



# Guide for trainers

EASE and Secure employability with HEALTH  
education



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## - 1.INTRODUCTION

### 1.1. Presentation of the guide and objectives

This guide of trainer consists in guidelines on how to implement the different tools developed during the project and their combination with pedagogical materials. This guide presents all tools developed during the project. It contains proposals for teaching methods and lessons designs to help trainers to use the tools in an appropriate way.

This guide is divided into 4 parts:

- An Introduction : to present EasyHealth project and the expected results, as well as the guide of trainers, its objectives and composition.
- The educational approach : to recap the pedagogical approach, to present the educational tools in order to get acquainted with them and understand how to use them.
- The learning units : to discover the objectives of the learning units, the knowledge and competences targeted by each unit.
- Additional ressources : to have elements to go further and to learn about EasyHealth project.

### 1.2. Introduction and purpose of the project

**EASY HEALTH** is an Erasmus+ project more precisely a strategic partnership gathering together VET providers, businesses, non-governmental organizations, a regional public body from 6 different countries.

We mean to address professionals and unemployed people (more particularly adults) to have the appropriate behaviour and reactions as far as health related to professional inclusion is concerned. Our aim is to provide keys to our target group so that they get the best chance to have a satisfactory and fulfilling professional life.

This project aims at supporting individuals in acquiring and developing key competences and more particularly competences related to health linked to professional inclusion.



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The partnership will work on the design of a curriculum, a training game, a communication strategy to promote education for health, the creation of a new approach in order to raise awareness on the topic of health (part of social and civic competences: key competences) related to work. The project will cover several aspects:

- a) Health and life balance: biological and social rhythms, sleep, physical activities...
- b) Personal hygiene
- c) Food and health
- d) Addictions and prevention of risky behaviours

We mean to address VET learners, more precisely continuing VET which means future professionals, job seekers who are undertaking upskilling.

We are aiming at:

- helping them develop interpersonal skills for an effective interaction on a one-to-one basis or in groups.
- helping our target group to get knowledge of how to maintain good health, hygiene and nutrition for themselves and their family
- consolidating the social competencies required in order to maintain/to get employment implementing learning situations/tools related to their professional activities.
- reinforcing the security for the professional careers of employees or unemployed, future professionals by providing them with tools to prevent risky situations linked to health in a professional context.
- Helping our target group to acquire the necessary knowledge and skills to be able to adapt and meet the needs and expectations of employers and/or customers in a professional scope (related to health and hygiene).
- Preventing and reducing inequalities, many of which are due to living conditions and lifestyle factors, so that it benefits the society economically by reducing losses from illness associated with health inequalities and problems.
- giving individuals means to monitor their health and therefore ensure social and professional inclusion.

The project targets certain level of certifications, more particularly: EQF levels 3 and 4 in our countries with the goal to build a competences framework.



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### 1.3.The survey

Among the outputs of the project, a survey has been carried out. The subject is about existing health education in partner countries and the needs of training identified considering the issue of health and professional inclusion.

The main objective of this survey (**part 1 – desk survey**) was to consolidate the basis for a curriculum: hygiene and health towards vocational inclusion.

The first step consisted in collecting and gathering data to find out if the subject of “health and hygiene” was dealt with in existing levels 3 and 4 qualifications in our countries and if yes how this subject was tackled (which competences, skills, knowledge, teaching methods) and which learning outcomes are expected.

Each partner has been in charge of providing information linked to its educational system and qualifications in order to have a clear picture of the learning outcomes already identified and taught in our countries.

The goal of the second part of the survey (**part 2 – field survey**) was to collect new inputs from stakeholders. It has been conducted in various types of organizations such as:

- Training providers (adult education centers providing trainings for job seekers)
- Trade associations,
- Companies,
- Local authorities committed in the funding or provision of training.
- Social services
- Health associations

These stakeholders and experts have expressed ideas and identify areas and tasks on which the EASY HEALTH learning outcomes should be focused on.

The main challenge is to have a better understanding of the vocational situations they have to face in link with hygiene and health in the scope of their daily activities. Which problems are the most commonly faced by trainees/vocational learners and can become a hindrance to their professional inclusion? the same for job seekers ? What are the most common disorders among their trainees/employees having consequences in their daily activities/professional life and more generally their professional environment (colleagues and team, customers included? Which levers can be used in order to improve and facilitate professional inclusion? Which methodology do stakeholders use to provide a possible answer? Which learning tools/awareness tools do they use with their employees/job seekers/trainees in order to suggest solutions and empowerment? What are companies’ expectations about the hygiene and health habits of their employees?



Partners from France, Italy, Norway and Portugal have interviewed stakeholders and experts. Different entities have accepted to contribute :

In France:

- GRETA Région Havraise – VET provider (for adult education)
- ASSOCIATION ETRE ET BOULOT – Association for social and professional inclusion
- I.R.F.A. – VET provider (for adult education)
- GRETA Sud-Normandie – VET provider (for adult education)
- MISSION LOCALE DE LA BAIE DE SEINE – Organization in charge of social and professional inclusion of young people
- PLIE DU PAYS D'AUGE NORD – Organization to support work-integrated social enterprise
- CENTRE SOCIO-CULTUREL DE LA GUERINIERE – Social services for families
- UNIS CITE – Promotion and organisation of Voluntary Service of young people
- WEBHELP – Social and professional inclusion of young people

In Italy:

- FULL SERVICE SRL - Medium-sized entreprise
- MUNICIPALITY OF REGGIO CALABRIA (local government) - Department of Human Resources
- POSYTRON ENGINEERING Srl - Academy ICT Business School
- CONFESERCENTI Confederation of Small Enterprises, that supports and promotes SMEs in the fields of industry, crafts, commerce, tourism and services.
- METROPOLITAN CITY OF REGGIO CALABRIA (local government) - Department n. 5 VET and Education
- NEW DEAL NGO - Youth Organisation of university students

In Norway:

- CARITAS NORGE – Training centre, social services, job center and health association
- FONTENEHUSET – Training centre and social services
- IDEBANKEN.ORG – Health association
- NORSK FRILUFTSLIV - Health association
- INTEGRERINGS OG MANGFOLDSDIREKTORATET. (The Norwegian directorate for integration and multitude) – VET school and training centre, social service and job centre
- VESTFOLD RODE KORS (Norwegian Red Cross Vestfold provide dpt.) – Youth and Health association, training centre and social services



In Portugal:

- FUNDACAO DA JUVENTUDE: nonprofit foundation, focused on Training, entrepreneurship and support to youth people (Employment) in Oporto.
- ALKALINECARE - Medium-sized entreprise that works in health care.
- SOJOVEM: ONG (non-governmental organization), stimulate and support young people.
- CINDOR: vocational training school of the Goldsmithery and Clockmaking Industry;
- UNIAO DE FREGUESIAS DE LORDELO DO OURO E MASSARELOS: local government (Department of Human Resources).
- ESTRELAS & GENIOS, Lda - Academy ICT Business School. A survey
- A mapping of competences
- A training game
- Animated sketches

The main health related issues identified by participants to the survey liable to have consequences and be obstacles to occupational inclusion of individuals was :

- Addictions,
- Inappropriate and risky behaviours,
- Personal hygiene and body self-image,
- Life balance,
- Illnesses (either chronic or occupational).

With focuses on certain specific topics : smoking (included cannabis use), excessive drinking, stress, sleep disorders and work-related diseases.

It appeared that most of the time, staff dealing with individuals facing health problems are not health professionals and need a special training either on the way to “teach” health or on the knowledge associated to health and hygiene issue. To address this field, they used various methods but mainly organize individual discussions; collective answers were also proposed such as collective information meetings, visits of health associations, awareness campaigns,

The most commonly used pedagogical tools was any types of documentation on the topics (either visual or written such as leaflets, posters, magazines, webpages, social media ...). They also used videos and case studies. The participants expressed their need of new digital educational tools such as quizzes online, serious games, mobile apps, e-learning modules but also, and not insignificantly, their need for training related to a methodology on how to address these topics as well as on an updating of their knowledge. These results highlighted the needs regarding educational tools and training gaps.

To discover the complete survey, find the file on our website: <http://www.easyhealthproject.eu/site/project-outcomes/#results>.



## - 2. EDUCATIONAL APPROACH

### 2.1. Recap the process and articulation

EASY HEALTH methodology is made up of several steps with the aim to provide teachers and trainers with educational materials so that they can tackle the issue of health in relation with professional inclusion and job retention.

First, partners have undertaken a field survey whose main goal was to have a better knowledge of the issues related to health faced by beneficiaries and thus identifying the needs for training – which topics need to be addressed – the hindrances and levers towards a good hygiene and health for a better professional inclusion. We wished also to strive to focus on the best methodology and tools to raise awareness about this topic (depending on the target group probably). Our main targets were social services, job centres, training centres, VET schools, youth associations, health associations, local authorities, businesses. We finally interviewed 29 different institutions from 4 different countries among which some key actors in the field of health.

A desk survey was then conducted by all partners in order to identify the knowledge, skills and competences already included in some professional frameworks. They should become the basis for us to determine the relevant learning outcomes to develop, the relevant topics to tackle and integrate in our pathway.

As a consequence, a mapping of competences was built upon these prior works and 8 main learning outcomes were identified to cover the issues the most commonly faced. A complete curriculum which could possibly be delivered as such or divided into 8 modules which could be combined according to the needs of the trainers (according to his/her training programme) and of course the needs of the trainees/the learners.

Having in mind that our main objective was to raise awareness among our audience, we have thought that it might be relevant to propose short animated sketches, if possible with a bit of humour, which could generate discussions and reactions. Indeed, some topics are difficult to address and using such educational tools can be a solution. We have selected a series of 9 topics among which smoking, stress, sleep deprivation ... which can be easily understood with a visual media. They usually come with educational materials and teaching scenarios, a kind of “ready to use” set, the trainers can get acquainted with and deliver. For a more complex topic such as psychological risks at work, we have thought that a good option could be a serious game as it proposes different case studies ; the learner is in the situation to help his/colleague and he can experiment the consequences of his/her suggestions/advice/proposals. The serious game also comes with an educational scenario and can be a good implementation of what has been learnt previously.

For each learning outcome, evaluation methods are suggested ; for each scenario, a final task is proposed in order to assess the understanding of learners and their level of acquisition of competences and knowledge.



## 2.2. Presentation of tools

### 2.2.1. Mapping of competences

The project will cover several aspects such as health and life balance : biological and social rhythms, sleep, physical activities... , personal hygiene, food and health, addictions and prevention of risky behaviours.

Following the field and desk surveys, a certain number of topics have been identified helping the partnership to determine the topics to work on and thus the units of learning outcomes to design.

The curriculum will be made up of 8 units of learning outcomes ; some of them for EQF levels 3 and 4 (because considered as basic knowledge and competences to be an active citizen and be able to decide by oneself for one's well-being and the well-be

ing of family members) ; and some others only for EQF level 4 as requiring a higher level of analysis and more complex to understand if we consider they appeal to social and psychological mechanisms embedded in the professional environment with its rights, duties and expectations.

The learning process comprises the following units :

- Unit 1: Health system understanding
- Unit 2: Food balance
- Unit 3: Biological rhythm, life balance and sleep
- Unit 4: Body hygiene
- Unit 5: Preventing high-risk behaviours and addictive behaviours
- Unit 6: Preventing risks linked to psychological risks
- Unit 7: preventing risks linked to the occupational activity
- Unit 8: Employers' expectations

Learning outcomes in relation with EQF have been defined. A learning outcome is defined as a statement of what a learner knows, understands and is able to do on completion of a learning process.



The learning achievements are specified in the shape of :

1. **Knowledge:** in the context of EQF, knowledge is described as theoretical and/or factual. Level 4: factual and theoretical knowledge in crosscutting contexts within a range of tasks undertaken in the catering industry.
2. **Skills:** in the context of EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments). Level 4 means a range of cognitive and practical skills required to generate solutions to specific problems, a range of tasks undertaken in the catering industry.
3. **Competences:** in the context of EQF, responsibility and autonomy are described as the ability of the learner to apply knowledge and skills autonomously and with responsibility. He/she exercises self-management within the guidelines of work or study contexts that are usually predictable, but are subject to changes ; supervise the routine work of others, taking some responsibility for the evaluation and improvement of work or study activities
4. **Assessment criteria:** The quality and precision of learning outcomes descriptions is an important basis for assessment. It is up to each VET institution to develop its own method of assessment according to the training pathways and overall curriculum they undertake.

The framework of 8 learning units is presented in this guide unit by unit in the part 3 titled “Learning units”.



### 2.2.2. Training game

The EASY HEALTH online game is addressed to employers and work colleagues. The game is based on multiple branching scenarios, and the player will become the story protagonist, assuming the role of a bystander to a person facing a stressful situation with the mission to prevent psychological risks in the workplace. The Game starts from the same entry point of each story. However, while this entry point is common, the choices of each player may lead to entirely different outcomes. Decision making on behalf of the player will have an impact on the entire playing experience by determining the progress (different branches within the same scenario), dialogues and consequences within the gaming environment. This will foster a) the sense of participation and involvement, b) the feeling of attachment to the game due to personal responsibility, and c) the degree of control on the part of the player.

Moreover, branching scenarios will significantly increase the replay value (or replayability) of the EASY HEALTH game by offering adult learners the possibility to go through the entire experience in a different way, applying newly acquired knowledge towards achieving better results. Also, the multiplicity of options, combined with a flexible learning procedure allow for an evaluation process of learners' performance that is more accurate and fair.

Computer game development is much more than just this – so find out! We wish you a lot of fun !

#### 2.2.2.1. SYSTEM REQUIREMENTS

##### Minimum System Requirements

CPU: Info

**CPU SPEED:** 2.0 GHz

RAM: 2 GB

**OS:** Windows 7 32-bit SP1

**VIDEO CARD:** DX10 compatible or better

PIXEL SHADER: 4.0

VERTEX SHADER: 4.0



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SOUND CARD: Yes

FREE DISK SPACE: 350 MB

#### Minimum Recommended Requirements

CPU: Info

**CPU SPEED:** 2.0 GHz multi-core

RAM: 8 GB

**OS:** Windows 7 64-bit SP1

**VIDEO CARD:** 1 GB VRAM DX10 compatible

PIXEL SHADER: 4.0

VERTEX SHADER: 4.0

SOUND CARD: Yes

FREE DISK SPACE: 350 MB

DEDICATED VIDEO RAM: 1 GB

#### 2.2.2.2.HOW TO PLAY THE GAME

1. Start your computer.
2. Open your browser:
3. Click on the following link: <http://www.easyhealthproject.eu/site/>
4. Enter EASY HEALTH website



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5. Go to the Serious Game Section
6. Download and double click on the Chrome HTML Document (.html) file
7. To start the game, navigate to the EASY HEALTH program through your Start menu or double-click on the EASY HEALTH icon on your desktop.
8. Alternatively, press the icon so to direct at the Game's interface.
9. Play the EASYHEALTH Serious Game.

#### **2.2.2.3.EASY HEALTH GAME LOGO**



#### **2.2.2.4.FOR THE TRAINERS/LEARNERS**

Finding your way with the EASYHEALTH Game...

Busy professionals and employees, such as HR managers, often perceive conventional training procedures as time consuming and tiring. Gaming can overcome such perceptions, because it offers unique structures that serve as ice-breakers and provide innovativeness and diversity in the learning procedure.

Learning materials appear more entertaining to learners, since games offer a platform for the exercise of the creative behaviour and divergent thinking. Essentially, game-based learning can be more efficient compared to other “traditional” learning environments, because it does not seem to be packed with an immense amount of content that often proves to be inapproachable to students.

To this end, the EASY HEALTH Serious Game emphasizes on the construction of scenarios that simulate real-world problems, and offer learners the opportunity to face real world challenges that can be dealt with in a risk-free environment. The Game enables the player to enter “fantasy” worlds, created though with real case scenarios.



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Engaging in competitive real-world problem solving in a fantasy world is really important to learners who participate in VET programs, because practical concerns and solutions are much more valuable to them than the accumulation of a large amount of information. Hence, game-based learning can be an ideal teaching methodology for VET; game-based learning in vocational education and training usually takes the form of entertaining online or offline games that involve some degree of simulation.

#### **2.2.2.5.THE GAME SCREEN**

Let's go over the symbols that are permanently fixed on all game screens first.

Along the lower edge of the monitor is the menu bar. This will help you to proceed to each story game.

At far left is the EASY HEALTH project's logo.

On the right bottom there is in certain cases, usually in the beginning of the game, the indicators previous/next or submit.

