente amputado. -00004 RIESGO INFECCION r/c herida NOC; 1807 Control de infección NIC; 6540 Control de infección, 6550 Protección contra infecciones -00132 DOLOR AGUDO r/c herida NOC; 1605 Control del dolor. NIC; 1400 Manejo del dolor. -00108 DEFICIT DE AUTOCUIDADO:BAÑO/HIGIENE r/c cura de herida. NOC; 0300 Autocuidado: actividades vida diaria. NIC; 1800 Ayuda autocuidado. Enseñar técnicas higiene/baño. **CONCLUSIONES** En la atención ambulatoria de la sala de enfermería se pueden llevar a cabo P.A.E.s para garantizar la calidad asistencial, dar una atención personalizada, otorgar los cuidados adecuados para la curación y mejorar la seguridad del paciente. Con nuestra actividad conseguiremos disminuir el dolor, autocontrol del cuidado, conocimiento del régimen terapéutico y control de la infección.

P041 OCCUPATIONAL STRESS IN NURSES: TEACHING VS. CLINICAL PRACTICE

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Introduction and Objectives: The current literature in this area has been drawing attention to the high prevalence of occupational stress in two large occupational groups: health professionals and school staff (Melo Gomes and Cross, 1997). This study aims at: i) identifying the group of professionals with higher levels of occupational stress, ii) identifying the main sources of occupational stress in both groups of nursing professionals - teachers

and nurses in hospital practice, ii) identifying the differences in the sources of occupational stress that are experienced by the two professional groups. Methodology: A quantitative, exploratory study, transversal and correlational, with the implementation of the Occupational Stress Questionnaire (OSI) (Cunha et al., 1992), consisting of a sample of 30 nurses in clinical practice and 30 teaching nurses. Results: The results show that there are significant differences between nurses in clinical practice and teaching nurses in relation to stress factors and pressure on employment. Generally, the nurses in clinical practice experience higher stress levels if compared to the teaching nurses. The main sources of stress seem to be related to climate and organizational structure and job satisfaction. The 'excessive workload' and 'having to work with insufficient means and human resources' are the sources of stress most commonly reported by both professional groups. Conclusions: The nurses, as health professionals, are a professional group subjected to high levels of occupational stress and pressure, especially nurses in clinical practice who are subject to higher levels of occupational stress due to the nature and responsibility of their work. Keywords: Occupational stress, nurses, teachers.

P042 EPIDEMIOLOGÍA Y TRATAMIENTO DEL CUERPO EXTRAÑO OCULAR POR ACCIDENTE LABORAL

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OBJETIVO: Determinar la prevalencia de afecciones oculares por cuerpo extraño en pacientes atendidos por accidente laboral y valorar aspectos epidemiológicos y terapéuticos relacionados. **MATERIAL Y MÉTODOS:** Estudio descriptivo transversal realizado en una mutua de accidentes de trabajo en el que se incluyeron todos los pacientes atendidos por patología de origen laboral entre los meses de julio de 2010 a junio de 2011. Se recogieron datos epidemiológicos (edad, sexo, profesión), terapéuticos (tratamiento recibido tras diagnóstico) y la necesidad o no de interrupción temporal de su actividad laboral únicamente en aquellos pacientes que presentaban patología ocular por cuerpo extraño. Los datos fueron obtenidos mediante la revisión de la Historia Clínica informatizada. **RESULTADOS:** Se atendieron un total de 850 pacientes con patología de origen laboral. La prevalencia de afecciones oculares por cuerpo extraño fue del 10,94%. De estos, el 95,69% fueron hombres con una media de edad de 37,04 años. Las profesiones de soldador, mecánico, tubero y montador fueron las más prevalentes en este grupo de pacientes en un 24,73%, 8,6%, 8,6%, y 12,9% respectivamente. Respecto al tratamiento recibido, el 49,46% de los pacientes fue tratado con solución ocular acuosa, el 44% con ciclopléjico, pomada antibiótica y oclusión; y tan solo un 6,54% fue tratado por otros medios. Únicamente 12 pacientes precisaron la interrupción temporal de su actividad laboral por este motivo. **CONCLUSIONES:** La patología ocular producida por cuerpos extraños forma un porcentaje considerable entre los accidentes de origen laboral en nuestro medio. Una buena actuación preventiva en el ámbito laboral podría disminuir el número de accidentes y afecciones oculares producidos, que requieren atención sanitaria y, en algunos casos, la interrupción temporal de la actividad laboral.

