

## How to meet the difficult challenge of prevention in the elderly healthcare sector?

**This was the key theme of the 2021 EUROGIP Discussions. The event was an opportunity to present the activities and tools (training, guides, technical and financial aid, etc.) to cope with the high incidence rate in this sector and discover experiments in France and elsewhere in Europe.**

*“The sector’s incidence rate is disgraceful”,* says Myriam El Khomri, former French Minister of Labour and author of a report on the attractiveness of elderly care jobs. In elderly care homes, the occupational injury and disease frequency index is 90 per 1,000 employees, i.e. 50% higher than in the construction sector.

However, as stressed by Emmanuelle Cambois, Head of Research at the French Institute for Demographic Studies, due to population ageing and *“the increase in the number of dependent persons”*, the sector will have to recruit more and more staff. *“Personnel needs are inevitably going to increase. There is talk of a need for 140,000 more full-time personnel within the next ten years. And yet, the attractiveness of these jobs is in free-fall; 81% of elderly care homes report job vacancies”*, says EUROGIP’s chairman, Christian Expert.

So the challenge facing occupational risk prevention in the elderly healthcare sector (in elderly care homes or for at-home care) is therefore substantial. The CARSAT funds have been working on the subject since the start of the 2010s. Then the COG objectives and management agreement (“Convention d’objectifs et de gestion”) signed in 2018 between the Occupational Injuries Branch and the government targeted the issue more specifically. The “TMS Pro” programme now includes a specific version for aid and personal healthcare and 300 prevention contracts (which include financial aid) have been signed. But *“it is indeed necessary to step up the branch’s involvement”*, recognises Anne Thiebeauld, Head of the Health/Occupational Risks Insurance system. On the European level, *“the Commission is perfectly aware of the importance and specific features”* of the sector, affirms Jesús Alvarez Hidalgo, special consultant in the Health and Safety unit of the Directorate General of Employment. Moreover, a European strategy will be unveiled this summer.

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<sup>1</sup> The EUROGIP Discussions of 9 March 2021, “Preventing occupational risks in the elderly healthcare sector” - Programme and profile of the contributors at <https://bit.ly/Debats-EUROGIP-2021>. The proceedings, providing a more exhaustive summary of what the contributors said, will be published in May and the replays are available at <https://bit.ly/Debats-EUROGIP-2021-replay>

## Sector-specific risks and problems

The diagnostic is fairly clear: the primary source of risk is manual handling and the carrying of heavy loads, involved in the transfer of persons with reduced mobility. Occupational injuries and diseases mostly affect the back and upper limbs.

Psychosocial risks (PSRs) are on a similar trend. They are primarily due to the very essence of the work. *“Employees are faced with collapsing bodily and mental health, and death”*, notes Myriam El Khomri. Secondly, employees have to cope every day with patients' violence. 90% of nurses have experienced violent episodes in the past twelve months, and one-third of them feel stress due to this exposure, according to a study presented at the Discussions by Albert Nienhaus of BGW, insurer for the sector in Germany. Malika Belarbi, healthcare assistant in a gerontology centre and CGT trade unionist, speaks of *“relentless work schedules”*. The survey on PSRs conducted by her team based on the Karasek model, a questionnaire for measuring stress at work, shows an *“alarming”* situation.

*“Our greatest difficulty is reaching and communicating with all the employers and employees in the sector”*, recounts Ilaria Maria Barra from the Italian Institute of Occupational Injury and Disease Insurance INAIL. This difficulty was mentioned by all the contributors to the EUROGIP Discussions, related to the sector's heterogeneity and the diversity of the stakeholders. In France alone, there are public and private organisations (many of them non-profits) and private employers.

*“The fact that the beneficiary's private home becomes, for a time, a workplace, creates some invisibility*, according to Aurélie Decker, Head of the European Federation for Services to Individuals, EFSI. *You don't know what is going on behind the door”*. And that's not to mention illegal work, which is no doubt higher in certain EU countries.

Another drawback specific to the homecare sector is the fact that some employers do not dare to call on the beneficiaries or family care workers to ask them to apply preventive measures, notes Thierry Palka, consulting engineer at CARSAT Aquitaine. There can also be resistance from the employees themselves. *“Some find it hard to understand that you must first take care of yourself in order to help others”*, explains the OH&S expert. Moreover, we are in a sector which *“fosters the culture of domesticity”*, according to Dominique Villa, director of the Aid'Aisne non-profit organisation.

## First tool to respond to the incidence rate: Training

*“The incidence rate is not inevitable”*, affirms Thierry Palka. First tool: training. Naturally, like in any sector under pressure, employers say they cannot free up work time for their employees to provide them with training. Anne Thiebeauld downplays this, however: *“Training in work movements and postures represents four days, to be repeated every two years. After all, it is less expensive than paying for the consequences of a sick leave”*. She also stresses the importance of awareness raising campaigns to be performed with employers regarding the cost of absenteeism.