#### **2.2.2.6.THE GAME CHARACTERS AND STORY**

1<sup>st</sup> Story:

Martin and Eleanor work together in the food and beverage management department of the Imperial Hotel. Martin has observed that Eleanor is acting weirdly recently. She is in distress from excessive workload and she keeps avoiding interaction with other employees and Mr. Johnson, the Hotel Manager. For the past few weeks, great events take place at the restaurant every night and Eleanor's behavior to clients and other employees is aggressive. Tonight, the restaurant is expecting very important guests and the Manager expects from everyone to behave perfectly. To this end he asks Eleanor if everything goes as planned, noting as well that she should be communicative, kind and helpful!

2<sup>nd</sup> Story:

You are the owner of the main coffee shop in the local mall. Your business is welcoming more than 1000 guests every day and therefore the employees are having a huge workload during the day. You have recruited 30 employees in 3 different shifts during the day. Considering the amount of work and customers, the employees have great responsibility to serve the customers, manage incoming payments and deal with production of products. To boost the performance of your staff you have implemented a system of awards and penalties.



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The staff is directly reviewed by customers who can give feedback for their satisfaction or dissatisfaction, while at the end of each shift the staff is reviewing each other. The penalties are issued in particular when incoming payments are less than the sold products or when products are returned from customers. In both cases, the employees responsible for the latter are obliged to pay the loss by themselves. Rewards on the other hand are either a day off or coupons for the mall's stores.

The past few weeks you have noticed tension among the staff of the middle shift. Sandy is being badly reviewed from all of her co-workers while she has skipped several working days stating that she was sick.

### 3<sup>rd</sup> Story:

You are Nick, the Head receptionist at the front desk of the prestigious Hotel Danube. You are there for almost 10 years. You are currently supervising a team of assistants including Jim, Dennis, Michaela, Basil and Benedict. Nick is obliged to deliver monthly reviews to the Hotel Director, Mr. White. Hotel Danube, accommodates the most important people in the world, and therefore the reception post holds many responsibilities. The requirements from guests might be unusual and in many cases impossible to provide. Therefore the post needs cohesion, the staff needs to be extremely concentrated because there is no space for even one mistake, and team work is also highly important.

Nick is troubled on which review to make to Jim, having noticed that he recently acts in a weird manner that is affecting his performance. Nick doesn't want to make Jim feel bad, and he is trying to find a smooth way to get to know what is bothering him and disturbs his work. Nick being in that position for long, and considering that Jim has no similar previous experience, perceives that an excessive workload would be the cause of Jim's behavior. He also believes that Jim has understood that he doesn't fit with the other members of the team and tries to approach them in a paradox way.

### 4<sup>th</sup> Story:

Ambrosia Catering is a middle size catering enterprise that is highly active in event planning. Ambrosia organizes events such as weddings, christening ceremonies, private parties, and is striving to get involved and reach partnerships for the organisation of large corporate events for international companies. The latter needs great engagement and determination to excellence as Ambrosia's manager vivaciously states.

The services provided need to be always perfect because the opportunity to strike a deal with a company might occur by chance in the framework of an event. Therefore it is primordial that service, food, organisation, decoration and atmosphere to be at optimal level. Tonight, the catering is organizing a sparkling wedding and there is background information that one of the guests will be the Director of Birdman & Co (an international group of companies). So it is the night!



Ambrosia's staff is constituted by 50 employees dispersed in different posts during the night, whilst shifting posts almost every hour in order to "set free" their colleagues involved in more tiring positions. The schedule is strict and no mistakes are forgiven. Gina and Joe will be handling the first shift in the grand entrance of the venue, offering welcoming drinks and greeting the guests, therefore they will give the first impression for the image of the catering. They will then shift to the inner bar and restaurant if needed. Joe is feeling insecure because of previous experience working with Gina. He thinks she is incompetent and she will ruin everything tonight...

You will be Joe and you will attempt to find out what has happened to Gina and her performance levels are that low, while trying to help her and consequently save the evening and the potential business development. Everything is ready and guests are moving towards the garden and the entrance.

#### 5<sup>th</sup> Story:

Excalibur is the most famous bar in town. Every night it is full of people and there is always a huge line shaped outside with people trying to enter. The manager of the club is strict and ill-tempered, imposing extreme schemes for reporting who gets in or out, whilst he has given the "authority and consent" to act aggressively when needed.

Maurice, is working at the Excalibur as face control, guarding the entrance and reporting to Mr. Oswald. Maurice is working every night and during the day he is also working for an extra salary. The latter has led him to encompassing bad eating and sleeping habits that highly affect his performance. Furthermore, Maurice is the recipient of outnumbered complaints and offensive comments from clients. All this situation is leading Maurice to breakdown.

The manager has no idea about all this and you, as Mr. Oswald, will try to find out what is happening to Maurice. The only indices are that a waiter has seen Maurice cry and also be extremely aggressive. You have been gravely surprised but you do not want to ask about directly. You decide to leave your office and spend the night with Maurice outside at the entrance of the bar. Maurice is getting very happy seeing you there joining him. His job is really monotonous and he is there all night long standing by himself. Opening hour has come and even from the beginning of the night, it is visible that the house will be full and everything will function perfectly. Not for long though!

### 2.2.2.7.TROUBLESHOOTING

The following problem descriptions should help you if EASY HEALTH does not run properly on your system.

Before you start, please make sure your computer meets the required minimum configuration in the System Requirements section. In many cases outdated technology or faulty or not-updated drivers are the cause of program errors.



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Should you encounter problems with the sound or graphics, please ensure you have the most recent drivers installed. Please check with the hardware manufacturer's website for your graphics and sound card to ensure you have the most up to date drivers.

#### **2.2.2.8.SUPPORT**

It is impossible for any company to test every possible PC configuration. Occasionally there could be a problem with the game on your computer. When you contact support please have the following information on hand as well as the game's minimum system requirements:

- Precise error message and a description of the problem
- CPU and processor speed
- Amount of RAM
- Manufacturer and description of the graphic card
- Operating System

#### **2.2.2.9.CREDITS**

Producer: EXELIA

Programming: Dr. Nikos Tsianos

Text: Apostolos Altiparmakis

Graphics: Dionysios Solomos, Evangelos Gatsios, Maria Pavlopoulou

Music: Nikos Kritsinelis

Consluting: Dr. Yiannis Pappas

Manual: Maria Pavlopoulou, Spyros Logothetis

Manual Editing: Apostolos Altiparmakis

Public Relations and Marketing: Associazione Innovamentis



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### 2.2.3. Animated sketches

EASY HEALTH aims at giving individuals means to monitor their health and therefore help them ensure social and professional inclusion.

Nine short animated sketches that are part of the learning outcomes, have been developed within the project EASY HEALTH. The sketches aim at promoting and raising awareness about healthy habits and professional inclusion.

The short animated sketches convey simple visual ideas to promote and raise awareness about the importance of having healthy habits by displaying two different scenarios in parallel with two individuals having opposing behaviors regarding their living lifestyle. One has a healthy lifestyle ; he/she shows his/her responsible behavior and his/her fulfilling professional life which seems easy and pleasant. The other one has bad living habits and his/her inadequate lifestyle has consequences in his/her professional performances and thus possibly on his/her professional inclusion or job retention. Indeed, when an employee has bad healthy habits, it usually has an impact on his/her professional life considering that he/she is less likely to meet his/her employer's expectations regarding the requirements linked to each position. He/she can face physical difficulties because of a poor physical condition and not be able to conduct his/her missions adequately. Poor physical condition and bad health habits can also generate risky situations at work and foster workplace injuries, sick leaves which is detrimental to businesses.

The topics covered by the animated sketches are : inactivity, drinking, smoking, drug addiction, eating habits, gambling, hygiene, sleeping disorders and stress.

For each animated sketch, as said above, there are two scenarios and, at the end, statistics are provided to illustrate the issue and risks at stake (the sentence and the figures are usually striking to be remembered).

- Inactivity  
EN : "One in four adults is physically inactive, putting them at risk of serious diseases like cancer and diabetes."
- Drinking  
EN : "3 million deaths every year result from harmful use of alcohol."
- Smoking  
EN: "Tobacco kills 7 million people each year."
- Drugs  
EN: "25,9 million people suffer from drug use disorders."



- Eating habits  
EN: "Diet-related issues were responsible of 11 million deaths in 2017."
- Gambling  
EN: "Pathological gambling evoke mood, anxiety, personality, alcohol use and drug use disorders as well as nicotine dependence."
- Hygiene  
EN: "48% of office workers believe consistently maintained hygiene and appearance standards in the workplace will improve their job satisfaction."
- Sleeping disorder  
EN: "Sleep deprivation negatively affects work performance and working relationships."
- Stress  
EN: "80% of workers feel stress on the job."

To discover the animated sketches on our YouTube channel : <https://www.youtube.com/channel/UC2wELRuS5PChXpYXDMNtrA>

Each animated sketch is associated with a storyboard which contains extra statistics to illustrate the topic dealt with.

- Inactivity  
EN: "In EU, low physical activity accounted for almost 152,000 deaths in 2017" "In EU, low physical activity accounted for more than 2.1 million Disability-Adjusted Life Years in 2017".
- Drinking  
EN: "107 million people are estimated to have an alcohol use disorder" "According to the Centers for Disease Control, 6 people die every day from alcohol poisoning".
- Drugs  
EN: "Opioids were the most harmful drug type and accounted for 70% of the negative health impact associated with drug use disorders" "Opioid users in Europe are 5 to 10 times more likely to die than their peers of the same age and gender".



- Eating habits

EN: “Every 62 minutes someone dies as a direct result from an eating disorder” “1 in 5 anorexia deaths is by suicide”.

- Gambling

EN: “5% of fraud is related to gambling problem (up to £225 million each year)” “Over 80% of people who suffer from gambling addiction never seek treatment, no matter how bad their problem is.”

- Hygiene

EN: “23% of employers affirmed that bad breath and certain aspects of a worker’s physical appearance would make them less likely to promote that person.” “More than 50% of office workers believe poor personal hygiene adversely affects their concentration at work.”

- Sleeping disorder

EN: “40% of all insomnia patients have a coexisting psychiatric condition” “Reducing your night time sleep by as little as 1 h 30 minutes for just one night could result in a reduction of daytime alertness by 32%”.

- Smoking

EN: “1/2 of 1.1 billion smokers around the globe will be killed by tobacco”.

- Stress

EN: “50% of workers say they need help in learning how to manage stress”. “110 million people die every year as a direct result of stress. That is seven people every 2 seconds.”

### **How to integrate these animated sketches into a training session ?**

They can usually be used as “warming up” activities.

The teacher can show the animated sketch or the storyboard to trainees. The topic is chosen according to the objectives targeted by the trainer.



Proposal :

- **Show the first picture of the storyboard or the slide which shows explicitly the type of work and environment. You can make trainees think and discuss about the job requirements and more particularly the requirements linked to health conditions.**

For instance : if we consider the animated sketches about “inactivity”. The person is a delivery man. What are the qualities required for such a job ? You need to be a reliable and trustful person, a good driver, nice to people. The expected qualities for such position are : well-organized, quick, polite, helpful, in good physical health ?

- **Show the animated sketch.**

Describe the situations. What can you see ? What’s going on ?

- the first man/woman ...
- the second man/woman ...

The trainees notice that there are two different types of scenario : one is about a character for whom everything goes well at work and the other one is about a character who has problems at work (whatever the type of problem is).

- What type of problems ? Explain clearly what the consequences are or what the impact is ? but also can you try to think of what can be the reaction of the employer ?
- Think of the consequences for the employer if the employee does not meet the job requirements ? if his/her behavior is not appropriate ?
- What type of problems can be generated in the business if the employee does not comply with certain requirements ?
- What can be the consequences for the employee ? personally ? financially ? from a medical point of view ? psychologically ?
- What are trainees’ suggestions to help the employee prevent the renewal of such situation ?

The animated sketch or the storyboard can be used as a kind of introduction to the topic. Then you can move on to the learning unit targeted. If you wish to see the knowledge acquired by learners at the end of the learning unit, you can ask them to review the suggestions they made to solve the problem when you initiated the unit and see how they improved their answers.



## - 3. LEARNING UNITS

### 3.1. Purpose and learning objectives

Purpose is to gain an understanding of the health issues and their consequences in the workplace, or for professional inclusion, develop updated CVET training resources, grounded on original learning outcomes, to support VET providers to build and deliver courses to address the modern challenges of the health literacy.

The aims of the learning outcomes and the learning outcomes themselves are described in the Mapping of competences and cover the following topics:

- Unit 1: Health system understanding
- Unit 2: Food balance
- Unit 3: Biological rhythm, life balance and sleep
- Unit 4: Body hygiene
- Unit 5: Prevent high risk behaviour and addictive behaviour
- Unit 6: Prevent risk linked to psychological risks
- Unit 7: Prevent risk linked to occupational activity
- Unit 8: Employers' expectations

By the end of the training, participants to the training delivered will:

1. Develop and implement a strategic and comprehensive approach related to health issues.
2. Be aware of the challenges regarding their health behaviours and their professional inclusion.
3. Be able to manage and take relevant decisions regarding their own health and of the members of their family.

### 3.2. Audience

VET trainers/providers, organisations or other businesses who oversee human resources in organizations.



### 3.3. Curriculum

This curriculum includes eight Learning Units/modules and is based on adult learning, participatory activities, and a pre-training survey to obtain feedback and tailor the workshop to meet participants' needs.

A variety of methodologies is used:

- Assessment adapted to the training environment: for the initial training or instance oral and/or written final examination or ongoing assessment
- Regarding ongoing training: for learners working in a company, case study or vocational situation with reports.

The curriculum will be assessed through discussions, homework assignments, quizzes, report, test, fieldwork, practical training, role-play, papers, examination, observation, lectures, presentation, comparison, on-line game, group work, surveys, lessons, project, tutorials, exercise, mentoring, focus group, assessment, analysis, seminar paper, individual introduction, interview, coaching, case study, to measure the learner's progress and knowledge.

The Detailed Training Guide is a guide for facilitators to use to conduct this training.

For each session of the Learning Units, the guide includes the introduction of the unit, unit title, learning outcomes, content overview with suggested format and timing for each activity within a unit, as well as any advance preparation and supplies needed to carry out the unit.

The guide also includes notes and specific instructions to guide facilitators to carry out all activities for each of the units. Throughout the guide there is reference to suggested PowerPoint slides to either introduce an exercise or explain a topic. Suggested training materials are organized by each unit and are included as appendix.

Animated sketches will be included in the units.

### 3.4. Trainers' directions

Detailed trainer directions are set out for each unit. These show the steps that trainers should follow and provide important guidance on content and key messages for each topic of the unit. Supporting information is provided to help trainers draw out key learning points and to ensure that the learning outcomes for each unit are achieved. Details of specific activities (e.g. role play, case study discussion, etc.) are clearly described.

Trainers will need to keep in mind whether these are run with the whole group, in pairs, or in small groups.



This is a participatory and interactive course, and activities are included in most learning units. Trainers should be aware of the need for, and techniques to ensure, active participation by course participants. They will need to encourage participants to share their own personal experience with relevant issues, as a way of enhancing learning by all.

Adapting the content of the topic units to the local context

While the units have been designed as a basic “ready to go” training, it is important that the trainer adapt the content to the training. In some cases, this might just mean adding relevant local examples and applying the information to the local context throughout the training.

In other situations, you might decide to create an entirely new training plan using the basic information included in the training modules. These decisions are left to the trainer.

Each module can be delivered independently from the others according to the issues to tackle with the group.

### 3.5. Learning materials

Participants can use a packet containing materials for their use during and post training for each unit in Appendix:

- Lecture notes/textual document.  
Lecture notes enable learners to gain an insight into theory and practice. Reading is one of the most effective ways to learn and, accompanied with multimedia resources and graphics, provides learners the opportunity to experience an impactful learning process. Lecture notes cover theoretical and conceptual issues and include practical examples, info graphics and links to relevant external sources.
- Presentation slides  
A Presentation lecture is made up of slide-based content, which is made in software programs like PowerPoint, Keynote or Prezi. Slide sets are a great way to combine text and visuals to explain theoretical concepts, provide definitions and explanations, demonstrate identical examples and motivate learners to deal with practice exercises, in an effective and efficient way.
- Handouts/worksheets  
Exercises, self-assessment tests and tasks for each learning unit are delivered in a separate document file to facilitate consistency and appropriate localization within course structure
- Case studies

The term case study is preferred to designate cases of application of methodologies or techniques in the applied sciences, such as the various branches of engineering, medicine, or economics. In the particular course the term is used to designate learning materials based on real situations in which business organizations from different



sectors have found themselves and have taken some actions to cope with the described problems. The materials are developed for learning purposes in order to illustrate the acquired knowledge with real examples and to give learners the opportunity to think and discuss on the implementation of the knowledge in practice.

