observed. Field material was processed through thematic content analysis.

Results We identified two discursive formations in tension in the delimited agrocitry. One set of discourse was defined as productive-preventive. Among those discourse, pesticides vulnerabilities were individualised and relativised, agronomic sources were invoked, and preventive actions were privileged. On the other hand, environmental-health discourses referred to different diseases, loss of wildlife and biodiversity and community's concerns. Direct experience or exchange with peers support these discourses, which are articulated with practices of denounce.

Conclusions In the agrocitry of Guichón, discourses about health vulnerabilities of pesticides are in dispute. On the one hand, there are defensive strategies that naturalize risks while on the other, risks are problematized and questioned. Promotion of dialogical networks appears to be an indispensable premise for the development of a local monitoring policy on this topic.

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BIOSAFETY IN THE FISH INDUSTRY: A CASE STUDY IN THE STATE OF RIO DE JANEIRO

¹Ana Luísa Reis Ribeiro, Ana Paula Chein Bueno de Azevedo, Telma Abdalla de Oliveira Cardoso. ¹ESNP, Brazil and Fiocruz, Brazil

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Introduction The fish industry is a growing sector worldwide, due to the increase demand for its products. To make its products competitive and attractive to consumers, the industry uses strict quality standards.

Objective To identify and understand the environmental risks that workers in the fish processing industry are subjected to, based on the field of biosafety, health and safety at work.

Methods For this purpose, an observational study was carried out with the help of a script to survey the process and flows at work and the physical-environmental aspects in a company in Macaé, Rio de Janeiro. For the analysis of the collected data a documentary research was carried out, to survey the legal requirements, which contemplate aspects related to the field of biosafety, health and safety at work. In addition, a literature review was conducted to identify the main occupational diseases that can affect workers in the sector.

Results Workers were exposed to biological, chemical, physical, ergonomic and accident risks. Among the risks identify, we can highlight: intense physical effort, manual lifting and carrying of weight, inadequate posture, high pace, contact with biological samples, bioaerosols inhale, excessive noise, intense cold, excessive humidity, vibration, contact with chemical products, poor lighting, inadequate electrical installations, handling of sharp objects, and others. The literature review allowed us to identify the possibility of occupational asthma, work-related asthma, occupational rhinoconjunctivitis, musculoskeletal disorders (e.g. carpal tunnel syndrome, epicondylitis, and tendonitis), hives, and contact dermatitis.

Conclusion The recognition and evaluation of situations at risk in the fish processing industry is of great importance to avoid unnecessary exposure and to take measures to prevent, mitigate and control existing risks in order to preserve the health of the workers and other impacts on both society and the environment.

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ADVERSE CHILDHOOD EXPERIENCES AND WORKPLACE VIOLENCE VICTIMIZATION IN ADULTHOOD

¹Amira Omrane, Myriam Ouerchefani, Imen Mlouki, Taoufik Khalfallah, Lamia Bouzgarrou, Sana Mhamdi. ¹Faculty of Medicine of Monastir, Tunisia

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Background Research concerning the long-term effects of child maltreatment and other adverse childhood experiences (ACEs) has increased over the past decades. These researches provided a strong connection between early experiences and optimal health, wellness, and life opportunities across the life course. Additionally, victims of ACEs are at increased risk for experiencing violence across their life with accumulating risk for poorer health and social outcomes. This study aims to evaluate associations of commonly co-occurring childhood adversities with workplace violence in healthcare sector.

Methods This was a cross-sectional bi-centric study conducted on healthcare workers of two Public hospitals in the central-eastern region of Tunisia for a period of eight months. A self-administered questionnaire was used to assess the prevalence of workplace violence and its determinants. ACEs were evaluated by the Arabic version of the ACEs International Questionnaire (ACE-IQ) in its validated Arabic version.

Results A total of 546 healthcare workers completed the questionnaire. All respondents reported experiencing at least one ACE. Intra-familial ACEs were more frequent than social ACEs with 100% (n=546) and 80.4% (n=439) respectively. About 96% of respondents reported exposure to at least one violent incident throughout their entire career in public health settings. Non-physical violence (95.8%) was more frequent than physical violence (26.4%). Multiple logistic regression showed that workers with childhood experiences of peer violence and community violence were more likely to be exposed to physical violence (p=0.005 and 0.014 respectively).

Conclusion This study identified an alarming prevalence of workplace violence against healthcare workers in Tunisia. ACEs were also prevalent and identified as a determinant factor of adulthood victimisation in healthcare sector. Understanding the overlapping causes of violence and why some individuals are at greater risk for experiencing violence across their life is important, because it can help address and prevent violence.

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HEALTH AND COVID: THE WORK OF ENDEMIC WORKERS DURING THE COVID-19 PANDEMIC IN RIO DE JANEIRO, BRAZIL.

¹Marcus Santos, Gabriel Silveira, Ana-Paula Neves, Priscila Vidal, Victor Figueiredo, Luiza Dantas, Marcos-Rogério Silva, Ébio-Willis Moreira, Roberto-Paulo Nunes, Socorro Setúbal, Antônio-Carlos Cardoso, Monica Martins, Fátima Moreira3, Edilene Pereira, Tatiana Docile, Aline Gurgel, Márcia Sarpa, Leandro Carvalho, Luciana Gomes, Maria-Blandina Santos, Luiz-Claudio Meirelles, Ana-Cristina Rosa, Eline Gonçalves, Liliane Teixeira, Arianne Larentis, Isabele Costa-Amaral. ¹Fiocruz, Brazil

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Introduction The Brazilian vectorial 'control' is characterized by the intensive use of pesticides (agrotocics), such as organochlorines, organophosphates, carbamates, pyrethroids, benzoylureas; some of them banned worldwide or restricted by international agreements. Continuous exposure to these neurotoxic and/or carcinogenic products has resulted in damage to the health of Endemic Workers, leading to a process of illness and deaths. Thus, because they have chronic diseases and are