developed countries are ageing rapidly, the most dramatic increases are occurring in developing countries. Because most elders prefer to be cared for at home, these profound demographic shifts are driving a global need for home care (HC) at an unprecedented rate. As a result, HC aide jobs are among the fastest growing occupations and yet their occupational safety and health (OSH) experience is nearly invisible. The Safe Home Care Project at the University of Massachusetts, Lowell USA, funded by the US National Institute for Occupational Safety and Health, was established to protect and promote the OSH of the HC workforce.

**Methods**

We used mixed methods ranging from focus groups to large scale OSH questionnaire surveys, microbiology field studies, and laboratory experimental studies of chemical, biological, and biomechanical hazards. These studies were performed among HC aides and elders who are HC recipients.

**Results**

HC aides experience numerous OSH hazards similar to those teaching the skills stay healthy while on site, and 1. those teaching the skills stay healthy while on site, and 2. that the new workforce learns about the essential elements of programming, and can be critical for longer-term resilience to large scale OSH questionnaire surveys, microbiology field studies, and laboratory experimental studies of chemical, biological, and biomechanical hazards. These studies were performed among HC aides and elders who are HC recipients.

**Discussion**

HC aides need OSH protections. Despite OSH challenges, the great majority of aides report high job satisfaction due to meaningful relationships with patients and families and to the relative autonomy compared to institutional care work. Interventions should enhance these beneficial aspects of HC work as well as improve OSH.

**Result**

Trainers need to plan how to recognise and teach good safety and health practices in situations where they don’t have access to sophisticated or expensive measures. They can set an example to the local population by using WSH methods that are adapted to the specific risks of the solutions. They need to be simple and cheap so that they can later be applied by the locals. Trainers need to emphasise the importance of WSH to prevent the creation of long-term health problems.

**Discussion**

Once development partners and emergency responders understand these WSH-challenges, they can plan for them. It is important to train all stakeholders in how to include WSH aspects. Also donors need to understand the importance of WSH so that they can accept, if not even demand that WSH is given importance also from a perspective of value for money.

**Introduction**

Helping local populations develop economic independence is an important aspect of international development programming, and can be critical for longer-term resilience building after major natural disasters. When teaching new skills and methods, one needs to make sure that:

1. those teaching the skills stay healthy while on site, and
2. that the new workforce learns about the essential elements of workplace safety and health (WSH) so that they stay healthy while becoming economically more stable.

**Methods**

The principle to keep both, trainers and trainees safe and healthy during a training and later on is universal. However, many of these interventions happen in ill-controlled situations with many other concerns such as security and administrative challenges related to the exceptional situation. Furthermore, many well-intending teams perceive the situations as ‘emergency’. Combined with the hesitance to be ‘better treated’ than the locals, this can lead to them accepting and taking more risks than they would accept at home.

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