- Question & answers with multiple – choice question  
Each learning unit will contain a number of questions that learners should complete, after they have studied the theoretical material. The purpose of these questions is to evaluate skills acquisition and facilitate self-assessment. All included questions should be accompanied with recommended answers to upgrade the learning process.
- Evaluation

#### Educational resources

Recommended files and media types may include:

- Documents (.pdf, .doc, .docx, .ppt)
- Image files (.jpg, .gif, .png)
- Video files (.mpg, .wmv, mp4, .flv)
- Audio files (.mp3)

#### Presentation, video and image requirements

Video units/lectures retrieved from web sources (e.g. YouTube, Dailymotion, Vimeo, etc.) are between 2 and 6 minutes in length, which is the optimal video length for participants engagement.

PowerPoint presentations have 10-15 slides and contain no font smaller than 16 points.

Images appear clearly on all devices including smart phones, tablets, and laptops that feature high definition screens, it is recommended that the resolution of embedded images are not less than 1152 x 864.

### 3.6.Suggested layout and presentation of the units

Unit :



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## 1 Materials

Prepare in advance:

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PowerPoint slides,  
Case studies...

27

## 2. Supplies

Blackboard

HBM Best Practices checklist



Objectives of the learning outcome :

Duration :

General overview of the unit (example)

Topics	Format (group, indiv. ...)	Timing
Workshop overview	Plenary presentation	15
Brief introductions	Plenary presentation	15
Overall objectives	Plenary presentation	15
Norms and expectations	Expositive presentation/Workshop	15
diversity in the workplace	Expositive presentation/Workshop	90
Differences in the workplace	Expositive presentation/Workshop	90
management practices	Expositive presentation/Workshop	90
Assessment of the unit	Test/Assessment	90
Total:		7 hours



### - 3.PEDAGOGICAL APPROACH

This part presents the 8 learning units. In each unit is included:

- an introduction to understand the purpose, the objectives and the results expected;
- the framework;
- the scenario;
- the theoretical contents with the appendixes.

Here is the summary :

UNIT 1 : Health system understanding	29
UNIT 2 : Food balance	62
UNIT 3 : Biological rhythm, life balance and sleep	160
UNIT 4 : Body hygiene	191
UNIT 5 : Prevent high risk behaviour and addictive behaviour	230
UNIT 6 : Prevent risk linked to psychological risks	251
UNIT 7 : Prevent risk linked to occupational activity	271
UNIT 8 : Employers' expectations	290





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## UNIT 1 : Health system understanding

We can consider that our health is endowed with a starting capital and therefore, it is essential to maintain it as a heritage. Care is known to be expensive, and to ensure quality care, each individual must be aware of the importance of prevention

In this module, it is proposed to become aware of one's health capital and to learn how the national health system works in order to use it wisely.

This approach helps prevent the onset of ordinary illnesses and illnesses related to professional practices. The main goal is to foster a longer professional activity and ageing of the workforce in good health conditions.

At the end of this module, the learner knows how to become Socially Insured, obtain health coverage, choose his/her own doctor and obtain a complementary health insurance while respecting the Care Route to be better reimbursed for the costs incurred. He knows his/her rights and the procedures to follow.

To avoid top-down approach, the trainer can propose the design of a memento with the learners (related to the living area). The content summarizes the various steps to be taken, contact details, contacts and reference sites. Learners fill in their memento to work out their care path but also health prevention.

### **Summary :**

<b>Framework of UNIT 1</b>	<b>30</b>
<b>Scenario reference of UNIT 1</b>	<b>36</b>
<b>Theoretical contents of UNIT 1 .....</b>	<b>41</b>
<ul style="list-style-type: none"><li>- <b>Appendix 1 : Organisation of the health system in France - Stage 4</b></li><li>- <b>Appendix 2 : Health expenditure and its financing - Stage 5</b></li><li>- <b>Appendix 3 : Thumbnails – Stages 3 &amp; 6</b></li><li>- <b>Appendix 4 : Be an actor of one's Health Capital - Stage 7</b></li></ul>	



## Framework of UNIT 1

Unit 1:	Title : Understand the concept of "health capital" and the running of the national health system, its financing and the health system itself	ECVET credit points :
Learning outcomes correspond to EQF level	3/4	
<p>Learnng outcome :</p> <p>The learner checks if his/her overall state of health is compatible with the practice of a given professional activity, for this purpose s/he :</p> <ul style="list-style-type: none"><li>- Can work through the health and health insurance system to take charge of his/her health capital and become an actor in his/her own health prevention.</li><li>- Knows his/her rights and clearly knows how to use the healthcare system</li></ul>		
Knowledge	Skills	Competence



<p>The learner knows and understands :</p> <p>➤ The importance of preserving his/her health capital.</p> <p>S/he knows risky behaviour in terms of diet, sleep, lifestyle, addiction to substances and activities.</p> <p>S/he knows s/he can benefit from regular medical check-ups to check if s/he is in good health, for this reason s/he knows the recommendations that make it possible to evaluate the proper functioning of the :</p> <ul style="list-style-type: none"> <li>- Cardiac and arterial system</li> <li>- Pulmonary system</li> <li>- Muscle and joint system</li> <li>- Neurophysiological system</li> <li>- Digestive system, dentition</li> <li>- Sensory organs</li> </ul> <p>S/he knows the vaccinations recommended in his/her professional sector.</p>	<p>The learner is able to</p> <p>Identify if his/her attitude towards risks does not jeopardize his/her health capital.</p> <p>Refer to a health professional for standard medical care designed to detect physical, physiological dysfunction or disease.</p> <p>Take an appointment in one of the 85 health clinic and provide all information concerning the significant events that mark his/her life-story.</p> <p>S/he is able to comply with the procedure requested to benefit from the insurance system : documents to provide, choice of health professionals ... according to their personal situation.</p> <p>S/he is able to order the European Health Insurance Card (EHIC), either at the CPAM local office, or online on his/her amélie.fr account.</p> <p>S/he is able to identify key actors in the promotion of public health at national, regional and territorial levels.</p>	<p>The learner :</p> <p>Plays a part towards his/her health in line with the expectations of the professional environment.</p> <p>S/he is autonomous to direct himself/herself in the path of care, s/he knows his/her rights in terms of social protection, s/he is up to date as an member of the Social Security and beneficiary of a mutual health insurance.</p> <p>The learner masters information on health rights, the healthcare system</p> <p>S/he knows his/her social protection rights to receive care in all circumstances.</p> <p>S/he is autonomous to create and visit his/her online health account.</p> <p>S/he is aware that the institutions have as their missions the promotion and preservation of the health of the entire population that constitutes a territory.</p>
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<p>S/he knows s/he can benefit from a preventive health examination (EPS) fully covered by the Health Insurance this scheme is based on the most recent medical recommendations regarding prevention and is complementary to the action of the GP.</p> <p>S/he knows that a preventive health examination (EPS) allows you to enrol or re-enrol in a health programme.</p> <p>➤ The steps and procedures to be covered by social insurance</p> <p>S/he knows the rules related to the Health system and how he/she can get entitled to social insurance rights (according to the national Health system)</p> <p>S/he knows how the system is funded.</p>		<p>S/he is able to navigate through the flow of available information about prevention and health care in the complex system of institutions</p>
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<p>S/he knows s/he can benefit from the State medical care if he is a foreigner (non part of the EC) according to his/her status : resident, refugee ...</p> <p>S/he knows, as a European citizen (part of the EC) in the event of travel to a European country, s/he may obtain a European Health Insurance Card (CEAM/EHIC) which certifies entitlement to health insurance and allows him to receive local medical care, in accordance with the legislation and formalities in force in the country of stay.</p> <p>➤ The care system at national, regional and local level.</p> <p>S/he knows that at the national level, the State intervenes directly in the financing and organisation of health care provision, as it is the guarantor of the general interest, the protection of the health of the population and</p>		
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the coherence of the initiatives of health actors.  S/he knows that it is the health and social ministries that develop and implement health policies		
Performance criteria for the evaluation		
The learner is able to :	Expected outcomes*:	
<ul style="list-style-type: none"><li>- Find his/her way around the healthcare system to get information and prevention advice.</li><li>- S/he is able to check if s/he is covered by health insurance to cover his/her health, depending on his/her personal, social and family situation.</li></ul>	<ul style="list-style-type: none"><li>- The learner clearly identifies what the concept of health capital covers</li><li>- S/he plays an active part in maintaining his/her good health throughout life</li><li>- He/she can easily identify himself/herself in the care pathway, he/she masters its objectives</li></ul>	
Number of hours : At least 3 sessions of 3 hours each - A dedicated time to elaborate a guide and a memento		



Evaluation Methods
<p>Elaboration of a guide/memento "To preserve my health capital"</p> <p>Group work recommended</p>



## Scenario reference of UNIT 1

### *EASY HEALTH : Facilitating and maintaining professional integration*

**Objective(s): Understand the concept of "health capital" and the functioning of the national health system, financing and care pathways.**

*Synthetic presentation of the pedagogical scenario: method, interest, target...*

During this sequence, the learner is able to check whether his/her overall state of health is compatible with the exercise of a given professional activity, in order to do so, he/she:

- can find his/her way in the health insurance system in order to take charge of his/her health capital and become an actor in his/her own health prevention.
- knows his/her rights, and clearly identifies how to use the coordinated care pathway.
- knows the financing of the health care system and is aware of the need for everyone to preserve the social protection system.

- The learners create a "**Memento**" with the contacts and references of the different organisations in relation to the coordinated care pathway.

Collective or individual scenario	Time : 7h	Designer : Brigitte Marcus
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Targeted skills: at the end of the scenario, the trainee will be able to... Adopt good practices to reconcile prevention of his/her health capital and professional life

Assessment criteria and expected results: The learners became aware of the link between taking charge of health prevention and professional life.

The Memento can be used after training to find their own way in the system and the care pathway.

Assessment and validation methods:

- Creation of a Memento entitled "I use the care pathway to maintain my health capital" co-constructed in a group.



Stage	Time	Step Title	Trainer actions	Trainee actions	Instructions	Documents/equipment
1	30 mn	<b>Presentation of the unit 1 :</b> <i>Understand the concept of "health capital" and the functioning of the national health system, financing and care pathways.</i>	<p>Introduce yourself to the group</p> <p><u>Write and describe the different steps of the day :</u></p> <ul style="list-style-type: none"> <li>- Alternating between theoretical contents and interactive exchanges;</li> <li>- Creation of a memento with the contact details of the different actors involved in prevention and the coordinated care pathway.</li> </ul>	<p>Introduce yourself.</p> <p>Ask questions to the trainer.</p> <p>Participate actively to the Brain Storming.</p>	<p>Suggest a brief tour de table for personal and professional presentation</p> <p>Keep the paperboard sheets about the learners' expectations to compare them with the debriefing at the end of the training.</p>	<p><b>Paperboard and white board</b></p> <p><b>Paperboard</b></p>
2	45 mn		<ul style="list-style-type: none"> <li>- List the learners' expectations about the training in relation with the sequence:</li> </ul>	<p>Listen actively and take notes.</p> <p>The trainees check their knowledge.</p>	<ul style="list-style-type: none"> <li>- Classify all of the answers to exploit them and compare them with the content later in the day.</li> <li>- Ask learners around the following 3 questions: How does the national health care system work? What is a citizen's health cover? What are the principles of health insurance?</li> </ul>	<b>Paperboard</b>
3	60 mn	<b>Necessity and interest of preserving one's health capital.</b> - Define what "health	Address risk behaviours that can affect health (risks that will be developed	Participate actively by sharing his/her knowledge about the notion of « Health Capital ».	List the knowledge of the learners in a Mind Map giving indications based on the life experiences of the learners.	<p><b>Theoretical content : thumbnail 1</b></p> <p><b>Create a mind map of the</b></p>



		capital" means -Identify risky behaviors in terms of food, sleep, rhythm of life, addiction to products and activities. -Identify the professions exposed to risks that can impact health	in other sequences of Easy Health training)		Respect the free speech of learners.	<b>health capital, (you will discuss this content later to identify the prevention and care structures existing in the territory, when you fill in the Memento).</b>
4	45 mn	<b>Organisation of the French Health system</b>	Explain the overall functioning of the health system  Explain the mapping of the distribution of the system and its territorial network	Listening and / or simultaneous reading of the proposed document, participation of learners to get to know the system and understand how it works.	The two contents of appendix 1 and 2 being theoretical, offer breaks and propose to put the document in the file given at the end of training.	<b>Appendix 1</b> Use the video link mentioned in the appendix
5	45 mn	<b>Financing of the health system</b>	Explain where the funding for the health system comes from, who are the main actors.	Active participation, awareness of the common good represented by public health funding.		<b>Appendix 2</b> Refer to the websites mentioned in Appendix 2 beforehand.  Possibly build an Ishikawa diagram to position all the players in health financing.
6	1 h	<b>Pathways and steps to be insured</b>	Show thumbnails - Apply for a Carte Vitale -Get your first Carte Vitale; -Get a European health insurance card; -Choose a general practitioner; - Make your request	The learner will master the information on health rights, registration with health insurance organizations, the care pathways, assistance devices for the acquisition of a "solidarity supplementary health insurance".  The learner becomes aware of the need to choose a health professional inside or outside the "coordinated care pathway".	Check that the learners all have health coverage and supplementary health insurance. Inform them that employers propose an additional health insurance to private employees. Accompany the learner to make a request to get a Carte Vitale and CSS or any registration request, if necessary on the social security website.	<b>Refer to thumbnails number 2 to number 7</b> Refer to the website: <a href="https://www.ameli.fr/">https://www.ameli.fr/</a> to find the infographic which relates to all the procedures mentioned in thumbnails 2 to 7



			for a “solidarity supplementary Health Insurance” ;  - Foreign citizen in an irregular situation	The learner integrates the possibility of benefiting from the State Medical Aid.		
7	45 mn	<b>Be an actor of one’s Health Capital</b>	Present the devices - Health Prevention Exam;  -Free screenings ;  - Get vaccinated to be protected.	The learner learns about the functioning of the "EPS" system, its advantages and the opportunity to benefit from it for free.  The learner inquires about free STI tests.  The learner inquires about vaccine recommendations related to the different professional sectors.	Link to unit 3	<b>thumbnails 8</b>  <b>thumbnails 9</b>  <b>thumbnails 10</b>
8	1 h	<b>Create a memento of the contacts to keep to remain an actor of one’s Health Capital</b>	Summarize the content of the thumbnails; complete them if necessary.  Synthesize the content brought by the learners on the board.	Learners develop and co-construct the writing of the Memento individually or in groups.	In order to create the Memento, the trainer prepares the contacts of the prevention players in the area concerned so that the learners can create their Memento, memorise and capitalise on their knowledge of the various systems. .	<b>Paperboard or white board</b>  <b>Design a leaflet on behalf of each participant</b> with the columns corresponding to the different steps to ensure the updating of one’s health coverage, one’s coordinated care pathway, the different health prevention organizations operating on the territory.
9	30 mn	<b>Assessment of the module through a round table</b>	Propose a training evaluation questionnaire.	Learners answer the questionnaire and then assess their achievements together.  Learners leave the training with their Memento supplemented with educational	In order to create the Memento, the trainer prepares the contacts of the prevention players in the area concerned so that the learners can create their Memento, memorise and	<b>Paperboard</b>  <b>Evaluative questionnaire</b> in paper form or digital file.



				tools in the form of a booklet or a digital file.	capitalise on their knowledge of the various systems. . Take the sheets from the Paperboard where you listed the learners' expectations and compare them with what they learned during the session.	
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## **Appendix 1 : Organisation of the health system in France – Stage 4**

### **1.1. Definition**

The French health system divides its health policy into 4 levels:

- National level: The State and the health and social ministries
- Regional level: Regional Health Agencies (*ARS in French*)
- Departmental level: Territorial delegations
- Local level: Municipal councils

### **1.2. Organisation of the healthcare system at national level**

Video link: <https://www.youtube.com/watch?v=FiWR037xdT0>

At the national level, the State intervenes directly in the financing and organisation of the provision of care. The State is the guarantor of the general interest, the protection of the population's health and the coherence of the initiatives of health actors. The health and social ministries develop and implement health policies

#### **1.2.1. Directorates of health and social ministries**

- The health ministry has two main directorates:

- General Directorate for Health (*DGS in French*): Responsible for preparing public health policy and contributes to its implementation.
- General Directorate for the supply of care (*DGOS in French*): Responsible for organizing the supply of care, manages the resources and means of the system

- The social ministry has two main directions:

- General Directorate for Social Cohesion (*DGCS in French*): Responsible for the design, steering and evaluation of public policies for solidarity, social development and the promotion of equality favouring social cohesion.
- Social Security Department (*DSS in French*): Responsible for the development and implementation of the Social Security policy: health insurance, accidents at work and occupational diseases, retirement, family, dependency, financing and governance



### 1.2.2 Expertise and coordination agencies and institutes

State decisions are based on scientific reports from structures in the field of public health.