P045 MOBBING PERCEPTIONS OF NURSES WORKING IN PSYCHIATRIC CLINICS AND RELATED FACTORS

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MOBBING PERCEPTIONS OF NURSES WORKING IN PSYCHIATRIC CLINICS AND RELATED FACTORS
Background and objectives Mobbing is defined as the presence of systematic, directed, unethical communication and antagonistic behaviour by one or more individuals. Individuals who are exposed to mobbing experience social and psychological problems related to high levels of stress and anxiety. Nurses are one of them and they are the victims of physical, emotional and verbal violence due of the nature of their work environment all around the world. Psychiatric nurses are under more risk than other nurses in terms of meeting with

mobbing during performing their duty. However, according to literature; there have not been enough research on mobbing in the field of psychiatric nursing. Because of these, this study aimed to determine 'mobbing perceptions of nurses working in psychiatric clinics and related factors'. **Methods** The design of the study was descriptive-cross-sectional. The research participants were 204 nurses who work in psychiatric clinics in Istanbul. Data was gathered using Knowledge Form and Workplace Bullying Scale-Turkey is a valid and reliable scale for measuring workplace bullying. **Results** The study was included 204 subjects(74% female, 26% male). The nurses' mean age was $36\pm 10,16$. Average weekly working time was $45.5\pm 3.2h$. 13.7% of them were administrator nurse, 86.3% of nurses were clinic nurse. 43% of nurses working at night and daytime shift, 28% of them working at daytime shift, sometimes night shift. The nurses' number of years of employment in their facility was 7.2. It was showed that 'feeling like their all work were being controlled, having the decisions questioned in the work and having negative facial expressions and gaze directed' were the most commonly experienced mobbing behaviours. **Conclusions** The study findings might be used while planning the most appropriate working conditions for psychiatric nurses, performing their professional roles in psychiatric clinics. **Key Words** Mobbing, nurse, psychiatric nurse, psychiatric clinic

P046 La empleabilidad de los nuevos graduados en enfermería.

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En Portugal, en los últimos años, los enfermeros se enfrentan a varios desafíos en términos de trabajo, tales como la escasez de suministros, contratos precarios, condiciones laborales y salariales. La empleabilidad se entiende como la condición para conseguir un trabajo de acuerdo a sus conocimientos, habilidades y actitudes adquiridas mediante la formación intencional (Carvalho, 2004). **Objetivo:** La percepción de esta realidad nos ha motivado a recopilar información sobre la vida temprana, las condiciones de trabajo y analizar los factores que determinan la demanda de trabajo de los graduados de enfermería de la Escuela de Enfermería Dr. Montalván Machado José Timoteo (ESEDJTMM) Chaves, Portugal, el mercado europeo en los últimos dos años. **Metodología:** Un corte transversal, descriptivo y cuantitativo. En mayo de 2011 se llevaron a cabo 96 entrevistas individuales con los tres grupos de graduados (A = graduados en julio de 2010, B = licencia en noviembre de 2010, C = graduados en julio de 2011). Los datos fueron analizados utilizando el programa SPSS, utilizando estadística descriptiva e inferencial. **Resultados:** Los niveles de empleabilidad se mantienen constantes (A = 76,5%, B = 77,4%, C = 76,5%). Sin embargo, el tiempo de espera de más de tres meses para el primer empleo es el aumento vivos ($41,2\% = A, B \text{ y } C = 67,7$). En consecuencia, parece que ha aumentado la demanda de mano de obra en los países europeos (A = 76,6%, B = C = 67,7% y 77,4%), especialmente en las mujeres, solteras, los ancianos 24-29 años. Demostrando que el estado civil, edad y el sexo son variables que determinan la demanda de empleo y fuera del país. La muestra de referencia encuestados como la principal razón para abandonar el país en busca de trabajo es el desempleo (A = 9,7%, B = C = 16,1% y 29,4%). **Conclusión:** La evaluación de la empleabilidad de los titulados en relación con el mercado de trabajo es importante, se refiere por su empleo y la formación básica.

