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-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,