- Consultative body:

- High Council for Public Health (HCSP *in French*): Defines multiyear public health objectives, provide public authorities with expertise in the management of health risks
- High Authority of Health (HAS *in French*): Ensures the medico-economic evaluation of medicines and medical devices, proposes reimbursement to the Health Insurance for products and health services, develops good practices, establishes procedures for the certification of health establishments and procedures for the accreditation of medical professionals, and draws up standards.
- Biomedicine Agency (ABM *in French*): issues authorizations for stem cell research, manages the marrow transplant registry
- National Agency for the Safety of Medicines and Health Products (ANSM *in French*) evaluates health products and authorises their manufacture and marketing authorisation.
- National Agency for Food, Environmental and Occupational Health Security (ANSES *in French*): Ensures health security in food, environment and work.
- Technical Information and Hospitalization Agency (ATIH *in French*): Calculates the rates and costs of hospital services and steers the medicalization program of the information system (PMSI *in French*).
- French blood establishment (EFS *in French*): Collects, prepares, qualifies and distributes labile blood products
- Public Health France (SPF *in French*): succeeds the InVS, the INPES and the EPRUS: Effectively protects the health of populations. A mission that revolves around three major axes: **anticipate, understand, act.**

- Observes epidemiology and population health surveillance (especially in times of epidemics or pandemics, conf. Covid 19)

- Monitors the health risks threatening populations

- Health promotion and health risk reduction

- Develops prevention and health education

- Prepares the response to health threats, alerts and crises

- Launches health alerts (as for the Covid 19 pandemic)

- Public interest grouping including:



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- National agency to support the performance of health and medico-social establishments (ANAP *in French*): Supports health establishments for their internal reorganisation, audits their performance
- National Agency for the Evaluation and Quality of Social and Medico-Social Establishments and Services (HAS *in French*) : Supports establishments in the implementation of the law renovating social and medico-social action
- National Agency for Research on AIDS and Viral Hepatitis (ANRS *in French*): Evaluates and coordinates research programs on AIDS and hepatitis
- National Cancer Institute (INCA *in French*): Evaluates the cancer control system and coordinates actions
- National Institute of Blood Transfusion (INTS *in French*): Ensures health and safety in transfusion.

- Public scientific and technological establishment:

- National Institute of Health and Medical Research (INSERM *in French*): Coordinates biomedical researches.

- Public industrial and commercial establishment:

- National Institute for the Industrial Environment and Risks (INERIS *in French*): Researches and studies the health risks posed by economic activities.
- Institute for Radiation Protection and Nuclear Safety (IRSN *in French*): Researches and assesses the risks linked to ionizing radiation, preventing accidents in nuclear installations.

### **1.3. Organisation of the healthcare system at a regional level**

Source: <https://www.ars.sante.fr/quest-ce-quune-agence-regionale-de-sante>

The regional health agencies (ARS) are responsible for the regional management of the health system. They define and implement regional health policy, as close as possible to the needs of the population.

Two main missions: steering public health policy and regulating health care in the regions.



The regional health agencies are public institutions, morally and financially autonomous, under the supervision of the ministries responsible for social affairs and health.

**Steering public health policy** in the regions includes three fields of intervention:

- Health surveillance and security, as well as health observation.
- Definition, financing and evaluation of prevention and health promotion actions.
- Anticipation, preparation and management of health crises, in liaison with the Prefect.

**Regulating health care in the regions** aims at better answer to the needs and guarantee the efficiency of the health system.

It covers the ambulatory (general practitioners), medico-social (assistance and support for the elderly and disabled) and hospital sectors.

- In concrete terms, the regional agencies coordinate the activities and allocate the operating budget of hospitals, clinics, care centres and structures for the elderly, disabled and dependent persons
- Regulation has a territorial dimension - for a better distribution of doctors and the supply of care on the territory - and an economic dimension - for a better use of resources and control of health expenditure.

Regulation is implemented in the different areas of responsibility of the agency, with the law providing the Director General of the ARS with various levers, in particular:

- Authorization to create establishments of health care and medico-social institutions and services, the control of their functioning and the allocation of their resources.
- Definition and implementation, with health insurance organisations and the national solidarity and autonomy fund (CNSA *in French*), of actions capable of preventing and managing insurance risk in health in the regions.
- Evaluating and promoting the quality of training for health professionals.

Improve the health of the population and increase the efficiency of the health system

The creation of regional health agencies in 2010 places the governance of the health system in a global framework, involving all health actors.



They act on the field of health as a whole:

- Health prevention and promotion,
- Health watch and security,
- Organisation of the supply of care in ambulatory (general practitioner) and in health establishments (hospitals ...),
- Organisation of medico-social care.

Thanks to the interdisciplinary aspects and the territorialisation of regional health policies, regional health agencies allow bringing in synergy all the actors of the territories, to develop a global vision of health and to break down the barriers of health care pathways, while ensuring quality, efficiency and security of care and support in the health system. They are the single point of contact for all health stakeholders in the region.

#### **1.4. Organisation of the healthcare system at departmental level - Territorial delegations**

Territorial delegations are major players in social policies (Active Solidarity Income, social assistance for children, maternal and child protection, etc.) and medico-social policies (general protection of public health and the environment, health alert duty).

Territorial delegation represents the ARS - Regional Health Agency - in each department.

- They are located in the chief towns of the departments
- They fulfil the agency's proximity missions
- They declare regional policy at department level
- They support local actors in the implementation of public health projects.

#### **1.5. Organisation of the healthcare system at local level - Town council**

Regarding health, the municipality has no compulsory jurisdiction, apart from the specific measures that mayors may take, as part of their police powers.



However, the municipality must immediately alert the Director General of the Regional Health Agency (ARS) in the event of imminent threats to the health of the population and transmit to the National Health Monitoring Institute the information necessary for the exercise of its missions.

For example, it can organise and finance municipal disinfection services and communal hygiene and health services. In this respect, the municipalities to which these centres belong receive the corresponding general decentralisation grant. Likewise, under an agreement with the State, the municipality may implement specific health programmes relating to the fight against transmissible diseases, alcoholism and various forms of addiction.

The municipality and the groupings of municipalities also have the possibility of allocating aid in health matters for the installation or maintenance of health professionals in areas lacking in care offers, also to finance structures participating in the permanence of care and the construction of sanitary equipment in compliance with ARS decisions.

- The municipal council declines the health policy at the local level
- It is responsible for the application of certain public health measures
- It is responsible for the creation of health structure

## **Appendix 2 : Health expenditure and its financing – Stage 5**

Sources :

<https://www.ars.sante.fr/les-5-chantiers-pour-transformer-le-systeme-de-sante>

<https://www.cleiss.fr/particuliers/venir/soins/ue/systeme-de-sante-en-france.html>

Current health expenditure (DCS *in French*) is the total amount spent on health in a year. It includes current expenditure by all the system's funders: Social Security, the State and local authorities, supplementary protection bodies (mutual insurance companies, insurance companies and provident institutions) and households.

The DCS is composed of several elements:

1. **Consumption of healthcare and medical goods (CSBM *in French*)** which totals the expenses that contribute to the treatment of patients. These expenses include hospital and outpatient care, reimbursements for medical transport, medical goods (medicines, prostheses, etc.). **The CSBM represents three quarters of current health expenditure.**



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2. **Long-term care** for disabled or elderly people in institutions.

3. The **daily allowances** paid by the Sickness Insurance to insured persons who had to temporarily stop working due to illness, maternity, or accident at work.

4. **Individual** (e.g. occupational or school health) and **collective** (e.g. health education campaigns) **prevention expenditure**.

5. Expenses for the health care system are composed of:

- Subsidies to the health care system (partial coverage of health professionals' contributions, assistance with tele transmission),
- Medical and pharmaceutical research expenditures,
- Expenditures on training of health professionals.

6. **The cost of managing the health care system** (costs of the various social security schemes, supplementary bodies, the CMU fund, operating budget of the Ministry of Health...).

The revenues of the General Social Security Scheme in 2012 break down as follows:

- contributions : 58,4 %
- Generalised Social Contribution (CSG *in French*) : 20,4 %
- Taxes : 13 %
- Transfers : 6,3 %
- Other products : 1,1 %
- contributions paid by the State: 0,8 %

➤ Who pays for health care spending ?

Several actors finance health expenditure: Social Security, the State, local authorities, complementary protection organisations (mutual insurance companies, insurance companies, provident institutions) and households.

**However, the share of each of them is not the same.** For example, Social Security alone accounts for three-quarters of the financing of the consumption of medical care and goods (CSBM).



Moreover, **they do not operate within the same perimeter** depending on whether one considers current health expenditure (DCS) or the consumption of medical care and goods.

Overall, the State provides most of the funding for the DCS for prevention, training and medical research, but also for the provision of care for the most vulnerable (via universal supplementary health cover - CMU-C *in French* - or State medical aid – AME *in French*).

The other funders intervene mainly within the framework of the CSBM. Within the CSBM, funding is shared between the "major risk", i.e. the most costly risks (hospitalisation, long-term illness, etc.), covered by Social Security and the "minor risk" (optical, dental, hearing aids) covered by complementary organisations. Households see their share fluctuate according to the amount of "remaining balance".

➤ What is the "remaining balance" of households ?

The share of households in the financing of the consumption of health care and medical goods (CSBM) fluctuates according to several factors.

If the Government adopts **measures of non-reimbursement or reduced reimbursement** of certain expenses by the Social Security, this automatically leads to an increase in the share paid by individuals: non-reimbursement of medicines with little medical service rendered, reduced coverage of optical or dental expenses, etc.

The same is true when cost saving and "accountability" measures are taken in the area of health insurance. For example:

- **Care path** with modulation of reimbursement rates,
- **Medical deductibles** on medicine, paramedical procedures or transportation,
- **Lump-sum contribution of 1 €** on doctor's consultations, hospital deductibles.

Finally, the Social Security does not cover the excess fees charged by certain healthcare professionals.

The complementary bodies (extra fee, optical or dental expenses, etc.) compensate for some of these measures. On the other hand, others measures are not compensated, even if they are capped. This is the case of the flat-rate contribution of 1 € for each doctor's consultation (capped at 50 € per year).

In the end, the financial participation of households is equivalent to their remaining balance, that is to say, what they really have to pay after deducting the reimbursements made by the basic social security organisations and the complementary organisations.



The 2020 novelty in zero-load rest for eyeglasses and dentures:

As part of the so-called "100% health" reform, a decree published in the Official Journal on January 12, 2019 specifies the gradual introduction of full reimbursement (no remaining balance) by Social Security and supplementary health insurance for certain eyeglasses, dental prostheses and hearing aids, in particular by setting price ceilings.

- **For eyeglasses,** This decree sets amounts of coverage that vary according to the type of correction prescribed (up to €800 for progressive lenses) with, for frames, a maximum reimbursement of €100 in all cases. These guarantees will be limited to one pair of glasses per 2-year period (except in cases where an early renewal can be provided, particularly for children under the age of 16 and in the event of changes in vision).
- As far as dental prostheses are concerned, from 2020, certain prostheses whose prices will be capped, will be fully reimbursed for all insured persons. The aim is to enable millions of insured persons to have treatment, which they were currently partially financing or which they were foregoing due to lack of resources, carried out. To this end :
- 3 baskets of care are created to adapt to various types of situations. Fees will vary according to the nature of the materials used and the location of the tooth concerned. The principle chosen is that a visible tooth should be replaceable with materials that guarantee aesthetic quality, but that this is less necessary for a non-visible tooth such as a molar (see computer graphics).

It allows the patient to be reimbursed 100% by the compulsory health insurance and the mutual insurance company (complementary health insurance) for the fitting of a prosthesis. It will apply to almost half of the care provided today. It will be implemented in 2 steps: on 1 January 2020 for crowns and bridges and on 1 January 2021 for dentures.

➤ Remaining balance in the event of hospitalisation: the hospital flat rate

The hospital flat rate corresponds to the patient's contribution to the costs associated with his or her hospitalisation. In some cases, an exemption is possible.

The hospital flat rate represents the patient's financial participation in the accommodation and maintenance costs incurred by his or her hospitalisation. It is due for each day of hospitalisation, including the day of discharge. The amount of the hospital lump sum is fixed by ministerial order. Since 1 January 2018, it has been:

- 20 € per day in a hospital or a clinic
- 15 € per day in a psychiatric department or a health care institution.



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The Health Insurance does not reimburse the hospital package. Your mutual insurance company or your complementary health insurance can possibly cover it if the contract you have taken out provides for it.

Sources:

<http://www.securite-sociale.fr/Structure-des-recettes-du-Regime-general-de-la-Securite-sociale-en-2012>

Social Security key figures in 2017: [http://www.securite-sociale.fr/IMG/pdf/plfss2017\\_web.pdf](http://www.securite-sociale.fr/IMG/pdf/plfss2017_web.pdf)



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## **Appendix 3 : Thumbnails – Stages 3 & 6**

### **3.1.Thumbnail 1: Defining the notion of "Health Capital » - Stage 3**

According to the WHO World Health Organization: "Health is a state of complete physical, mental and social well-being and not only the absence of disease or infirmity". It is a "complete state" and not simply the "absence of disease".

Good health is defined by the absence of activity limitations (in the gestures of daily life) and the absence of disability.

Our health capital decreases more or less quickly from our entry into adulthood (18-20 years). This decrease is linked to:

- Our genetic heritage
- Our way of life and living conditions
- Our personal and professional environment

### **3.2.Thumbnail 2: Apply for a Carte Vitale**

What is the Carte Vitale for?



Your Carte Vitale contains all the information necessary for the reimbursement of your health expenses. By presenting it to your doctor, you can be automatically reimbursed within a week, without having to send in a medical claim form.

The Carte Vitale is a personal card, strictly confidential, secure and valid on French territory. The Carte Vitale is issued free of charge by the Health Insurance. If someone asks you for money in order to issue you with a Carte Vitale, it is a swindle.

It allows you to identify yourself to the Health Insurance, to be reimbursed for your health expenses and to benefit from the third party payment at your doctor's and chemist's. Thanks to your Carte Vitale, you are reimbursed more quickly and you no longer need to send your treatment form by post.



➤ Who is the Carte Vitale for?

Obtaining a Carte Vitale card implies having a social security number. The Carte Vitale is issued to any beneficiary of the Health Insurance, from the age of 16 years, or from 12 years on request of the parent to whom the child is attached, from his ameli.fr account. You can obtain it if you have just arrived in France as soon as you receive your social security number.

It certifies your registration and your rights to the Health Insurance. It is valid everywhere in France. **Your Carte Vitale is your social security card.**

Your Carte Vitale contains all the information needed to reimburse your healthcare expenses and to cover your costs in the event of hospitalisation. Thanks to your Carte Vitale, your doctor will have access to the following information:

- Your identity and that of your beneficiaries\*: children under the age of 16, children of your spouse who are dependent on you for support...
- Your social security number;
- The health insurance scheme to which you are attached: general scheme (for employees, 2018 new students and the self-employed), agricultural scheme, special schemes ...
- Your health care insurance fund, depending on where you live;

Moreover, if you are concerned with those rights:

- Exemption from co-payment, i.e. 100% coverage of health expenses reimbursable by the Health Insurance (long-term illness, maternity, work accident and occupational disease, etc.),

The additional healthcare solidarity cover, which allows you to benefit from a free, third party paying mutual insurance company, permits you to benefit from a reduction on the cost of the mutual insurance company.

### **3.3.Thumbnail 3: Obtain your first Carte Vitale**

Either order your Carte Vitale directly online from your ameli.fr account. It is simple, practical and free and you receive your Carte Vitale quicker.



In practice, step by step:

- Connect yourself to your ameli.fr account > section « My steps » > My Carte Vitale > Order my Carte Vitale ;
- Select the person concerned ;
- Check the information displayed (personal data, postal address, e-mail address);
- Upload the necessary documents for your order: a scanned ID photo and a scanned ID, then check and validate your order.

You will get your Carte Vitale within 2 weeks, accompanied by a paper copy of the information it contains. This document is useful if you lose your Carte Vitale or if you need to justify your rights.

Either make the request by post mail to the Health Care Insurance Fund you depend on:

Fill in the form with the indicated information and sign it (in case of error or lack of information, do not correct the form but contact your primary health insurance company to let them know);

- Paste a colour ID photo in the space provided;
- Attach photocopy of your ID with a photo ;
- Send everything in the return envelope (pre-filled envelope, attached to the form to be stamped at the current rate, without attaching any other document).

You will receive the Carte Vitale within 3 weeks approximately, accompanied by a paper copy of the information it contains. This document is useful if you lose your Carte Vitale or if you need to justify your rights.

In either case, check the accuracy of the information provided. In case of an error, contact your health care insurance fund to report it.

**Good to know:** When the Health Insurance contacts you by phone, two numbers may be displayed: 36 46 or 05 53 35 62 37. Your contact will never ask you for your bank details (bank account number, credit card number, etc.).