P047 ACCIDENTES BIOLÓGICOS EN EL PERSONAL DE ENFERMERÍA DE ASEPEYO: ANÁLISIS DE FACTORES DE RIESGO Y PROPUESTAS DE MEJORA

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Origen y objetivos: La Estrategia Española en Seguridad y Salud en el Trabajo 2007-2012, destaca la necesidad de perfeccionar la investigación y análisis de posibles causas de accidentes de trabajo. Los accidentes de riesgo biológico (AT RB) son los más frecuentes entre el personal de enfermería. El objetivo es; analizar los (AT RB) ocurridos entre el personal de enfermería de la Mutua Asepeyo, compararlos con los publicados en EPINETAC y NOTAB e identificar posibles factores de riesgo (FR) no contemplados en estas bases de datos.

Método: Estudio descriptivo transversal retrospectivo 2008-2010 de los accidentes notificados oficialmente. Población de estudio; enfermería y auxiliares sanitarias. Se recogieron variables socio-demográficas, laborales y de los accidentes. Se incluyeron variables de exposición asociadas a FR ergonómicos, organizativos, personales y de formación en riesgo biológico. La información se recogió mediante entrevista personal a partir de los Cuestionarios EPINETAC e Informe de investigación de incidentes/ accidentes de trabajo según procedimiento interno. El análisis estadístico se realizó con Excel. Resultados: Se recogió información de 81 (ATRB) de los que se excluyeron 2 por falta de datos. El 91% son mujeres con una edad media de 33 años, una antigüedad media de 7 años. El 85% de los accidentados fueron enfermeras y el 15 % auxiliares. La exposición percutánea es la más frecuente 80%, el objeto más implicado es la Aguja 46 %, el momento de más peligro es "al colocar el material en el contenedor" 24%. En el 81,25 % de los casos no se utilizaba el (EPI) adecuado. En el 16,6 % de los accidentes se ha identificado el "Factor Organizativo". El área de trabajo con más incidencia son los centros asistenciales. Conclusiones: En Asepeyo ser enfermera, trabajar en un centro asistencial, utilizar agujas, no utilizar (EPI) adecuado y estar expuesto a factores organizativos son (FR) a estudiar.

P048 PROTECCIÓN DE LA TRABAJADORA GESTANTE CON EXPOSICIÓN A RADIACIONES IONIZANTES

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Origen y objetivos: La normativa vigente obliga a la protección de la mujer en fase de gestación y lactancia. La mujer embarazada expuesta a radiaciones ionizantes está considerada como "trabajador especialmente sensible", pero puede seguir trabajando siempre que la dosis equivalente recibida por el feto no exceda el valor de 1 milisievert (mSv) desde la notificación del embarazo, ya que la aparición de efectos deterministas en el feto (aborto, malformaciones congénitas o retraso mental severo) requieren dosis entre 100 y 200 mSv. El objetivo es proteger a la trabajadora gestante expuesta a radiaciones ionizantes (RI) y propiciar el cambio de actitud de las trabajadoras expuestas a este riesgo. Método: La protección se realiza según Procedimiento específico; valorando el grado de exposición a (RI) según las tareas realizadas por parte del equipo técnico-sanitario del Servicio de Prevención Propio (SPP). Si la profesional es de Categoría A se emite aptitud con restricciones para las tareas que impliquen radiología intervencionista y/o sin blindaje estructural. Si está considerada de Categoría B se emite aptitud con recomendaciones médico-preventivas y se realiza control con dosímetro de abdomen. En caso de un registro de dosis superior a 0.5 mSv se aparta a la trabajadora del puesto de trabajo. Resultados: En el año 2011 se notificaron 34 embarazos en trabajadoras expuestas a (RI). Tras revisar el riesgo de exposición, incluyendo el historial dosimétrico, se aseguró que ninguna superaría el nivel legalmente establecido y se dictaminó que todas podían continuar trabajando si cumplían las recomendaciones médico-preventivas emitidas por el (SPP). No obstante se les asigna un dosímetro de abdomen para realizar un control más detallado. Las dosis del dosímetro de abdomen han sido inferiores a 0.10mSv lo que avala que el procedimiento de actuación es efectivo. Conclusiones: El nivel de referencia legalmente establecido para las trabajadoras embarazadas se respeta.