Promoting the leadership of chief nurses could also be a key, notes Albert Nienhaus of the German BGW. Regarding PSRs, the BGW proposes training in de-escalation, to avoid patients' violence. In Denmark, the working environment authority decided, based on the

recommendations of an agreement between the social partners, to massively recruit labour inspectors, including specialists of the psychosocial environment. *“The personal services sector is especially concerned, with a programme for prevention of conflict situations (there are “high emotional demands”)*”, says Julie Bache Billesbølle.

Regarding MSDs, the most conventional training concerns “zero carrying”. At the “Résidence-retraite cinéma spectacle” retirement home in the Essonne region, training was first received for a period of five days by the director, Alexandre Vernet, and the health manager. The training is expected to soon be provided for all the employees. The operation was initiated after Sandrine Rémy, inspector with the Ile-de-France regional health insurance fund (CRAMIF), pointed to the lack of prevention support in the institution. The Terre Nègre elderly care home in Bordeaux, for its part, chose to set up a training room on the spot *“to ritualise refresher training and make it compulsory”*, explains its director Emmanuel Chignon.

For his part, Stéphane Pimbert, Head of the French national research and safety institute INRS, notes that one should not forget training sessions for managers so that they may give thought to the very organisation of the work, *“which is seldom the case”*, he observes. Dominique Villa mentions that *“planning charts are often designed by administrative staff who have little knowledge of the real situation of the beneficiaries”*. He has therefore organised various measures, some of them to develop personnel's independence. These measures are reminiscent of the ambitious programme promoted by the German Ministry of Labour, which was presented by Paul Fuchs-Frohnhofen during the Discussions. This approach, bringing together researchers, experts and field personnel, allowed new health and safety solutions to be found notably for nurses visiting patients at home.

The director of the research institute of the Occupational Injuries Branch also stresses the importance of initial training, in vocational high schools for example. Even further upstream, the attenuation of certain risks may entail the attenuation of patients' suffering. Annie de Vivie, gerontologist, advocates training in “humanitude”, a concept which is based on an approach to handling patients in which the senses of sight and touch take on full importance. 83% of the 111 patients who have so far benefited from the programme that she proposes have seen their behavioural disorders reduced. Employees' work is inevitably facilitated as a result.

### **Inform, legislate, equip, finance, etc.**

Prevention is also of course based on information. For example, the programme *“la blouse sans le blues”* of the Bordeaux institution Terre-Nègre includes a gazette on the subject and the regular posting of incidence rate indices for the personnel. In Finland, Jukka-Pekka Tyni, who represented the directorate general of social services and private healthcare at the Discussions, has chosen to disseminate practical advice via the media and social networks.

In Ireland, faced with a saturation of the supply in elderly care homes, the government has chosen to legislate in order to recognise and regulate the right to home health care for the elderly, as mentioned by Joseph Musgrave, director of HCCI (Home and Community Care Ireland).

Lastly, the prevention of MSDs in the sector also requires equipment, and notably trolleys to facilitate carrying. Moreover, the INRS is preparing to publish a guide on choosing and buying

this equipment. It has previously published a brochure on the allowance for occupational health and safety aspects in the design or renovation of premises.

The “Aidants aidés” (care worker support) system initiated by CARSAT Aquitaine in 2015 comprises these various aspects of prevention, with technical aids and advice. The first year is devoted to risk assessment and the induction course for new employees, in a sector with a high rate of staff turnover. The action plan, which includes, among other things, training and technical aids, is rolled out in the second year. In six years, 180 organisations have benefited from the programme.

*“If we do not help these organisations finance these projects, they will not carry them out, but the average cost of 30,000 euros cannot be covered solely by the CARSAT funds, explains Thierry Palka. The main difficulty is to find co-financiers”. It is conceivable that this “Aidants aidés” system could be among “the regional experiments which could be deployed nationwide in the new “COG” agreement planned for 2023”, mentioned by Anne Thiebeauld.*

Ghislaine Rigoreau-Belayachi, employers' representative on the CAT/MP (national commission for occupational injuries and diseases), gives a reminder that *“prevention is a job in its own right”*. Ronald Schouller, vice-chairman (FO trade union) in said CAT/MP, emphasises the goal of having a single collective labour agreement for the sector, because the problems are the same, and stresses the indispensable roles of the industrial doctors and CSSCTs (committees on health and safety and working conditions).

Raphaël Haeflinger, director of EUROGIP, closed this 18th edition of the EUROGIP Discussions, in a digital version for the first time. He thanked not only all the contributors, but also those who, among the 500 or so participants in the conference, work every day with vulnerable persons, especially in this period of health crisis.