### **3.4.Thumbnail 4: Obtain a European Health Insurance Card**

It certifies your rights to the health insurance and makes you benefit from local medical care, according to the legislation and formalities in effect in the country of stay.



To order the EHIC, go to your Amelie.fr account, space "My requests / Order a European health insurance card". Plan to make the request at least 15 days before departure. The card arrives within 10 days.

### **3.5.Thumbnail 5: Choose a regular doctor**

This choice is free and individual. Each insured person over 16 years of age must have his or her own general practitioner. You must declare a general practitioner to your health care insurance fund. This is what we call the coordinated care pathway.

➤ Why choose your own general practitioner?

- You are better treated, thanks to a follow-up adapted to your state of health by a doctor who knows you well;
- You are better reimbursed if you consult him or her as a priority before consulting another health professional.

The general practitioner offers better medical follow-up because he/she is your first interlocutor for your health. He offers you adapted care and directs you to a specialist doctor if necessary.

This way your care is better reimbursed. If you go to a general practitioner's who has a sector 1 agreement, the cost of the consultation is 25 euros. If it is your general practitioner, the consultation is reimbursed by the Health Insurance at 70%, i.e. 16.50 euros after deduction of 1 euro of fixed contribution.

In the case of any doctor, the consultation is reimbursed by the Health Insurance at 30%, i.e. 6.50 euros after deduction of 1 euro of fixed contribution.

### **3.6.Thumbnail 6: Make your request for Additional Solidarity Health Cover.**

I have no additional health cover:

The Additional Solidarity Health Cover replaced the Additional Universal Health Care Cover on November 1st, 2019. This does not change anything for current Additional Universal Health Care Cover beneficiaries. The scheme is changing its name but remains free of charge for people with resources below the Additional Universal Health Care Cover ceiling.

Between four months and two months before the end of your entitlement, you can request a renewal by downloading the CERFA form (link of the website below):

If you benefit from tax credits, you do not need to request a renewal; this is automatic.



It allows you to:

- No longer have to pay for your health expenses at the doctor's, dentist's, pharmacist's, hospital, etc.;
- You benefit from no extra charge at the doctor's;

Most glasses, dentures and hearing aids are fully covered. However, depending on your resources, a financial contribution may be due. The amount of this contribution varies according to the age of each person in the household on 1st January of the year of allocation.

Concretely: First, download a CERFA form n ° 52269 # 02 - Request for additional healthcare solidarity cover - on this website:

[https://www.complementaire-sante-solidaire.gouv.fr/fichier-utilisateur/fichiers/formulaire\\_s3711\\_demande\\_de\\_complementaire\\_solidaire\\_0.pdf](https://www.complementaire-sante-solidaire.gouv.fr/fichier-utilisateur/fichiers/formulaire_s3711_demande_de_complementaire_solidaire_0.pdf)

If you have an Ameli.fr account, you can directly apply online. This request is located in the section "My steps". Remember to bring the necessary supporting documents.

The request is sent to your health care insurance fund, depending on where you live or you are attached for processing, which may possibly request additional information for the study of your demand.

At the end of the request, an electronic acknowledgment of receipt is sent to you in the Ameli account email.

On receipt of the complete file, the health care insurance fund office has 2 months to study your application and inform you of its decision. The certificate of entitlement is available in the Ameli.fr account, after validation of the request, and is also sent to your postal address, in paper format.

In any case, you must attach all copies of the supporting documents requested. The list of supporting documents depends on your resources: See the table below.

Your financial resources	For declared persons of the household (for any person of the household whatever their age)	Tax assessment or notice of tax status
	If you have lived abroad during the previous 12 months	Evidence of the tax and social security situation in the country(ies) concerned
	If you asked for tax credits and/or if one of the member of your household is more than 18 and less	Certificate of your resources lower than the fixed rate of the Tax Credits, issued by the Family Allowance Fund



	than 25 and asks for tax credits for young people or benefits from tax credits for young people	
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Send your entire file to the health insurance fund. You must send the file to the health insurance fund of the family member who is listed as an "applicant" in the file. You can send the file by mail or deposit it directly at your health insurance fund office.

When the additional healthcare solidarity cover without financial participation is awarded, **it takes effect for one year from the date appearing on the certificate.** You must update your carte Vitale. Be careful, the renewal is not automatic. You must file for a renewal request between four and two months before the due date, in the same forms as the first request.

Good to know:

**Solidarity transport tariffs:** Transport companies can offer discounts on the price of their transport subscription to the beneficiaries of the additional healthcare solidarity cover without financial participation.

**Social energy tariffs:** The energy voucher is a state aid for your energy expenses. It is personal and helps you pay the energy bills for your home. It is allocated for a year, depending on your resources and the composition of your household. You will automatically receive it by post, at your home. There is no procedure to accomplish to receive it. You only need to have declared your income to the tax services the previous year.

### **3.7.Thumbnail 7: You are a foreigner in an irregular situation**

If you are a foreigner and you do not have a residence permit or a document proving that you have taken steps to obtain a residence permit (receipt of an application for a residence permit, summons to the prefecture, etc.) you can benefit, under certain conditions, from State Medical Aid.

The State Medical Aid covers health expenses up to 100% of the maximum rates set by health insurance and your medical prescriptions: drugs, medical analyses.

**Conditions of access:** To benefit from the State Medical Aid, 3 conditions must be met:

**1. Living in France illegally:** That is to say, without having a residence permit, an application receipt or any document certifying that steps are being taken to obtain a residence permit.

**2. Stable in France:** You must reside in metropolitan France or in Guadeloupe, French Guiana, Martinique, Reunion, Saint Barthelemy or Saint Martin, without interruption for more than three months.



**3. Have resources below a limit:** The resources taken into account are those of the last twelve months. The resources limit varies according to the place of residence and the composition of the household



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## **Appendix 4 : Be an actor of one's Health Capital - Stage 7**

### **4.1.Thumbnail 8: Benefit from a health prevention check-up**

Managing one's health capital as well as possible is a preventive approach that everyone can adopt. This approach allows people to remain in good health and to avoid the onset of illness as much as possible.

The preventive health examination or free health check-up is offered to the persons covered by the general scheme of the social security. Fully covered by the Health Insurance Fund, this check-up is based on the most recent medical recommendations in terms of prevention and is complementary to the action of the general practitioner.

Carried out by a network of 85 health examination centres, the preventive health examination is adapted to the age, sex, risks and usual health monitoring of the person covered by social security. It takes into account the difficulties of access to care and prevention.

➤ Who is it for?

It is primarily **for people over the age of 16 who are far from the health system and in a precarious situation**, who do not benefit from regular health monitoring by the general practitioner, nor from organised prevention services such as cancer screening, for example. This check-up allows you to enrol or re-enrol in a health program.

➤ What does it consist in?

This check-up includes information on health rights, the care pathway, and devices to help you acquire complementary health care.

It also includes time for exchanges with professionals: administrative staff, nurses, dentists and doctors, as well as carrying out examinations and screening activities.

Numerous themes can be addressed depending on the age and risk factors of the person covered by the social security as well as his or her concerns. The themes "addictions", "well-being", "emotional and sexual life", "physical activity", etc. are part of the check-up for young people between 16 and 25. The prevention of cardiovascular disorders or of the risks of falls and participation to cancer screening are among the themes of the senior check-up. Finally, some themes are common to all, such as tobacco and screening for overweight and obesity, for example.

In any case, the check-up is an opportunity to take stock of one's health, to ask questions to a medical team in complete confidentiality, to be informed and guided, in collaboration with the general practitioner, with care structures, particularly educational ones.



## **4.2.Thumbnail 9: Screening for unprotected sex**

STI (Sexually Transmitted Infection) screening is a search for sexually transmitted diseases. Among the ten or so existing STIs, some cause symptoms, others do not. Hence the importance of screening them in order to treat them and avoid, for some of them, serious complications.

### ➤ Why getting tested?

You can have an STI without realizing it. Knowing your status is the best way to get treatment quickly and efficiently, and to avoid spreading the virus to other people.

Get tested for STIs like HIV, regularly when you have several partners, and each time you want to stop the condom with a new regular partner (especially because many STIs have little or no immediate symptoms...)

### ➤ Where to get tested?

A general practitioner, gynaecologist or midwife can advise you and prescribe an STI test. You can also go to:

- - a Free Information, Screening and Diagnosis Centre
- - a Family Planning and Education Centre
- All the addresses of the centres closest to you can be found at [sida-info-service.org](http://sida-info-service.org), you can also reach them by phone on 0800 840 800, or via a "Live Chat" from their website.

Good to know: The test is anonymous and free.

### ➤ How the screening test takes place?

Different types of exams can help diagnose STIs:

- Clinical examination of the genitals
- Painless local sampling or culture
- Blood sampling



#### **4.3.Thumbnail 10: To be up to date with the compulsory and recommended vaccinations in my professional field**

Vaccination consists in injecting an antigen. It is a fraction of an infectious germ unable to cause disease. However, it will allow the memory of this antigen by the immune system. Thus, during a subsequent exposure to this infectious disease, the body can immediately produce antibodies able to stop it. Vaccination is an effective prevention weapon against infectious diseases. It has definitively triumphed over smallpox, a disease that has decimated millions of people over the centuries.

Vaccines recommended in the professional environment, especially for the building trades:

Vaccine	Contamination	Tolerability	Booster shot
Tetanus	By the ground, inju	Excellent	2 injections at 1 month Booster shot every 10 years
Diphtheria	Between people	Excellent	2 injections at 1 month Booster shot every 10 years
Polio	Oral/faecal (water food)	Good	2 injections at 1 month Booster shot every 10 years

Vaccines recommended in professional circles, in particular in agriculture or the food industry:

Vaccine	Contamination	Tolerability	Booster shot
Tuberculosis	air	Nodal reactions	2 injections during childhood
Hepatitis B	Blood, sexu relations	Excellent	2 injections at 1 month Booster shot at 6 months



			Then, according to serology
Hepatitis A	Oral/faecal (water, food)	Good	2 injections at 1 month Booster shot every 10 years
Flu	Between people	Good	1 injection in November
Leptospirosis	contact with water infected by animals	Good	2 injections at 1 month Booster shot at 6 months Booster shot every 2 years
Rabies	Animal bites handling	Good Vaccinate quickly	3 injections at 15 days Booster shot at 1 year Booster shot every 5 years

Here is a complete document about all vaccinations:

[https://solidarites-sante.gouv.fr/IMG/pdf/calendrier\\_vaccinal\\_maj\\_17avril2019.pdf](https://solidarites-sante.gouv.fr/IMG/pdf/calendrier_vaccinal_maj_17avril2019.pdf)

Here is simplified document for adults:

<https://vaccination-info-service.fr/var/vis/storage/original/application/download/calendrier-vaccinal-2019.pdf>

Vaccination is not only for infants and for children: being up to date with vaccinations is also necessary for adolescents and adults.

Adults should recall the immunizations they had as children. Indeed, the immune defences can decrease over time and must be reactivated, for example against diseases such as tetanus, diphtheria or polio. Adults can get vaccinated even if they have never been vaccinated. Thus, vaccination against measles, mumps and rubella is recommended for anyone who has not been vaccinated and born from 1980.



Some vaccines are particularly recommended for adults: for example, meningococcal C vaccination for young adults and influenza vaccine for those over 65 years of age, who are more susceptible to disease complications.

Many vaccinations are recommended or compulsory in the context of a professional activity when it exposes you to the risk of contracting or transmitting a disease.

In certain circumstances, adults should be vaccinated to protect those around them. For example, pertussis vaccination helps protect infants under 6 months of age who are not yet fully immunized and people who are frail, by avoiding transmitting the disease to them.



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## UNIT 2 : Food balance

The aim of this module is for the learner to understand the principles of a balanced diet in order to adapt them taking into account the constraints related to his/her professional activity.

This unit will deal with the needs of our body, but also the knowledge to balance our diet, define different eating behaviors and finally apply the right principles, taking into account personal and professional constraints. The goal is that the learner is able to make his/her own choices.

The learner will be able to identify the nutritional needs and the principles of a balanced diet. He will have been trained to eat healthily; he will be able to identify frequent mistakes and suggest improvements. The learner will be able to explain the consequences of bad eating habits on his health and the consequences on his/her professional activity. Thus, the learner will be able to make relevant food choices. If necessary, he can also calculate and analyze his/her BMI. In addition, the learner will be able to inform his/her acquaintances of the risks caused by a bad diet.

To do this, the learners will propose balanced meals, choose the right food to adapt food intake according to their activities, maintain an “ideal” weight without making too much “sacrifice” regarding the food they like, analyze menu combinations and discuss as a group the improvements to be made.

Case studies will be used in this unit. Learners will also be guided in the delivery of practical documents. They will, for instance, prepare balanced meals in connection with a given professional situation.

### **Summary :**

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<b>Scenario of UNIT 2</b>	<b>67</b>
<b>Theoretical Contents</b>	<b>74</b>



## Framework of UNIT 2

Unit 2	Title : Adopt a balanced diet adapted to one’s activity	ECVET credit points :
Learning outcomes correspond to EQF level	3/4	
Learning outcomes :  To know the principles of balanced nutrition in order to integrate them into one's lifestyle practices on a daily basis (to be able to meet the needs inherent in the work environment).		
Knowledge	Skills	Competence



Knowledge	Skills	Competence
<p>The learner knows and understands :</p> <ul style="list-style-type: none"> <li>- The different types of needs necessary for his/her body to function properly: energetic, plastic and functional needs.</li> <li>- The essential components supplied by our diet, for a healthy body</li> <li>- Factors influencing eating behaviour (socio-cultural, economic, etc.)</li> <li>- Nutrients and their role</li> <li>- Food classification and characteristics of different food groups</li> <li>- The composition of a balanced meal</li> <li>- The importance of dietary rhythm to keep fit and healthy</li> <li>- Distribution of food intake and recommended daily intakes</li> <li>- The consequences of snacking and excesses</li> <li>- Common dietary deficiencies and their effects on health, solutions</li> <li>- Professional constraints (travel, shift schedules, sedentary work, standing work, emergencies, etc.) and their consequences on the diet.</li> </ul>	<p>The learner is able to :</p> <ul style="list-style-type: none"> <li>- Identify nutritional needs in relation to his physiological condition</li> <li>- Indicate the principles of a balanced diet</li> <li>- Develop personal guidelines for healthier eating based on medical, emotional, practical, social and other factors that influence eating habits.</li> <li>- Identify from meal compositions and meal distributions, frequent errors and suggest improvements</li> <li>- Explain the consequences of eating mistakes on his health and professional activity</li> <li>- Adapt the needs for calories in relation with the type of work</li> <li>- Make a reasoned food choice among several suggestions taking into account professional constraints</li> <li>- Calculate his/her BMI, analyze it and reflect on the results obtained</li> <li>- Alert those around you to the risks of poor nutrition</li> </ul>	<p>The learner :</p> <ul style="list-style-type: none"> <li>- Complies with certain nutritional principles to : <ul style="list-style-type: none"> <li>▪ Be more efficient and effective in urban area and at work</li> <li>▪ Better manage her/his health by avoiding certain metabolic disorders</li> <li>▪ Manage surbooking and avoid falling into burn-out</li> <li>▪ Sleep better and recover faster</li> </ul> </li> <li>- Chooses the right nutrition to avoid a loss of energy during the day</li> <li>- Shops in order to maintain a balanced nutrition (i.e. checking the nutrients'</li> </ul>



<ul style="list-style-type: none"> <li>- The link between overweight and occupational diseases (low back pain, venous insufficiency, articular aches and pains).</li> <li>- The importance of preventing nutritional disorders at work (anorexia, bulimia, ...)</li> <li>- Metabolic diseases (diabetes, cholesterol...): obligations and constraints</li> </ul>		<p>labels, selecting with nutritional criteria ...)</p> <ul style="list-style-type: none"> <li>- Adopts a better lifestyle that encourages personal development</li> <li>- Raises awareness among colleagues about their well-being, lifestyle and diet</li> </ul>
Performance criteria for the evaluation		
The learner is able to :	Expected outcomes*:	
<ul style="list-style-type: none"> <li>- Prepare a balanced meal whatever his professional constraints</li> <li>- Choose the right food to avoid a loss of energy during the day</li> <li>- Adapt food intakes (qualitative and quantitative) according to his activity</li> <li>- Maintain an ideal weight by not "saying good bye" to all the things he enjoys</li> </ul>	<ul style="list-style-type: none"> <li>- Suggestions of balanced meals adapted to specific professional constraints</li> <li>- Suggestions for meals and snacks adapted to the professional activity in order to preserve energy and concentration at work</li> <li>- Discrepancies are identified in specific eating habits, causes and effects are identified and relevant proposals for improvement are made</li> <li>- Vigilance is shown with regard to ready-made foods and the decoding of their labels is used wisely</li> </ul>	



<ul style="list-style-type: none"> <li>- Analyze the composition of meals over the course of a day, a week and discuss improvements to be made</li> </ul>	
Number of hours : 25	
Evaluation Methods	
<p>Theoretical part : A case study with the creation of documents</p> <p>Practical part : Compilation of a balanced meal in a given professional situation + oral</p>	



## Scenario of UNIT 2

### *EASY HEALTH : Adopt a balanced diet adapted to your activity*

**Objective(s) :** Know the principles of a balanced diet and then adjust them taking into account professional constraints.