P049 PROGRAMA DE ACTUACIÓN FRENTE AL RIESGO DE ACCIDENTE LABORAL POR EXPOSICIÓN A MATERIAL BIOLÓGICO EN ATENCIÓN PRIMARIA (AP)

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El Institut Català de la Salut en Tarragona dispone actualmente de 1288 trabajadores (985 personal sanitario) distribuidos en 22 Centros de Asistencia Primaria (78 consultorios) y 11 unidades de apoyo. El riesgo de accidente por bioinoculación figura como el más elevado para el personal sanitario suponiendo más del 50% de los accidentes laborales. Se detectan al aplicar los protocolos algunos aspectos sin resolver: El

desconocimiento del riesgo biológico, las consecuencias que puede tener un accidente, la importancia de la valoración serológica del caso fuente, la efectividad de un tratamiento rápido en caso de alto riesgo de contagio de HIV, la baja utilización de material de bioseguridad y la alteración que provoca un accidente en la prestación del servicio en un área rural. Por todos ello decidimos crear en 2009 un programa para reducir el riesgo de accidentes biológicos y sus consecuencias. OBJETIVOS: -Disminuir la siniestralidad por accidente biológico. -Ser capaces de valorar correctamente el riesgo. -Mejorar la rapidez y unificar la actuación en caso de accidente -Dar la asistencia médica adecuada -Alterar al mínimo la prestación del servicio. METODO: -Formación del personal sanitario. -Implantación de material de bioseguridad en las tareas de riesgo. -Elaborar una Guía de actuación en caso de accidente. -Elaboración de un kit con material necesario, incluido HIV. -Investigación del accidente y seguimiento. RESULTADOS Y CONCLUSIONES. Después de dos años de implantación del programa hemos observado: -Mejor conocimiento del riesgo biológico y sus consecuencias. -El 91% de los accidentes se aplica correctamente la Guía -No se observa una disminución de la siniestralidad por accidente biológico.. -95% de los casos fuente han sido valorados inmediatamente. -Todos los accidentes han sido investigados y se han recomendado las medidas correctoras.

P050 AN INTEGRATED APPROACH TO THE PREVENTION AND MANAGEMENT OF MUSCULOSKELETAL DISORDERS

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Musculoskeletal disorders are the first cause of work-related ill health in Europe. As such, they are a major burden to the economy. Occupational health nurses are often the first point of contact in companies. This lecture gives them a tool to plan a structured, didactic and transparent plan of action, which we consider as an essential requirement to maximize the effect of the intervention. We describe the cumulative model for musculoskeletal disorders (MSD), which is based on the WHO definition of MSD. Using this model allows to build-up a structured approach for preventing and managing the condition at individual or at population level by tackling its causes rather than its symptoms. Personal as well as professional risk factors are taken into account. Interpreting of the model, we emphasize the importance of educating the worker in optimal use of his / her own musculoskeletal system throughout all his / her daily activities. He / she should understand the logic underlying the mechanical functioning of the human body, and be trained in recognizing and respecting its limits. The process of functional re-education is illustrated. We also discuss the importance of interdisciplinary cooperation. In particular, we describe the role of ergonomists and of posture therapists.

