tested. Wide scope public health influencers exist in several forms, including education, stakeholder partnership and legislation. Collectively, the complexity of this problem indicates that public health strategies for this condition require a multidisciplinary and multifaceted approach that should be sustained over a period of time. Musculoskeletal models of care and frameworks that have been developed by multiple stakeholders at statewide levels have been shown to be of value. This talk will describe the process of developing such a framework through surveys and focus groups for the state of Western Australia.

**Methods** Key stakeholders for WMSDs in WA were initially identified and placed in a network database. These comprised of government agencies, employer and employee groups, special interest groups, professional bodies, key academics, industry peak bodies and the insurance sector. Surveys and focus groups were held across Western Australia over a 3 month period. The primary aim of the qualitative data collection was to gain an understanding of the views of key stakeholders in relation to the prevention and management of WMSDs requires an understanding of the evidence behind the condition. The development of a state-wide framework for WMSDs was informed by the evidence and observations of the issue of child labour in Lebanon. A review of the relevant literature on exposures and observations of the issue of child labour in Lebanon.

**Results** Information collected demonstrated that a high proportion of key stakeholders viewed this as a significant state-wide issue. The views of key stakeholders in relation to risk factors, barriers and facilitators for the prevention and management of this condition varied across the stakeholder groups and trends could be identified within and between stakeholder groups. Results show the interconnection between these stakeholder groups and the potential value of systematic and organised information sharing and staged collaborative intervention.

**Conclusion** The development of a state-wide framework for WMSDs requires an understanding of the evidence behind the multifaceted interventions, and a staged and consultative approach to achieve ownership and confidence in the stakeholders and implementers of the framework.
developed countries are ageing rapidly, the most dramatic increases are occurring in developing countries. Because most elders prefer to be cared for at home, these profound demographic shifts are driving a global need for home care (HC) at an unprecedented rate. As a result, HC aide jobs are among the fastest growing occupations and yet their occupational safety and health (OSH) experience is nearly invisible. The Safe Home Care Project at the University of Massachusetts, Lowell USA, funded by the US National Institute for Occupational Safety and Health, was established to protect and promote the OSH of the HC workforce.

Methods We used mixed methods ranging from focus groups to large scale OSH questionnaire surveys, microbiology field studies, and laboratory experimental studies of chemical, biological, and biomechanical hazards. These studies were performed among HC aides and elders who are HC recipients.

Results HC aides experience numerous OSH hazards similar to hospitals and nursing homes: back injuries from patient lifting; needlestick injuries; respiratory irritant exposures from cleaning and disinfecting; and serious encounters with violence from patients or family members. Aides also experience hazards not seen in institutional settings: exposure to second-hand smoke, risk of fire from patients smoking cigarettes while on oxygen, patients re-using needles for injections and storing them improperly, and lack of medical equipment for patient lifting. Overall, we found that high quality care delivery depends significantly on HC aide safety.

Discussion HC aides need OSH protections. Despite OSH challenges, the great majority of aides report high job satisfaction due to meaningful relationships with patients and families and to the relative autonomy compared to institutional care work. Interventions should enhance these beneficial aspects of HC work as well as improve OSH.

Result Trainers need to plan how to recognise and teach good safety and health practices in situations where they don’t have access to sophisticated or expensive measures. They can set an example to the local population by using WSH methods that are adapted to the specific risks of the solutions. They need to be simple and cheap so that they can later be applied by the locals. Trainers need to emphasise the importance of WSH to prevent the creation of long-term health problems.

Discussion Once development partners and emergency responders understand these WSH-challenges, they can plan for them. It is important to train all stakeholders in how to include WSH aspects. Also donors need to understand the importance of WSH so that they can accept, if not even demand that WSH is given importance also from a perspective of value for money.

1591 MY TRUTH IS BETTER THAN YOURS – HOW TO FIGHT BACK IN THE AGE OF ALTERNATIVE FACTS
Jani Ruotsalainen. Cochrane Work Review Group, Finnish Institute of Occupational Health in Kuopio, Finland

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APPENDIX 1: APPENDIX 2: APPENDIX 3: APPENDIX 4:

SEED SAFETY AND HEALTH WHEN RUSHING TO HELP
Michael Riediker, Magda Stepanyan. IOM (Institute of Occupational Medicine) Singapore, Singapore; 2School of Materials Science and Engineering, Nanyang Technological University, Singapore, Singapore; 3Institut universitaire romand de santé au travail, University of Lausanne, Epalinges, Switzerland; 4The Risk Society, Den Hague, The Netherlands

Introduction Helping local populations develop economic independence is an important aspect of international development programming, and can be critical for longer-term resilience building after major natural disasters. When teaching new skills and methods, one needs to make sure that:
1. those teaching the skills stay healthy while on site, and
2. that the new workforce learns about the essential elements of workplace safety and health (WSH) so that they stay healthy while becoming economically more stable.

Methods The principle to keep both, trainers and trainees safe and healthy during a training and later on is universal. However, many of these interventions happen in ill-controlled situations with many other concerns such as security and administrative challenges related to the exceptional situation. Furthermore, many well-intending teams perceive the situations as ‘emergency’. Combined with the hesitance to be ‘better treated’ than the locals, this can lead to them accepting and taking more risks than they would accept at home.

1590 THE ROLE OF EPIDEMIOLOGICAL RESEARCH IN THE PREVENTION OF OCCUPATIONAL ILL HEALTH
Lesley Rushton. Imperial College London, London, UK

Introduction Concerns about occupationally-related diseases that are rare in the general population have provided an