Synthetic presentation of the pedagogical scenario: method, interest, target audience...

- Know our body needs
- Balancing our diet
- Identify the different eating behaviours patterns
- Follow the right principles, taking into account professional constraints

Collective and/or individual scenario

Duration : 25h

Created by : Sophie FINN

Targeted skill(s): at the end of the scenario, the trainee will be able to...

- Identify nutritional needs in relation to physiological condition
- Indicate the principles of a balanced diet
- Develop personal guidelines for healthier eating based on medical, emotional, practical, social and other factors that influence eating habits.
- Identify from meal compositions and meal distributions, frequent errors and suggest improvements
- Explain the consequences of a bad diet on health and professional activity
- Make a reasoned food choice among several suggestions taking into account professional constraints
- Calculate your BMI, analyze it and reflect on the results obtained
- Alert those around you to the risks of poor diet



Evaluation Criteria and Expected Results :

**The learner is able to :**

- Prepare a balanced meal whatever his/her professional constraints
- Choose the right food to avoid a loss of energy during the day
- Adapt food intakes (qualitative and quantitative) according to his/her activity
- Maintain an ideal weight by not "saying good bye" to all the things he/she enjoys
- Reflect on the composition of meals over the course of a day, a week and discuss improvements to be made

**Expected results :**

- Suggestions of balanced meals adapted to specific professional constraints
- Suggestions for meals and snacks adapted to the professional activity in order to preserve energy and concentration at work
- Discrepancies are identified in specific eating behaviour patterns, causes and effects are identified and relevant proposals for improvement are made
- Vigilance is shown with regard to industrial products and the decoding of their nutrition labels is taken into account

Evaluation and validation procedure :

- Theoretical part : A case study with the creation of documents
- Practical part : Compilation of a balanced meal in a given professional case study + oral



<i>Stages</i>	<i>Time</i>	<i>Step Title</i>	<i>Trainer's tasks</i>	<i>Trainee's tasks</i>	<i>Guidelines</i>	<i>Documents/matériel</i>
1.S1	20 mn	<i>Presentation of unit 2</i>	<p>Explain the objectives of the module</p> <p>Outline the course, the expectations and the work to be carried out.</p> <p>Explain assessment and validation of learning outcomes</p> <p>Pass on the information sheets to the candidates, encourage them to complete the course material by taking notes.</p> <p>Allow time for questions</p>	<p>Be attentive and take notes on the various points covered.</p> <p>Read the information sheets</p> <p>Ask questions for a better understanding</p>	<p>Respect the rules for writing and note-taking</p> <p>Organize your work</p> <p>Read the fact sheets</p> <p>« A. Know our body needs"</p>	<p>Information sheets</p> <p>« A. Know what our body needs are "</p> <p>(make sure there are plenty of copies for trainees and trainer)</p> <p>PC / overhead projector</p>
2.S1	2 h	<i>Know what our body needs</i>	<p>Explain the different types of needs (energetic, building, functional)</p> <p>Remember that it is our food that will cover these needs...</p> <p>Explain that these needs vary according to various factors (age, gender, climate, etc.).</p> <p>Remind people of the principle of digestion and the transformation of food into nutrients.</p> <p>Explain the different food groups and the different nutrients our bodies need.</p> <p>Allow time for questions</p>	<p>Be attentive, complete the course on the information sheets and take notes on the different points covered to complete them.</p> <p>Ask questions for a better understanding</p>	<p>Refer to information sheets if needed</p> <p>« A. Know what our body needs are "</p>	<p>Information sheets</p> <p>« A. Know what our body needs are "</p> <p>(make sure there are plenty of copies for trainees and trainer)</p> <p>PC / overhead projector</p>
3.S1	30 mn	<i>The activity sheets</i> <i>"Know what our body needs "</i>	<p>Give instructions for the activity sheets and hand out the activity sheets</p> <p>Allow time for the trainees to do the exercises.</p> <p>Mark the activity sheets</p> <p>Explain any points that may not have been understood.</p>	<p>Follow the instructions</p> <p>Complete the activity sheets</p> <p>1) Energy costs</p> <p>2) Energy needs</p> <p>3) Quizz</p> <p>Correct the activity sheets 1), 2) et 3)</p>	<p>Organize your work</p> <p>Refer to fact sheets if needed</p> <p>« A. Know what our body needs are "</p>	<p>Activity sheets</p> <p>4) Energy costs</p> <p>5) Energy needs</p> <p>6) Quizz</p> <p>( make sure there are plenty of copies for trainees and trainer)</p> <p>Information sheets</p> <p>« A. Know our body needs"</p> <p>PC / overhead projector</p>



4.S1	15 mn	<i>End of session 1</i>	Summarize the session by highlighting the important points covered. Do a round-table discussion to recap the different points discussed during the previous session. Present the program for the session.	Participate in the round table discussion, and recall the different points discussed during the previous session.	Trainees will have to reread notes at home for the next session.	
1.S2	10 mn	<i>Recap previous session</i> <i>Description session 2</i>	Watch the videos (40min) Take time to summarize what has been watched Ask for a group summary sheet to be drawn up Answer any questions	Watch the videos Work in small groups to synthesize the information collected. Ask questions for better understanding		
2.S2	1 h 40	<i>The videos</i> <i>« Know what our body needs are »</i>		Be attentive, follow the course on information sheets " B. Know how to balance your diet" and take notes on the different points covered to complete them.		pC / overhead projector Internet Links to videos
3.S2	1 h 10	<i>Deciphering product labels</i>	Create the activity sheet with the trainees on the decoding of product labels Answer any questions Ask the trainees to take out their product labels Ask the trainees to analyze the labels and conclude on the food balance of the products Ask each trainee to present one of their choice labels to the group Propose to discuss around the conclusions advanced.	Create the activity sheet  Bring product labels Analyze your labels  Present a label to the group  Give feedbacks on results	Take notes on the analysis and findings of your label so that you can report back to the group  Pay attention to the presentation of colleagues so that you can give your opinion at the end	plenty of copies for trainees and trainer)  PC / overhead projector Activity sheets Activity Sheet 4.1) <i>Decrypting nutrition labels</i> 4.2) <i>Decrypting nutrition labels</i> ( make sure there are Food nutrition labels Make photocopies for each trainee of the labels that will be presented to the group



4.S2	10 mn	<i>End of session 2</i>	Summarize the session by reminding the important points discussed. Briefly explain the program for the next session.			
1.S3	10 mn	<i>Recap previous session</i> <i>Description session 3</i>	Summarize the session by highlighting the important points covered. Do a round-table discussion to recap the different points discussed during the previous session. Present the program for the session.	Participate in the round table discussion, and recall the different points discussed during the previous session.		
2.S3	2 h	<i>Balancing your diet</i>	The frequency of meals Opt for variety to create your own menus Food intake distribution and recommended daily intakes The consequences of snacking and overeating Common nutritional deficiencies and their effects on health, the solutions Allow time for questions	Be attentive, follow the course on information sheets "B. Know how to balance your diet" and take notes on the different points covered to complete them.	Refer to Information Sheets "B. Know how to balance your diet " if necessary	Fact sheets "B. Know how to balance your diet" (make sure you have plenty of copies for trainees and trainer) PC / overhead projector
3.S3		<i>Activity sheet</i> <i>Balancing your diet</i>	Give instructions for and distribute the activity sheet. Allow time for the trainees to complete the exercises. Correct the activity sheet Explain any points that may not have been understood.	Listen to the instructions Complete the activity sheet 5) Balancing your diet Correct the activity sheets	Organize your work Refer to information sheets A. and B. if needed.	
4.S3	10 mn	<i>End of session</i>	Conclude the session by recalling the important points discussed. Briefly explain the agenda for the next session.			



1.S4	10 mn	<i>Recap previous session Outline of session 4</i>	Do a round-table discussion to recap the different points discussed during the previous session. Present the program for the session. Answer any potential questions	Participate in the round table discussion, and recall the different points discussed during the previous session. Ask questions for better understanding		
2.S4	2 h	<i>Identify the different eating behaviour patterns</i>	Factors impacting dietary behaviour (socio-cultural, economic...) Develop personal guidelines for eating healthier based on medical, emotional, practical, social and other factors that influence eating habits. Allow time to answer questions	Be attentive, complete the course on the information sheets C. Identify different eating behaviour patterns and take notes on the different points covered in order to complete them.	Consult information sheets	Information sheets C. Identify different eating behaviour patterns ( make sure there are plenty of copies for trainees and trainer) PC / overhead projector
3.S4		<i>Activity Sheets Identifying different eating behaviour patterns</i>	Give instructions for the activity sheets and hand out the activity sheets	Listen to the instructions Complete the activity sheets 6) Identify different eating behaviour patterns Correct the activity sheets	Organize your work and refer to information notes.	
4.S4	10 mn	<i>End of session 4</i>	Conclude the session by recalling the important points discussed. Briefly explain the agenda for the next session.			
1.S5	10 mn	<i>Recap previous session Outline of session 5</i>	Do a round-table discussion to recap the different points discussed during the previous session. Present the program for the session. Answer any potential questions	Participate in the round table discussion, and recall the different points discussed during the previous session. Ask questions for better understanding		



2.S5	2 h	<i>Apply the right principles taking into account professional constraints</i>	<p>Professional constraints (journeys, staggered working hours, sedentary work, work standing up, emergencies...) and their consequences on the professionals' diet.</p> <p>The link between overweight and occupational pathologies (low back pain, venous insufficiency, joint pain, etc.).</p> <p>The importance of preventing nutritional disorders in the workplace</p> <p>Metabolic disorders (diabetes, cholesterol...): obligations and constraints</p> <p>Make a reasoned food choice among several proposals, taking into account professional constraints.</p> <p>Calculate your BMI, analyze it and reflect on the findings.</p> <p>Warn those around you of the risks involved in a poor diet.</p> <p>Allow time for questions</p>	Be attentive, follow the lesson about information sheets D. Apply the right principles, taking into account professional constraints, and take notes on the different points covered in order to complete them.	Refer to information sheets D. Apply the right principles, taking into account professional constraints if needed	<p>Activity sheets 7. Adapting your diet to your activity( make sure there are plenty of copies for trainees and trainer)</p> <p>Information sheets D. Apply the right principles taking into account professional constraints</p> <p>PC / overhead projector</p>
3.S5		<i>The «Apply the right principles taking into account professional constraints » Activity Sheets (part 1)</i>	<p>Give instructions for the evaluation and hand out the evaluation sheets.</p> <p>Allow time for the trainees to complete the exercises.</p> <p>Correct the evaluation</p> <p>Explain any points that may not have been understood.</p>	<p>Listen to the instructions</p> <p>Complete the activity sheets</p> <p>7. Adapting your diet to your activity</p> <p>Correct the activity sheets</p>	<p>Organize your work</p> <p>Refer to information sheets</p> <p>D. Apply the right principles taking into account professional constraints if needed</p>	
4.S5	10 mn	<i>End of session 5</i>	Conclude the session by recalling the important points discussed.			



***EASY HEALTH : Unit 3***

*Adopt a balanced diet adapted to your activity*

**Understand the rules of a balanced diet and adjust them to suit the constraints of your professional activity.**





## CONTENTS

INFORMATION SHEET : A. KNOW WHAT OUR BODY NEEDS ARE

INFORMATION sheet : B. know how to balance your diet

INFORMATION sheet : C. identify DIFFERENT eating habits

INFORMATION SHEET : D. APPLY THE RIGHT PRINCIPLES TAKING INTO ACCOUNT PROFESSIONAL CONSTRAINTS (p.98)

- APPENDIX 1 : BALANCED DIET AND WORK – My lunch break : I eat on the go
- APPENDIX 2 : BALANCED DIET AND WORK – It's possible to eat better at work !
- APPENDIX 3 : BALANCED DIET AND WORK – Work shift and diet
- APPENDIX 4 - BALANCED DIET AND WORK – At work work : 3 balanced meals on the menu
- APPENDIX 5 : BALANCED DIET AND WORK – Company catering





- ☐ **The body is a complex "machine", which needs a constant supply of energy and essential nutrients to function properly. Throughout life, the body will work continuously.**

The body needs to keep its muscles and vital organs working and maintain its internal temperature at 37°C: this is called the **body's energy needs**.

The body also needs to build, repair, replace, renew cells: this is called **the structural and mechanical needs or building needs**.

It also needs to provide nutrients, encourage their uptake for the functioning of the billions of body cells, and dispose of its waste products: these are called **functional needs**.

It is during the growing period that the needs are the highest: bones grow, muscles develop, the neural tissue is refined...

In adulthood, the weight stabilizes but the body remains in perpetual transformation. Several billion cells are thus formed or renewed on a daily basis.

In order to resist bacterial contamination (bacteria, viruses, etc.), the body constantly calls on its defence mechanism: **the immune system**.

**It is our diet that will fulfill these needs and provide the necessary nutrients for the good functioning of the body.**

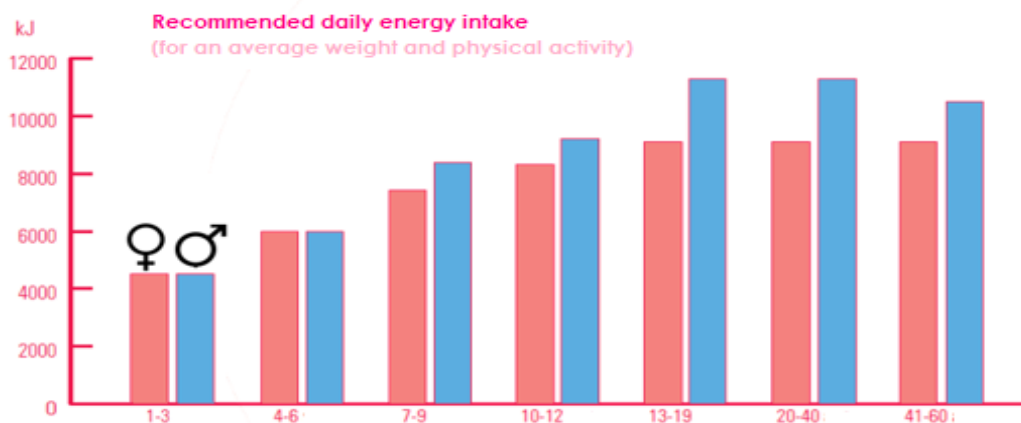
- ☐ **The body's needs vary with age, weight, gender, physical activity, climate, and health...**

Energy needs vary greatly from one individual to another, depending on multiple factors. The main factors are age, sex and level of physical activity. But other factors also come into play, such as the outside temperature, physiological state or genetic factors.

**This energy intake is measured in Joules (J) and kiloJoules (kJ).** For example, from the age of 65, the recommended daily energy intake for a woman or a man is 150 Joules per kilo.

However, in dietetics, an old unit of measurement is often used: **the calorie (cal).**

**1 calorie = 4,185 Joules and 1 Joule = 0, 239 calorie**



Here is a graph to compare the energy intake needed according to the age of the person:





**It is during digestion that food is transformed into energy.**

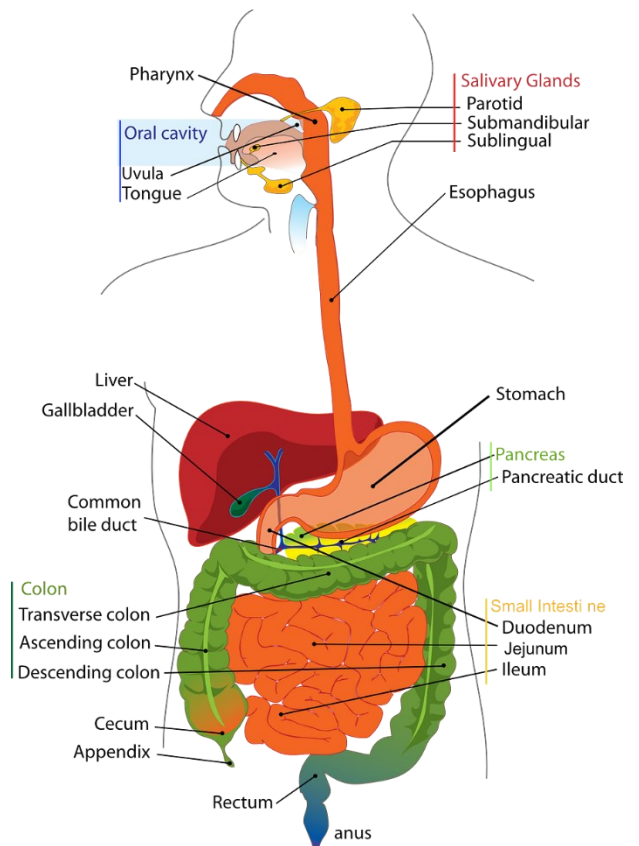
Digestion contributes to **the breakdown of food into nutrients that can then be absorbed by the body**. This process involves many organs and uses energy itself.