P051 ALGUNAS NUEVAS ENFERMEDADES EMERGENTES EN LOS TRABAJADORES: BURNOUT, VIGOREXIA, ORTOREXIA; DEPENDENCIAS ELECTROLUDICAS Y AMAXAFOBIA

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OBJETIVOS: Analizar algunas de las nuevas patologías emergentes que padecen las personas y relacionarlos con la edad y con el sexo. METODOLOGÍA Diseño: Estudio prospectivo observacional. Ámbito de estudio: Dos consultas de atención primaria de un centro urbano. Sujetos: Los tres primeros pacientes que acudían a la consulta programada de 2 cupos durante diciembre 2010 y enero 2011 y que eran trabajadores activos. Mediciones e intervenciones: Encuesta validada y anónima de 10 preguntas cerradas y una abierta, que valoraba distintas patologías: las relacionadas con el stress (burnout), las relacionadas con la autoimagen (vigorexia y ortorexia); las dependencias electrolúdicas (teleabuso, telefijación, uso excesivo de videojuegos, adicción al teléfono móvil y adicción a Internet) y amaxafobia (miedo a conducir). Se efectuó estadística descriptiva. RESULTADOS: Se incluyeron 107 sujetos, 62 mujeres (57,9 %) y 45 hombres (42,9%), edad media 39,2± 13,9 años. Doce individuos (11,2%) declararon tener burnout, 17 vigorexia (15%) y cinco

ortorexia (4,7%). Dentro de las dependencias electrolúdicas, once presentaban telefijación (10,3%), quince teleabuso (14%), diecinueve dependencia al teléfono móvil (35,5%), diecinueve abuso a Internet (17,8%) y dieciséis amaxafobia (14,9%). Las mujeres presentaron más dependencia al móvil ($p<0,01$) y más amaxafobia ($p<0,05$) y los hombres más adicción a Internet ($p<0,05$). Los menores de 25 años presentaron más adicción a Internet y a móviles que los mayores de 45 años ($p<0,05$). **CONCLUSIONES:** Aunque el tamaño muestral fue pequeño, como era de esperar dentro de las patologías emergentes las patologías electrolúdicas son las más prevalentes en especial al teléfono móvil. Llama la atención el alto número de vigoréticos y de personas que padecen amaxafobia. **Palabras clave:** Family doctor; Primary health care.

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P052 SPIROMETRY CASE-FINDING. RENDIMIENTO EN LA DETECCIÓN OPORTUNISTA DE ALTERACIONES ESPIROMÉTRICAS IGNORADAS EN POBLACION FUMDORA ASINTOMÁTICA

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Fundamento: El uso de la espirometría como cribado sistemático en población general no ha demostrado ser eficiente y por ello, las recomendaciones de la USPS Task Force restringen su uso a los fumadores con alguna sintomatología respiratoria. **Objetivo:** Estudiar la prevalencia y características de las alteraciones espirométricas en población laboral fumadora. **Método** **Diseño:** Estudio observacional en atención primaria. **Participantes:** Se incluyeron sujetos >35 años en situación laboral activa, fumadores y sin antecedentes de patología respiratoria que dieron consentimiento informado para realizar una espirometría forzada con prueba broncodilatadora. **Período de inclusión:** junio-2008 a junio-2010. **Mediciones:** Mediante cuestionario estructurado se recogieron datos sociodemográficos, clínicos, hábito tabaquito (consumo actual y edad de inicio) y valores espirométricos. Se realiza análisis descriptivo aceptando significación estadística para $p<0,05$. **Resultados:** Se analizan 83 participantes que completaron las pruebas funcionales con suficiente calidad técnica (edad media de $50,8 \pm 9,2$ años; 50,6% mujeres). De ellos, 25 sujetos (30,1%) presentaron algún tipo de alteración espirométrica, en su mayoría en grado ligero. El patrón más frecuente fue de tipo obstructivo (52%), seguido del patrón mixto (32%) y el restrictivo (16%). Al comparar estos 25 sujetos con los otros 58 con pruebas normales se observaron diferencias respecto a la edad ($57,2 \pm 7,5$ vs $48,0 \pm 8,6$ años; $p<0,01$), sexo (68% vs 41% hombres; $p=0,02$) y consumo ($24,9 \pm 10,9$ vs $17,6 \pm 9,6$ cigarrillos/día; $p=0,004$), pero no en cuanto al tiempo de duración del hábito ($18,8 \pm 6,7$ vs $17,6 \pm 3,5$ años; $p=0,32$). **Conclusión:** La prevalencia de alteraciones espirométricas en sujetos fumadores es elevada en nuestro medio, particularmente en hombres mayores de 55 años con un consumo superior a un paquete diario. Estos resultados justificarían el uso de la espirometría como técnica de cribado en este grupo poblacional, aún en ausencia de síntomas respiratorios.

