

P-341 SUN EXPOSURE IN OUTDOOR WORKERS: KEY CONSIDERATIONS FOR AN OCCUPATIONAL SURVEILLANCE SYSTEM

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Introduction Outdoor workers are exposed to a variety of hazards, including solar ultraviolet radiation (UVR). Identifying, reporting, analyzing, and tracking the exposures or health outcomes of outdoor workers specifically have not generally been considered in a formalized way.

Objectives Our objective was to identify the key characteristics and the barriers and facilitators of occupational surveillance systems in order to make recommendations for a system for outdoor workers that includes consideration of sun exposure and skin cancer.

Methods A traditional literature review (peer-reviewed and grey literature) was performed using search terms relevant for surveillance, outdoor workers, and best practices. Additionally, 22 qualitative key informant interviews were conducted with a variety of experts. The audio recorded interviews were transcribed verbatim and coded for broad themes and specific barriers and facilitators using NVivo 12.

Results The literature review found no occupational surveillance programs focused solely on outdoor workers. Five occupational surveillance strategies were summarized to obtain a better understanding of occupational surveillance systems and how they might be applied to keratinocyte carcinoma (KC) or solar UVR exposure in outdoor workers. The key informant interviews revealed ten key considerations for the design of a surveillance system, including identifying a clear goal, a defined target population and stakeholder involvement. Additionally, five critical barriers including underreporting and funding, and five vital facilitators including communication/collaboration and a simple reporting process were identified.

Conclusion Our study demonstrated that barriers and facilitators to an occupational surveillance system for outdoor workers exist and thoughtful design and implementation are key. Some specific suggestions for a successful occupational surveillance program for outdoor workers include the recognition of KC as an occupational disease, designing and implementing a notification/data collection mechanism for KC, continuing to build primary prevention initiatives, educating workers/employers on the risks of skin cancer and other outdoor hazards, and investing long-term into surveillance.

P-342 COMPENSATION OF OCCUPATIONAL DISEASES: A RETROSPECTIVE STUDY DURING FIFTEEN YEARS IN A UNIVERSITY OCCUPATIONAL MEDICINE DEPARTMENT IN TUNISIA

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Introduction Human heavy costs of Occupational Diseases (OD) are associated with significant economic ones estimated, in some countries at 2 or even 3% of the gross domestic product.

Objective This study aims to identify epidemiological profile of Tunisian patients concerned by OD and their associated professional factors.

Methodology A retrospective study was carried out in one of the seven Tunisian occupational medicine university departments, with data collected between 2005 and 2017, based on the medical files and declaration forms.

Results In total, 351 patients had been declared victims of at least one OD. The sex ratio was 0.21 and the average age was 40.51 ± 8.36 years. The average professional seniority was 18.2 ± 7.8 years. Among concerned workers, 69.23% were active in clothes-textile sector; 7.97% in hotel-catering sector and 6.84% of them in the health sector. Machine operator (63.53%), followed by cleaning worker (6.55%), were most concerned work situations. Musculoskeletal disorders (MSDs) represented 86.61% of declared OD, followed by respiratory pathologies, and occupational dermatitis in 7.41% and 2.56% of cases respectively. The average files' processing time by compensation commission was 15.15 ± 8.8 months (3 - 36 months). Demands of compensation were refused in 6.3% of cases. The average permanent partial disability (PPD) rate was $22.54 \pm 10.13\%$ (6 to 50%). Statistical analysis concluded that MSDs, the most reported OD, were more common among female patients ($p = 10^{-3}$); those active in the clothing-textile sector ($p = 0.005$); machine operators ($p = 0.003$) and those who received a compensation pension (PPD > 5%) ($p = 0.02$).

Conclusion Occupational diseases are a real issue of health and safety at work, particularly in some sectors characterized by multiple risks exposition and needs specific preventive actions.

P-343 RELATIONSHIP BETWEEN LABOR PRECARIOUSNESS AND HEALTH IN A SAMPLE OF UNIONIZED FEMALE DOMESTIC WORKERS IN URUGUAY

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Introduction A little more than a decade after regulating paid domestic work in Uruguay, a mixed study was carried out to know about workers' employment and health conditions in this sector. This study offers unprecedented evidence on these aspects of domestic work in Uruguay.

Objectives The study aims to find out the relationship between labor precariousness and the health of domestic workers, incorporating the analysis of some characteristic and frequent variables of work in this sector.

Methods A non-probabilistic sample of unionized female domestic workers from different departments of Uruguay was considered for this research. In the quantitative study, a self-administered standardized questionnaire was applied, which included questions about their employment and health conditions, among other characteristics of work in the home. The qualitative approach contributes to the interpretation and contextualization of the results presented below, based on the fieldwork carried out through interviews and discussion groups with these workers.