### **STEP-BY-STEP DIGESTION**

- The mouth transforms food into a food bolus through mastication, tongue and salivary glands.
- The esophagus allows the passage of the food bolus to the stomach.
- The stomach secretes gastric juice that breaks down the food bolus into protein, fat, carbohydrates, vitamins and minerals. Once in the small intestine, these nutrients pass through the cells in the stomach wall and into the blood vessels.
- The blood then carries these nutrients to the organs and muscles to develop and maintain their health.
- The large intestine (or "colon") allows the absorption of water initially contained in food and evacuates waste.

**It is therefore the nutrients that provide the energy our bodies need.**

These nutrients are: **Carbohydrates, Proteins, Vitamins, Lipids, Minerals and Water**. They have different functions that are essential for the good functioning of the human body.



### **Activity sheet 2 : ENERGY NEEDS**

- ☐ **In order to meet the needs and keep the body healthy, the diet must provide all the necessary nutrients**

Humans are omnivores. They eat products of both animal and vegetable origin. Over time, the entire digestive system has adapted to that diversified diet.

In order to have a balanced diet, it is necessary to ensure daily consumption of a variety of foods, in appropriate quantities, following the consumption guidelines of the PNNS (National Nutrition Programme).

### **FOOD GROUPS**

The foods are classified into seven groups, according to the nutrients they provide .  
A good knowledge of these groups is essential to adopt a well-balanced diet.





Food group	Food	<u>Specific food constituents</u>	Rôles
Milk and dairy products	•Milk •Cheese •Yoghurts •Milky puddings	•Minerals : calcium •Animal proteins	•Growth •Teeth and bones development
Meat, fish, eggs	•Meat•Poultry•Fish •Sae food •Cooked meat	• Animal proteins	Building and maintaining muscles, skin and blood
Starchy food	•Pasta•Rice •Potatoes •Semolina • Pulses	•Carbohydrates •Minerals	Energy for the muscles
Fruits and vegetables	• All fruits and vegetables (apple, carrot..)	•Vitamin C • Minerals : Magnesium •Fibers •Water	•Vitality •Combat illnesses •Combat constipation
Fats	•Oil•Butter •Cream•Margarine	•Lipids	•Building of cells •Energy boost
Sugar and sugary preparations	•Sugar •Honey •Sweets •Jam •Sirup	• Carbohydrates	•Immediate energy boost
Drinks	•Eau •Café •Infusion •Thé	•Water • Minerals	•Good functioning of the body

**Food groups can also be classified according to their function:**

- Growth (dairy products...)
- Maintenance (meat...)
- Energy (starchy food, sweet foods...)
- 

**Please note that some products may belong to more than one food category:**

oilseed, nuts : walnuts, hazelnuts, almonds, pistachios, peanuts, cashew nuts			
dried fruits: raisins, prunes, dried bananas, dried apples, coconuts, pineapples, papaya, dried apricots			
chips, crackers, crisps			
custard, spreads			
biscuits, cakes, sweet pastries			
sodas, fruit juice			
Breakfast cereals			
Saucisson (dry-cured sausages), sausages, rillettes			





## NUTRIENTS

Nutrients are the basic components of the diet. **They are divided into different groups:**

- **Energy nutrients**, which provide energy to the body: proteins, carbohydrates and fats
- **Nutrients that do not provide energy** but are absolutely necessary for the correct functioning of the body: vitamins and minerals.
- **Fibers**, which facilitate intestinal transit
  - **water**, which is vital for bodily functions.

### a. Energy nutrients

#### ▪ Sugars (carbohydrates)

**They provide most of the energy needed for physical and intellectual activities.**

There are two kinds of carbohydrates:

- **simple forms of carbohydrates**, made up of small chains of molecules. They provide energy immediately and are characterised by their rather sweet taste (sugar, sweet products, fruit...)
- **complex carbohydrates**, made up of long chains of molecules. They provide delayed, but more prolonged energy. Their flavour is not necessarily sweet (cereals and derivatives, potatoes, pulses....)

#### ▪ Lipids

**They ensure the good functioning of the nervous system and provide part of the energy needed by the body.** Lipids come from both plant and animal sources and provide essential fatty acids that the body cannot synthesize itself.

Three main categories :

- **Intrinsic fats.** Their presence is known, but not always visible (seeds, nuts, cheese, meat, fish...)
- **Added fats.** Different varieties exist and are easily measured (rapeseed oil, sunflower oil, sesame oil, butter and margarine...).

**Saturated fats**, often referred to as "**hidden fats**". They are used in the composition of certain products (pastries, chocolate bars, spreads, quiches, sausages....)

#### ▪ Proteins

**They ensure the growth and maintenance of cells, help growth and protect against microbial aggression.** Proteins are the main constituents of cells. These large molecules are made up of chains of various amino acids. Among the twenty amino acids, eight are indispensable (the body does not know how to make them): they must therefore be found in food.

There are two sources of proteins:

:

- **Animal sources of proteins** contain all the essential amino acids in balanced proportions (meat, fish, seafood, eggs, milk and dairy products).
- **Vegetable sources of proteins** are lacking at least one essential amino acid. It is therefore necessary to find the right combinations, legumes (lentils, split peas, dried beans...), cereals and their derivatives (flour, polenta, semolina, pasta, bread...) and potatoes.

### b. Non-energy nutrients

#### ▪ Vitamins

Our bodies need them in very small quantities. They serve many vital functions.





There are **thirteen essential vitamins**:

VITAMINS	FUNCTION	MAIN SOURCES
<b>Vitamin A</b>	Sight, night vision, skin care, immune system	<ul style="list-style-type: none"> <li>• In the form of vitamin A in animal sources: liver, egg yolk, whole milk, butter...</li> <li>• In the form of provitamin A (beta carotene) in plant sources : carrots, green vegetables, yellow-fleshed fruits (apricot, melon, mango...)</li> </ul>
<b>Vitamins from group B (B1, B2, B3/PP, B5, B6, B8, B9, B12)</b>	Brain and muscle function (B1, B2, B3, B5 et B6)  Energy production, Maintaining the bodily functions (B8, B9 et B12)	<ul style="list-style-type: none"> <li>• Tripe products (offals) (especially liver), meat, fish, yolk</li> <li>• Vitamin B12 is only present in animal sources.</li> </ul>
<b>Vitamin C</b>	Iron absorption and fighting inflammation	Fruits (particularly citrus fruits), vegetables, tripe products (offals)...
<b>Vitamin D</b>	Absorption of Calcium	<ul style="list-style-type: none"> <li>• Production of vitamin D boosted by sunlight</li> <li>• Liver, oily fish (herring, mackerel, sardine, salmon...), yolk, butter, full fat milk...</li> </ul>
<b>Vitamin E</b>	Cell protection and anti-aging	Vegetable oils, margarines, oleaginous fruits, wheat germ...
<b>Vitamin K</b>	Blood clotting	Liver, meat, eggs, green vegetables (broccoli, cabbage, spinach, salad...)

## ▪ Minerals

There are two types of minerals that are vital for bodily functions:

- **Macronutrients**, present in notable quantities in the body (on the order of a gram);
- **Micronutrients**, which are present in minute quantities in the body (on the order of milligrams or even micrograms).

## Main Macronutrients

NAME	FUNCTION	MAIN SOURCES
<b>Calcium</b>	Keeping bones strong, muscle contraction, blood clotting	Milk and dairy products, Green leafy greens, some water
<b>Magnesium</b>	Nervous impulse transmission, muscle contraction	Chocolate, pulses, whole grains, some waters
<b>Sodium</b>	Cellular exchanges, regulation of the body's liquid volumes	Table salt
<b>Phosphorus</b>	Formation of bones	Dairy products, fish, cereals
<b>Potassium</b>	Cellular exchanges, muscle relaxation	Meat, fish, fruits, vegetable, chocolate





## Main trace minerals

NAME	FUNCTION	MAIN SOURCES
Iron	Carrying oxygen	Meat and fish ("heme iron") Plant based foods, eggs, dairy products ("non-heme" iron)
Zinc	Producing red blood cells	Meat, fish, seafood, dairy products, eggs, légumes
Fluoride	Mineralization of teeth, prevention of tooth decay	At trace levels in most foods. Some drinking water, fluoridated table salt
Selenium	Boosts the immune system, anti aging cells	Meat, tripes (ofals), seafood, eggs, dairy products

The iron contained in meat is all the more interesting because it is heme iron, well assimilated by the body (absorbed at about 25%), unlike the non-heme iron in cereals, leafy green vegetables and pulses ( which absorption coefficient is often much lower than 10%).

### ▪ Fibers

Present in plants in various proportions, they have a role in the **regulation of digestive functions**. **Wholegrain cereals and fruit and vegetables** are particularly rich in them

### ▪ Water

The body is **mostly composed of water** (75% in babies - 60% in children and adults). Every day, we eliminate water through urine, breathing, perspiration...

These losses are highly **variable, depending mainly on physical activity**, physiological state and weather conditions.

To compensate for these losses, it is therefore necessary to **be hydrated sufficiently**, by drinking and eating foods rich in water (fruits, vegetables...).

## To go further :

<https://www.youtube.com/watch?v=LgHgOxtonmM>

<https://www.youtube.com/watch?v=YQFEz64C39c>

☐ **ACTIVITY SHEET 3 : QUIZZ**





Feeling hungry usually indicates that it's time to "recharge". However, the body's reserves actually make it possible to fast safely for quite a long time. Thirst indicates the start of dehydration, which the body finds difficult to tolerate. It is therefore necessary to be more attentive to thirst.

There is no "typical" dish, corresponding to a specific meal. The menu actually depends on the cultural habits of the particular country. On the other hand, each meal should cover the body's energy needs for the coming hours and activities.

To be in shape throughout the day and provide the body with the essential nutrients it needs to build, maintain and protect itself, the diet must be varied and adapted by dipping into the different food groups and following the consumption guidelines of the PNNS\* (National Health Programme)

#### □ **Each meal matters**

Nutritionists recommend **three or even four meals a day**: breakfast, lunch, snacks (especially for children, teenagers and pregnant women) and dinner.

Breakfast	Lunch	Snack	Dinner
20 to 25% of daily food intake	35 to 40% of daily food intake	10 to 15% of daily food intake	20 to 35% of daily food intake

#### □ **Good balanced diet : the weekly reference**

It's hard to eat a balanced diet every day, at every meal...But it's nothing to feel guilty about! The most important thing is to balance the food intake over the whole week. On the other hand, it is preferable to eat each day at the same time, to respect the body's rhythm.

#### □ **Varying foods**

No food contains all the nutrients the body needs. Only a balanced and adapted diet, including the seven food groups according to the NSP guidelines, can guarantee the necessary daily intake.

A FEW POINTS OF REFERENCE, TO BETTER COMPOSE YOUR MENUS	
FOOD GROUPS	NUTRITION GUIDELINES
Fruits and Vegetables	<b>At least 5 a day</b> , at every meal and when feeling peckish Raw, cooked, plain or prepared, fresh, frozen or canned
Cereals and their by-products, potatoes and pulses	<b>With each meal and according to the appetite</b> Prefer a variety of choices Prefer low sugar breakfast cereals, and limit very sweet or particularly fatty and sweet forms of breakfast cereal
Milk and dairy products	<b>3 to 4 a day</b> (depending on size and calcium content) Play on variety Prefer natural products and products richer in calcium, less fatty and less salty.





<b>Added fats</b>	<b>Restrict consumption</b> Prefer vegetable fats (olive oil, rapeseed oil, etc.). Favor variety Limit fat of animal origin (butter, cream...)
<b>Sweet products</b>	<b>Restrict consumption</b> Beware of sugary drinks and sweets Beware of both fatty and sweet foods (pastries, dessert creams, chocolate, ice cream...).
<b>Drinks</b>	<b>Unlimited quantity of water</b> Water is the only recommended drink during and outside of meals. Limit sweetened beverages (cordials, sodas, fruit-based sweetened soft drinks) Consume sweetened beverages occasionally.

Source Consumption guidelines corresponding to the nutritional objectives of the National Nutrition and Health Programme. (PNNS) for children from 3 years old and teenagers - INPES guide

\* National Nutrition and Health Programme

**The PNNS\* recommends limiting salt consumption:**

- Prefer iodized and possibly fluoridated salt.
  - Do not add salt before tasting and cut down on the addition of salt when cooking and in cooking water.
- Limit the consumption of fatty and salty products: the saltiest deli meats and salty aperitif products.

**Salt** enhances the flavour of food and helps the body function properly. However, too much salt can lead to the development of illnesses (mainly cardiovascular conditions). **It is essential to limit its consumption**, especially as we already consume a lot of it without realising it: 75% of the salt we consume comes from convenience foods and 15% is naturally contained in food. Only the remaining 10% should come out of a salt shaker!

☐ **Example of balanced menus (portions must be adapted to individual needs).**

**Menu 1**

- starter : cucumber with vinaigrette (green, yellow groups)
- main course : spaghetti bolognaise with grated gruyère (red, brown, blue groups)
- pudding : apple pie (pink, green, brown, yellow groups)
- drink : a large glass of water (grey group)

**Menu 2**

- starter : taboulé (brown, green groups)
- main course : roast pork, peas, carrots (red, green groups)
- cheese : fromage blanc, (bleu group)
- pudding : pear (green group)
- drink : a large glass of water (grey group)
- one slice of bread (brown bread)

☐ **Preserve flavour and nutrients**

Beyond their influence on the nutritional qualities of food, preparation and cooking also play a decisive organoleptic role. Their diversity promotes variety and avoids the risks of lassitude and, at the same time, those of under-consumption of certain foods.



Not all cooking methods are the same. In order to limit the loss of vitamins and trace elements from food during cooking, it is important to pay attention to the type of cooking, the temperature and duration of cooking.





COOKING METHOD	COMMENTS
Oven	Cooking in dry heat, temperatures between 100 and 250°C.
Microwave oven	By electromagnetic radiation, which heats up the water molecules in the food. <b>Allows to preserve an important part of the nutritional value of the food.</b>
Frying pan, grill, wok	On contact with a hot surface, the heat spreads by conduction within the food. <b>Little fat is required if non-stick pan is used.</b>
Fry	Seizes the food and caramelizes its surface, <b>but generates the absorption of a substantial amount of fat.</b>
Grill	<b>Reduces or even suppresses the use of fat.</b> Collects cooking fats and prevents their consumption.
Boiled (water, milk, stock)	<b>No added fat.</b> The vitamins that are water-soluble and sensitive to heat will be found in the cooking water, so it is wise to consume the broth to benefit from it..
Steam	<b>No added fat.</b> Shorter cooking time than water. Since food is not immersed in water, this is the cooking method that <b>best preserves nutrients.</b>

### Why cook the meat?

Cooking meat can comply with several requirements:

- create chemical reactions that increase the gustatory value of the food.
  - tenderize the flesh
  - kill possible bacteria

Traditionally, the vigorous cooking of certain meats was also intended to eliminate possible parasites. Today, thanks to preventive and sanitary control measures, meat consumed in France presents almost no risk of contamination.

However, minced meat destined to young children must be cooked through to ensure the destruction of micro-organisms.

**Note :** Centuries ago, in some hot countries, the consumption of pork presented significant risks. It is a fragile meat that requires strict preservation conditions, which obviously could not easily be implemented then. These health reasons are the reason for many religious bans on the consumption of pork.

### ☐ The words "hunger", "appetite", "satiation" and "satiety" each have a specific meaning.

- **Hunger** reflects a physiological need for glucose intake. The sensation is created by the brain, itself alerted by a decrease in the stock of glycogen (the form of glucose storage in the body).
  - **Appetite** is linked to sensory stimuli induced by food (smell, look, touch, sound, taste) and also to memory, projected images, previous experiences. One can have an appetite without being really hungry, but being hungry strengthens the appetite.
- **Satiation** sets in during ingestion, as the food loses its stimulating power. It is at the end of the meal that hunger completely disappears and the person eating is then satiated. It is important to eat slowly to give yourself time to perceive the evolution of this sensation.
- **Satiety** prolongs satiation. This state, which occurs between two meals, is maintained as long as the energy reserves built up by the last meal remain available.

### ☐ Stop nibbling!

Feeling a little peckish? Stress ? Bored? Stressed out? Sometimes you feel like eating in between meals.