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P053 SPIROMETRY MOTIVATIONAL INTERVENTION. RESULTADOS DE UNA INTERVENCIÓN MOTIVACIONAL PARA DEJAR DE FUMAR.

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Fundamento La espirometría es una prueba fundamental para el diagnóstico de las enfermedades respiratorias; sin embargo pocos estudios han demostrado su utilidad como elemento motivador en el tratamiento del tabaquismo (Cochrane Database Syst Rev. 2009). **Objetivo** Evaluar la efectividad de administrar información sistemática sobre los resultados de la espirometría como refuerzo al consejo breve antitabaco. **Método** **Diseño:** Estudio de cohortes en atención primaria. **Participantes:** Entre junio-2008 y junio-2010 se seleccionaron sujetos mayores de 35 años en situación laboral activa, fumadores asintomáticos y sin patología pulmonar previa, a los que tras otorgar su consentimiento que se realizó una espirometría forzada con prueba broncodilatadora. **Intervenciones:** Los participantes recibieron una intervención motivacional para dejar de fumar basada en los

resultados de la espirometría y edad pulmonar. También se les ofreció asistencia específica en el programa antitabaco del centro. Mediciones: Mediante un cuestionario estructurado se recogieron variables clínicas y de hábito tabáquico (consumo, dependencia y motivación) en su inclusión y tras seguimiento de 12 meses. Se comparan datos de abstinencia y reducción del consumo mediante análisis estadístico con chi-cuadrado y T-Student para muestras independientes. Resultados Se evaluaron 83 fumadores (50,6% mujeres) con edad media de 50,8 años (DE:9,2) y consumo actual de 19,8 cigarrillos/día (DE:10,5). Dependencia a la nicotina (Fagerström) de 4,7 (DE:2,3) y motivación para dejar de fumar (Richmond) de 5,5 (DE:2,7). En 25 participantes (30,1%) se detectó alguna alteración espirométrica. Completaron el seguimiento 81 sujetos, de los cuales 13 sujetos (16%) reportaron abstinencia a los 12 meses, mientras que los que mantuvieron el hábito no se observaron cambios significativos en el consumo, dependencia a la nicotina y motivación para dejar de fumar. Conclusión: Según el presente estudio, utilizar la espirometría como elemento motivador en fumadores asintomáticos podría mejorar las tasas de abstinencia conseguidas únicamente con el consejo breve.

P054 EMPLOYEE HEALTH DURING A TIME OF CRISIS

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INTRODUCTION: The economic crisis has caused a severe restructuring of the economy, which has had a great impact on employee health. On a global scale, one can observe the impact on the health of those that were retained and those that were dismissed. The goal of this study is to determine whether the data available in the standard databases in Slovenia can reveal indicators showing the effects of the crisis on employee health.

METHODS: At the Slovenian Institute of Public Health (IVZ), we received information about sick leave for the year before the onset of the worst crisis (2008) and for the time of the crisis (2009 and 2010), and we analyzed diseases grouped as mental and behavioral disorders, and cardiovascular diseases. We examined and compared the percentage of sick leave, the frequency index, and severity before and during the crisis. The IVZ also obtained information on suicides during the past ten years.