Results The results obtained reflect a relationship between a higher level of labor precariousness and worse level of health of domestic workers, and being exposed to putting their time

at the disposal of employers, even outside working hours. This relationship is reversed when the worker has more seniority in the labor relationship.

Conclusions The results presented here are the outcome of a study in which unionized workers, presumably organized and with access to information, participated. Despite this, results reveal that the law and the policies developed for the sector do not protect domestic workers' health, as they do not consider the particularities of the sector. These results reflect the need to continue investigating the particularities of their working conditions to prevent their negative impact on health.

P-348 THE ROLE OF AN OCCUPATIONAL HEALTH SERVICE IN THE RETURN TO WORK FROM WORKERS DISCOURSE ANALYSIS

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Introduction The Brazilian Public Healthcare System offers an occupational health service (OHS) regulated from the Primary Health Care to assist work injuries and diseases and collaborate to return-to-work (RTW), to ensure workplace accommodations for the rehabilitated worker.

Objective To understand the role of the OHS in the RTW process from the perspective of workers assisted by this service.

Methods

Qualitative research We interview eight workers assisted by OHS in 2017–2018 after discharge and RTW. We analyzed the speeches based on Discourse Analysis and interpreted them based on RTW and Psychodynamics of Work theoretical approaches.

Results OHS was considered helpful in the RTW mainly in the physical and psychological health recovery. Besides, it helped to guarantee workers' rights regarding to the social security benefits and the employer's responsibilities. However, workers highlighted the need for improvement inside OHS team communication and between them and workers, as well negotiations with the employer to workplace accommodations and better security conditions of work.

Conclusion OHS was considered helpful for individual recovery, but limited for RTW. Even so, workers recognize the relevance of this service in difficult and complex moments such as RTW, and also the protagonism of it when compared to other stakeholders. Considering the potential for articulations of the OHS we suggest it mediates actions together with workers and stakeholders to improve the RTW process.

P-349 CHALLENGES OF RETURN-TO-WORK AFTER WORK-RELATED SICK LEAVE: FROM WORKERS PERSPECTIVES

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Introduction Return-to-work (RTW) is a complex process that involves many sectors and stakeholders including worker participation. RTW should consider biopsychosocial aspects of workers and workplace changes with stakeholders' participation to ensure adaptation and sustainability of the job.

Objective to identify RTW challenges from workers' perspectives after work-related sick leave.

Methods Qualitative research. We interview workers who were victims of occupational diseases or accidents and were treated by a Brazilian public occupational health. We analyzed the speeches considering theoretical and methodological approaches of RTW, Psychodynamics of Work, and Discourse Analysis.

Results RTW is a difficult experience for workers, mainly caused for miscommunication and non-articulation of stakeholders and sectors involved. RTW triggers negative feelings and distress in the workers such as humiliation, revolt, and even feeling of guilt due to sick leave. Besides, workers experience fear of retaliation and stigmatization of their employer or co-workers for their new condition and receive rare or no support in this sense. Discourse analysis shows lacking support from stakeholders and the invisibility of workers during return to work that walks alone in this path. Government sectors (as insurance and healthcare systems) do not mediate RTW and workplace accommodations rely on workers' demand in an unfair and unbalanced negotiation with the employer.

Conclusion There is an urgent need to review the RTW process in Brazil focusing on a collaborative model between sectors, stakeholders, and the worker looking to a more comprehensive perspective and more effective results.

P-350 SOCIO-OCCUPATIONAL INEQUALITIES IN POTENTIAL WORK-RELATED EXPOSURE TO SARS-COV-2

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Introduction The risk of contracting COVID-19 is not uniform across occupations. Certain workers, exposed to diseases/infections, interfacing with the public/colleagues, unable to work from home, and without appropriate personal protective equipment are likely to experience higher workplace exposure to SARS-CoV-2.

Objective To describe the proportion of workers potentially exposed to coronavirus in each occupation under 'routine' working conditions, as well as a baseline socio-demographic profile of these workers in France.

Methods We combined two French cross-sectional population-based surveys: 'Working Conditions' (CT-2013) and 'Medical Surveillance of Occupational Risk Exposure' (Sumer-2017) to quantify 'exposure to infectious agents', 'face-to-face contact with the public' and 'working with colleagues'. We then identified the most exposed occupations before the first lockdown and built an exposure matrix. Finally, we described other socio-demographic characteristics (age, sex, occupational group, educational level, income level, origin) of the workers with the highest potential exposure to COVID-19.

Results Before the first lockdown, 42% (11 million) of French workers were exposed to at least two COVID-19 occupational exposure factors. While most exposed workers are in the health care sector, other occupations such as social workers, hotel/restaurant employees, army/police officers, firefighters, hairdressers, and teachers also have a high proportion of exposed workers. Middle age participants, females, unskilled employees, those with post-secondary non-tertiary education,