

result to psychosocial and psychosomatic imbalances such as stress, sleep disorders, musculoskeletal dysfunctions, cardiovascular diseases, work injuries, burn outs, violence outbursts at work and higher mortality rates. The abovementioned consequences on the working individual/group, inevitably reflect back to the short/long term “health” of the Industry, because of increased absenteeism, negative reputation, productivity fall and deterioration of product quality. The purpose of the present research is to present the results of a field study conducted in the City of Athens (Keratsini Municipality –Drapetsona Municipality) and it concerned the employees’ viewpoints regarding the impact of the implementation of the “Kallikratis Plan” program on the working environment and the resulting consequences on the psychosocial and psychosomatic condition of the working individual/group.

Methods One-way-Analysis of Variance and Multiple Regression Analysis were used for data reduction and identification of consistent data features.

Results The data showed that 30.3% of the employees confirmed that they increased their smoking and the 11.9% confirmed that they increased their alcohol use, within two years after the implementation of “Kallikrates Plan”. Additionally, there are statistically important differences concerning psychosocial inconvenience ($p = 0.01$), interpersonal relationships ($p = 0.03$), anxiety ($p = 0.01$) and burn out ($p = 0.00$) within several administrative municipality departments, such as Administration Department, Technical Department, Social Services and Cleaning services. Employees complain mainly about work overload, time pressure per assignment and intensification of work. Nevertheless, married and educated employees displayed lower levels of stress and anxiety.

Conclusions Results indicate a negative influence on employees’ health parameters which may result to possible deterioration of the working individual’s/groups’ condition and well-being.

Results also indicate that education/training of employees in their new duties is needed. Furthermore, training towards a healthier life style for smoking cessation and drinking control is also needed, as well as in some cases psychological support and coaching could also be necessary.

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FLOTATION NON-WEARING AND WEARING IN OCCUPATIONAL BOATING FATALITIES, CANADA 1991–2010

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Background Flotation wearing is low among Canadian boating fatalities. The study ascertained trends and factors associated with non-wearing of flotation among occupational boating victims in Canada, and compared with recreational victims.

Methods Annual Red Cross collection of 1991-2010 Canadian coroner data by structured questionnaire. Analysis included activity, purpose, personal, equipment, environment factors, trends.

Results There were 10,511 water-related deaths, 9,961 from immersion including drowning and cold, 513 trauma, and 37 other injuries. Excluding land and air transport, 37% of immersions involved boating. 12% ($n = 366$) of 3324 boating deaths involved occupation and 85% recreational or daily life. Occupational boating immersions included 297 drownings, 53 drownings with hypothermia, 5 deaths due to hypothermia complicated by drowning, and 11 hypothermia deaths. At least 55% involved

very cold water less than 10 °C. 62% were commercial fishing and 14% marine shipping; 9% of fishers and 12% of shipping victims were properly wearing a flotation device. Overall, 11% were properly wearing, 2% improperly wearing, and at least 35% not wearing flotation, possibly more since flotation was unknown for 38%. For 9% flotation was absent in the boat, and for 55% unknown. Range of boats in violation of current regulations, with no flotation, ranged from 9 to 64%, with many unknowns. Incidents included 31% capsizes, 27% falls overboard, and 25% swamping; only 5% dying falling overboard wore flotation, 9% in capsizes, 17% in swamping. There was no trend in non-wearing during surveillance. Most deaths occurred in Nova Scotia, British Columbia, and Newfoundland/Labrador. Numbers of deaths declined from 246 during 1991–2000 to 120 during 2001–2010. For recreational deaths, a flotation device was worn properly by 12%; in $\geq 50\%$ flotation was absent, representing violation of current regulations requiring in boats, even if wearing is not required.

Conclusions While occupational deaths have declined, for various reasons, non-wearing of flotation among victims remains high. Legislation on wearing varies and is left to discretion of the operator. Review of various boating interventions has found the greatest effectiveness to be legislation mandating wearing, coupled with effective enforcement. Hypothermia protective garments may also be required in cold water conditions, frequent in the Canadian context, especially for occupational boating.

Safety Culture

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TRAINING AND INVOLVEMENT OF MEDICAL STUDENTS FROM ROMANIA IN THE FIELD OF INJURY PREVENTION AND SAFETY PROMOTION

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Background The medical curriculum and involvement of undergraduate students in injury prevention and safety promotion can play an important role in increasing awareness of its importance and in equipping students with appropriate knowledge and skills regarding this issue. This paper focuses on the situation encountered at the University of Medicine and Pharmacy from Cluj-Napoca, Romania which prepares for medical profession both Romanian students which are taught in Romanian (Romanian section) and students from other countries which are taught in English (English section).

Objectives This study presents data regarding medical curricula and involvement of Romanian undergraduate medical students with respect to the following areas of injury prevention and safety promotion: 1.research 2. development, implementation and evaluation of educational programs and campaigns 3. emergency medical services 4. capacity building, cooperation and leadership.

Results There are several strengths which should be pointed out such as training of medical students regarding first aid and management of different types of accidents, as well as their involvement in extracurricular activities in the field of emergency medical services. Even to a less extent, they receive also training in the field of prevention of injuries and development of