Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Lack of understanding of MI and workplace adjustments
Lack of coordination between employment support agencies and mental health services.

Solutions include:
Improving access to employment; social enterprises, such as social firms, provide responsive accessible workplace environments Commitment by employers (including government agencies) to quotas
Social procurement from social enterprises for products and services

A greater recognition of the importance of vocational rehabilitation to prepare people for the world of work, effective job matching and ongoing employment support is a key step in helping people to get and keep a job. Building the mental health literacy of employers is also critical.
WISE Employment has a specialist program, WISE Ways to Work, which focuses on innovation in employment for people with MI. Its team of occupational therapists and vocational coaches assists people with MI to: build vocational awareness, confidence and cognitive and social skills in its evidence based vocational rehabilitation program. Employ Your Mind get exposure to different work environments through work-orientation opportunities transition into responsive employment with employers who have been trained in best practice workplace support.
Evaluation of the two-year pilot demonstrated improved cognitive functioning and belief in ability to work, improved job retention as well as increased confidence to provide workplace support by employers. WISE is now replicating WISE Ways to Work in other locations.

**SLO5**

**Occupational health for migrant workers in Spain, why does it matter?**

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Spain is the fourth country with the largest number of immigrants in Europe, resulting in a large proportion of migrant workers. Women constitute 48% of international migrants who suffer poor working conditions linked to the positions they mainly occupy within certain fields such as the domestic sector and caregiving services. In this connection, Spain is the second country in Europe with the highest number of domestic workers (619,600 people). In addition, 95% of caregivers in Spain are Latin American women. It also should be noted that during the COVID-19 pandemic, women have been the most affected, making up 54.8% of the total infected. They have been frequently working under unsafe and hazardous OHS conditions, often without the necessary personal protective equipment (PPE) and many being exposed to significant risks due to their direct personal contact with patients with COVID-19.

To date, many researchers have examined the working conditions of immigrants in Spain who are known to have to deal with adverse working conditions. The main objective of this research is to investigate the patterns of work and working conditions of immigrants living in Spain and to understand how these factors may affect their health. Many of our results have showed:

In general, four employment sectors were most commonly occupied by these immigrants, including caregiving and food service for women and agriculture and construction for men. Most immigrants were from Latin America, either unemployed or working part-time jobs, and not hired under an employment contract. Most worked in low-qualified jobs, and were exposed to occupational hazards such as falls from heights, manual handling of materials, and psychological strain. The lack of training on occupational risk prevention and labour rights were related to a low identification of work-related situations leading to a negative impact on the health of immigrants. In caregiving sector (mainly occupied by women) the main risks identified were biological risks, physical attacks, falls, wounds and musculoskeletal complaints related to handling patients and carrying out household chores. Most of them had not taken an occupational health test and did not report accidents occurring in the workplace for fear of losing their jobs. The main health problems were related to physical and mental health (such as musculoskeletal diseases and stress).

During the current COVID 19 pandemic, women have been the main providers of care and domestic work in the homes where they have been confined, renouncing their own freedom of movement and social interaction. They have been responsible of all the domestic work, resulting in non-stop working days during the lockdown.

**SPO6**

**Preventing Tuberculosis (TB) in health workers and silica-exposed occupations**

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The COVID-19 pandemic has reminded us of the importance of workplace exposures and transmission in the control of airborne infectious diseases. The importance of workplace transmission of Tuberculosis (TB) has been well documented for decades, yet these past lessons have largely gone unheeded for health workers and silica-exposed occupations which are some of the highest risk subpopulations. It is estimated that health care workers who represent 3% of the global population made up 14% of reported COVID-19 and the same front-line workers are at three times greater risk for active TB compared to the general population. Despite these known risks, multiple studies have demonstrated that few health workers are provided with training or protections. Workplace TB prevention measures overlap with measures known to reduce the spread of COVID-19 and include improved ventilation, UV germicidal irradiation, personal protective equipment and training. These dual pandemics present an opportunity to refocus investment in Infection Prevention Control (IPC) measures in healthcare settings. Silica dust exposures and silicosis are known to significantly increase the risk of active TB among miners, and silica-exposed occupations which are some of the highest risk occupations. However, low-cost dust controls have been shown to reduce respirable silica dust by 80% which can have a large impact in reducing TB and silicosis. Workplace interventions to reduce TB in healthcare setting and among silica-exposed workers are cost effective and are considerably less expensive than treatment. The International Commission on Occupational Health (ICOH) has been taking an active role in working to increase recognition of workplace interventions to reduce TB transmission. Starting in 2017 the organization spear-headed efforts at the United Nations (UN) to gain recognition for workplace interventions in the General