RESULTS: During the first year of the crisis, in 2009, the percentage of sick leave in Slovenia showed a strong decrease, but it showed a significant rise in those industries hard especially hit by the crisis. During this year the textile and clothing industries, in which there was a strong increase in sick leave, stand out the most. There was a significant drop in sick leave due to mental and behavioral disorders, which is seen in significant presenteeism. However, in the five-year period observed there has been a constant increase in sick leave due to reactions to severe stress and adaptive disorders. Also worrisome is the increasing severity of illness expressed as recurrent depression. Three thousand more prescriptions were issued for psychoactive drugs in 2009 compared to the previous year. Cardiovascular diseases are also showing a typical crisis character: at the beginning of the crisis, the severity of chronic ischemic heart disease rose, and then also the percentage of sick leave due to myocardial infarction.

DISCUSSION: From the data available for Slovenia, we conclude that the health consequences faced in Slovenia due to economic restructuring during the economic crisis are similar to those elsewhere in the world; at the forefront are mental and behavioral disorders, and cardiovascular diseases. Lack of job security, heavy workloads, and interpersonal relations are giving rise to many psychosomatic illnesses.

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CONSEJO GENERAL DE ENFERMERÍA DE ESPAÑA



Dansk Sygeplejeråd

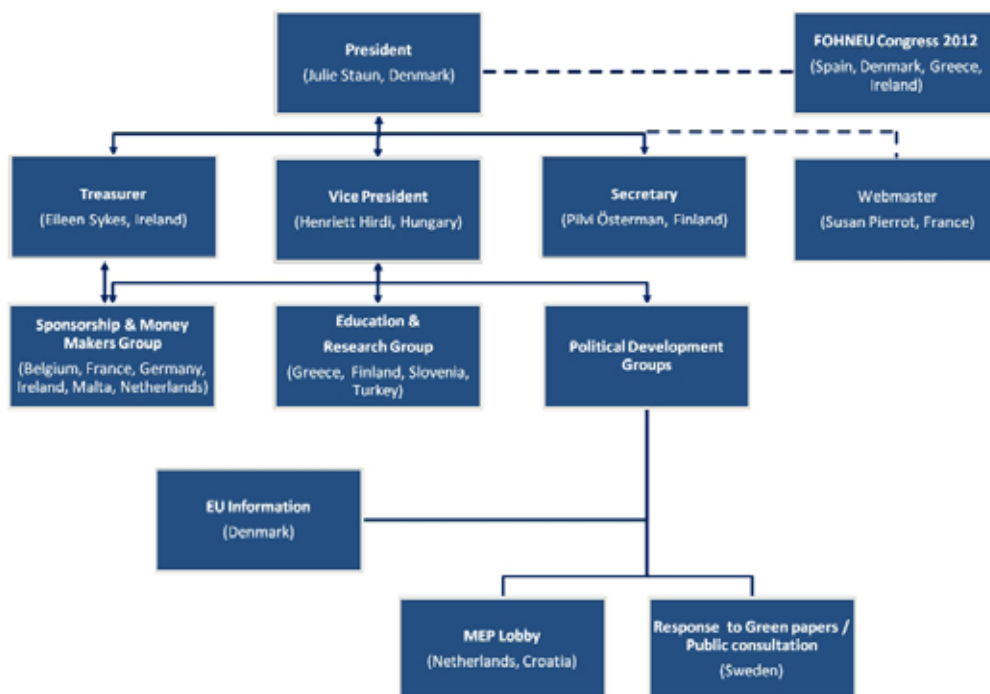


Organization Draft / Organigrama

FOHNEU is a non profit making organisation representing the largest single group of professionals in the field of occupational health.

The Aims of FOHNEU are:

- To contribute to the total health, safety and well-being of the European working population.
- To raise the profile of Occupational Health Nursing within the European Union.
- To promote training, education and standards of professional qualifications.
- To encourage research into areas of occupational health practice, education and management with publication of the results.
- To maintain an open dialogue with the EU organisations responsible for the health and safety, public health and EU nursing authorities.



Organising Committee / Comité Organizador

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 Gurutze Aguirre Alava, Spain (FEDEET) Co-Chairperson
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 Paula Naumanen, PhD, Finland (invited by FOHNEU)
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 Jesus Berraondo Ramirez, Spain (FEDEET)
 Pedro Cabeza Spain (FEDEET)
 Maria Luisa Andreu Alonso, Spain (FEDEET)

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