Sadly, snacking is a bad eating behaviour, a source of potential imbalances.

The best solution is to find a trick adapted to your personality, to take your mind off it while waiting for the next meal.

**A few tips:**

- Chat with a friend
- Go out, do exercise
- Find something exciting to do

☐ **Don't watch TV and go on other screens too much!**

Television is a passive activity, which is particularly encouraging you to nibble. In addition, the multiple advertising messages that are broadcast may lead to the consumption of sweet or savoury products (chips, soft drinks, biscuits, sweets...)! Dietary education also involves the development of critical thinking skills in relation to these messages. Nibbling in front of the TV or other screens at home is often done in a mechanical way that blurs the perception of the quantities absorbed. Without banning the screens, it is important to give sufficient room for physical activity and reading as well!

☐ **Deficiencies: The 5 most common nutritional deficiencies**

▪ **Magnesium deficiency**

**Magnesium is one of the mineral elements essential to the proper functioning of our body.** It interacts closely with sodium, potassium and calcium, with which a balance must be maintained in the body. A lack of magnesium can manifest itself by :

- of hyper-emotivity;
- anxiety;
- irritability;
- shaking;
- a state of depression;
- a feeling of tightness in the chest;
- headaches and dizziness;
- insomnia;
- difficulty concentrating;
- cramps;
- muscle spasms (eyelid spasms, for example);
- contractures.

▪ **Vitamin D deficiency**

According to a report by the French Academy of Medicine, nearly 80% of the Western population and almost all elderly people might be deficient in vitamin D, because after a certain age, the body no longer synthesizes vitamin D as easily. Vegans are also susceptible to a deficiency in vitamin D.

Vitamin D plays a role **in the absorption of calcium and phosphorus** by the intestines and then in its reabsorption by the kidneys. Essential for growth during infancy, **it ensures the maintenance of healthy bones** in adulthood. **80% of our needs are synthesized under the action of the sun's UVB rays and the rest must be provided by food.**

**The symptoms of a vitamin D deficiency are :**





- tiredness;
- muscular weakness;
- dry skin;
- bone pain;
- cramps.

**In children**, vitamin D deficiency causes **rickets**, which is characterized by delayed motor development and growth, failure of the fontanelles to close and join together, and poor bone formation. In the 19th century, more than 80% of children from the poorest classes in industrial cities were affected. From the end of the 19th century, children were made to drink cod liver oil, very rich in vitamin D, to combat this deficiency.

**In adults**, vitamin D deficiency causes **osteoporosis**, **osteomalacia** and **tooth decay**.

#### **What shall we eat ?**

In the winter or at least when you cannot be exposed to the sun, you should opt for a diet rich in vitamin D. Foods rich in vitamin D include cod liver oil, soy drinks, trout, veal liver and salmon.

#### ▪ **Zinc deficiency**

The body needs very little **zinc**, but this intake is essential and many people would unknowingly suffer from zinc deficiency. Zinc plays **an important role in growth, the immune system, neurological and reproductive functions**. It plays a part in the synthesis of DNA and proteins. It also plays a part in controlling mood and learning, as well as eyesight, taste and smell. Finally, it plays a part in the process of blood clotting, in the functions of the thyroid hormone, and in the metabolism of insulin. A zinc deficiency can therefore have real consequences on our health.

#### **Some symptoms of zinc deficiency:**

- Tiredness;
- Frequent colds;
- Lack of appetite;
- Depression;
- Brain numbness;
- Acne;
- Small white spots on the nails;
- Fragile, dull hair that falls out in greater quantities than usual.

**Zinc is found in large quantities** in oysters, red meat and sesame seeds. It is also found in legumes and nuts. However, zinc from foods of animal origin is absorbed twice as well as zinc from plant sources. Alcoholics, diabetics, people with kidney or digestive disorders and people with HIV are more likely to suffer from zinc deficiency.

Alcoholics, diabetics, people with kidney or digestive disorders and people with HIV are more likely to suffer from zinc deficiency.

#### ▪ **Iron deficiency**

**Iron** is an essential mineral for the good functioning of the body. It has a **key role in the formation of haemoglobin**, in the formation of myoglobin contained in the muscles and in the formation of many enzymes essential to the body's functioning. It is present in very small quantities in the body and some of this iron is eliminated every day. To maintain a sufficient amount of iron, it is necessary to replace the losses with dietary supplements to avoid deficiency.

**Iron deficiency can manifest itself by :**





- tiredness ;
- hair loss
- a reduction in physical and intellectual capacity;
- decreased resistance to infection;
- problems with thermal regulation;

**In the case of a severe deficiency, it is called iron deficiency anemia**, the symptoms of which are as follows:

- tiredness;
- intolerance to effort;
- dyspnea;
- palpitations, tachycardia;
- headaches;
- pallor of the skin and mucous membranes;
- oedema in the lower legs.

Those most at risk of iron deficiency anemia are adult, non-menopausal women, teenagers and babies who are not breastfed. People who don't eat enough meat and alternatives, people who exercise intensely and regularly, and those on dialysis are also at risk of **anemia**.

**The best sources of iron** are red meat and offal, shellfish, green vegetables, legumes, whole grain breads and cereals, and flours.

#### ▪ Calcium deficiency

**Calcium is the most abundant mineral in the body.** Nearly 99% of calcium is concentrated in the bones and teeth. The rest plays a vital role in the proper functioning of all cells in the body, including muscle and nerve cells. Calcium is also involved in kidney function, the blood clotting mechanism and several enzyme processes.

Some experts believe that the North American diet generally provides less calcium than the recommended dietary intakes. This is due to the increased proportion of empty calories and processed foods in the modern diet, as well as insufficient consumption of fresh fruits and vegetables. Calcium deficiency can only be diagnosed by a laboratory test. **The visible signs will only become apparent in the very long term:**

- osteoporosis;
- dental and gum problems;
- kidney dysfunction...

In addition, **calcium deficiency in developing children and adolescents may prevent the development of optimal bone mass.**

**The foods richest in calcium** are dairy products, fish, oilseeds (sunflower or sesame for example), legumes, nuts, green vegetables and many fruits.

#### **Note :**

**Vitamin C deficiency leads to a serious disease: scurvy.** For centuries, scurvy was the leading cause of death among crews of long-distance ships who could not eat fresh fruit and vegetables. In 1593, the crew of an English ship sailing to India escaped the disease because the captain made his sailors drink a few drops of lemon juice every day.

☐ Activity sheets 4 : DECRYPTING NUTRITION LABELS

☐ Activity sheet 5 : ADOPT A BALANCED DIET





**Eating behaviour** refers to all the behaviours of an individual with regard to food consumption.

Eating behaviour is characterized by discontinuous episodes of food intake. In humans, the distribution of food intake is affected by social norms that codify the number and sometimes the composition of food intake: we speak of **meals**.

Mealtime consists of three stages:

- A phase characterized by the feeling of **hunger**,
- A phase corresponding to the period of food intake and the gradual process of **satiety**,
- A phase characterized by a state of **satiety**, the duration of which is variable.

#### GLOSSARY

**Energy balance:** a situation in which the energy intake from food is equal to the energy expenditure of the body. An equilibrium situation results in a stable level of energy reserves, and therefore a stable fat mass and weight.

**Hunger:** A state or sensation consciously perceived as an internal necessity that results in an increase in motivation to seek food and initiate food intake.

**Feeling full:** a gradual process that ends an episode of food intake.

**Meal:** Standardized food intake. The eating of a meal responds to socio-cultural factors that influence the distribution of food intake throughout the day.

**Satiety:** a state of inhibition of the sensation of hunger.

**Eating behaviours can respond to several factors: socio-cultural, psycho-affective and cognitive.** Mood, emotions, a state of anxiety or stress, memory of previous experiences, or educational, family or social conditioning can have a significant impact on eating behaviour by reinforcing or suppressing signals related to energy status.

#### ❑ Socio-cultural and family factors

They intervene in particular by regulating the times and standards of the meal. For example, the time between two meals is not only regulated by the period of satiety, but also by social rules (meal times) or by the constraints of the timetable which can lead to an earlier or later intake of food. The early childhood diet and family eating habits also influence future eating behaviour in a significant way. Similarly, cultural perceptions of the body ideal (slimness or on the contrary roundness or even obesity depending on the culture) can influence eating behaviour.

- The culinary pleasure, a cultural heritage

**Food practices** are strongly influenced by religion, history, culture and resources. Over time, these practices become **traditions**. Every family has "granny recipes". Passing them on helps strengthen family ties and raises awareness of **the importance and diversity of food**.

The meal is a moment of discussion, sharing and learning. It is accomplished with gestures that vary according to civilizations: in India, we eat with the fingers of our right hand, in China or Japan with chopsticks, at home, with a knife and a fork.





There is an endless variety of dishes and recipes from around the world. Some are typical of one country or region, others are entirely international.

Adults should pass on life skills and basic nutritional concepts that will enable young people to become aware of the benefits of a varied and balanced diet

- **Religion and diet**

**Each religion has its own dietary particularities.** As cows are sacred in India, Hindus do not eat beef. Buddhists believe in reincarnation. They are therefore generally vegetarian. In the Islamic religion, animals for slaughter must be slaughtered according to the rules of the Koran to be "halal", and the consumption of pork is forbidden. In Judaism many dietary bans exist (no pork, rabbit, horses, crustaceans, molluscs, some fish or alcohol). The animals must also be killed and cut up by a qualified butcher in the presence of a rabbi in order to make them "kosher".

**Example : The various meals around the world throughout the day.**

**1. Breakfast in India**

Indians start the day with dosas (or dhosais). These pancakes made from lentil and rice flour are stuffed with spicy vegetables and served with a vegetable curry. (sambar). The drink that goes with every meal of the day is the Tchai, tea boiled in milk with sugar, cardamom, ginger, cloves, nutmeg and cinnamon.

**2. Lunch in Argentina**

The Argentine lunch, or almuerzo, usually includes meat and vegetables, accompanied by yerba maté, the local tea. Beef is the meat of choice for Argentines, who consume a lot of it and prepare it in many different ways: bife a caballo (beef with an egg on top), parrillada (mixture of black pudding, ribs and other meat cooked on the grill), churrasco (grilled steak), milanesa (fried breaded beef), not to mention the impressive asado con cuer, barbecued beef with hair and skin.

**3. Afternoon Tea in England**

Tea time is a matter of tradition. This British version of afternoon tea is organised around a teapot, milk and sugar. Lovers of savoury food will accompany it with various sandwiches, scrambled eggs, ham or smoked salmon. Sweet lovers prefer pastries, cakes or scones topped with butter (or clotted cream) and marmalade.

**4. Tea in Polynesia**

The ma'a is a traditional tahitian oven, dug in the ground and fueled with burning stones. Often used on festive days, food is placed in banana leaves to be cooked for hours on end. This steaming process gives a unique flavour to traditional dishes.: chicken fafa, steamed pork, curried giant clam, uru (bread fruit), bananas ...

□ **Psycho-emotional factors**

Psycho-emotional factors (**mood, emotions, anxiety, stress...**) clearly influence eating behaviour. They can interact in particular with **sensory signals** related to food intake (appearance, smell, taste of food).

**Sensory signals** are often listed as major determining factors in eating behaviours because they influence food choices. When we eat, our five senses are stimulated. We appreciate, for example, the colour of a fruit and its texture under our fingers. Its aroma revives our memory and the sound of a bite announces the pleasant flavour to come. Its smell makes your mouth water, even before you've tasted it.

Some people prefer sweet products, some prefer savoury products, some prefer meat, some prefer vegetables or fruit, some prefer soft textures, some prefer crunchy textures. We are all different and **our tastes evolve with time, experiences and even mood...**





So, if we are in a good mood, the dish we eat will seem pleasant, and will stimulate **an expected pleasure, a desire** ... On the other hand, a bad experience with the dish can lead to **feelings of guilt, frustration, disgust**...

"Taste" is not an intrinsic property of food, but a mental and subjective representation of the stimuli that our senses send us. The sensory receptors of the person eating send a message to the brain and induce **an unconscious response of pleasure (or displeasure)**.

So, by definition, nothing is good or bad. The quality of a food varies according to each person and his or her experience. Taste is a personal thing, with a strong influence from education and culture.

**Certain stressful events** can lead to **anxiety or other negative emotions** from which the individual will naturally try to free himself. In spite of the person's ability to resolve problems, he or she may be faced with situations that do not have immediate answers and require time to resolve them. In this case, the individual may be tempted to resort to "palliative" solutions. These are non-specific responses that will not make the problem go away or free the individual from negative emotions for good. Although they leave the problem as it is, they can still provide some relief and reduce anxiety by providing an expected sense of comfort. Every individual has a repertoire of comforting strategies from which he or she can choose: drinking, eating, smoking, collecting stamps, spending money, going away for the weekend, etc.

It is within this context that **food** finds its place and can be seen as "**a dietary response to a non-dietary problem**". At this point, while eating, the individual is expecting to experience a pleasant feeling that he calls **pleasure, appeasement, relief, relaxation, decompression**.... This attitude reflects one of the most natural and happy functions of food: **providing comfort**.

This attitude can lead to **weight gain** and, for **diabetics**, to disturb their blood sugar regulation. Constant stress leads to a **propensity to eat more**. However, the opposite is sometimes the case and stress can also trigger a loss of appetite and willingness to eat.

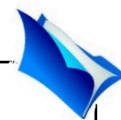
**Internal physical stress** can also affect dietary intake. **Bacterial or viral infections** or other diseases such as cancers or inflammatory syndromes have **an influence on food intake** (generally a decrease).

#### ☐ Cognitive control of food intake

Even if it is a response to internal energy needs, eating is still a purely **deliberate behaviour**, which follows the self-conscious **decision of the individual**.. Therefore, if internal needs lead to a feeling of hunger and a heightened motivation to eat, **the individual still has the wilful power to refrain from consuming food**.

This **cognitive control** can have an important impact on dietary behaviour. For example, in certain specific situations, emergency or urgent action (facing a danger, meeting a social or professional obligation, etc.) may be favoured and may lead to **suppressing or delaying food intake**. The **desire to lose weight** can also lead to voluntary restriction of food intake. In the latter situation, called **cognitive restriction**, it is no longer feelings of hunger and satiety that regulate food intake, but the conscious decision to allow or not allow oneself to eat. However, will power can be affected by external and/or psycho-affective factors (e.g., the sight of food that triggers emotions such as cravings, stress or stressful situations), which become more important than the internal needs that govern hunger and satiety. As a result, **eating disorders** can develop, leading to sometimes significant weight problems.





- Eating disorders

**Dietary disorders**, also known as **eating disorders** or **eating behaviour disorders** (Eating Disorders), refer to serious abnormal eating habits. The behaviour is considered "abnormal" because it is different from normal eating practices, but mainly because it has a **negative impact on the individual's physical and mental health**. Eating disorders affect more women than men and often begin in adolescence or early adulthood.

**Anorexia** is the first eating disorder to have been described and recognized. It's called **anorexia nervosa**, or **anorexia**. It is characterized by an **intense fear of being or becoming fat**, and therefore a **strong desire to lose weight, excessive restrictive eating habits** (even a refusal to eat), and a **distorted body image**. It is a psychiatric disorder that mainly affects women (90%) and usually occurs during adolescence. Anorexia is thought to affect 0.3% to 1% of young women. In some cases, anorexia is associated with episodes of **binge-eating**, i.e. disproportionate food intake. The person then has to "purge" themselves of excess calories, such as **by vomiting or using laxatives or diuretics**.

**Malnutrition caused by anorexia** can be responsible for many symptoms. In young women, menstruation usually disappears below a certain weight (amenorrhea). Digestive problems (constipation), lethargy, fatigue or shivering, cardiac arrhythmias, cognitive difficulties and kidney dysfunction may occur. **If left untreated, anorexia can lead to death.**

**Bulimia** is an eating disorder characterized by **excessive or compulsive food consumption** (hyperphagia) associated with **purging episodes** (an attempt to eliminate ingested food, most often by **induced vomiting**). Bulimia mainly affects women (about 90% of cases). It is estimated that 1% to 3% of women will experience bulimia nervosa in their lifetime (this may be an isolated episode).

Most of the time, people with bulimia nervosa have a **normal weight and hide their "attacks"**, which can make diagnosis difficult.

**Binge eating disorder** or "compulsive eating" is similar to bulimia nervosa (disproportionate intake of food and a sense of loss of control), but is not accompanied by compensatory behaviours such as vomiting or taking laxatives. Hyperphagia is associated with obesity in the vast majority of cases. **The feeling of satiety is altered, or even non-existent.**

Binge-eating disorders are believed to be the most common eating disorder. Over the course of their lives, 3.5% of women and 2% of men are thought to be affected. **Eating deviant behaviour is often a way to "manage" emotions, such as stress, anxiety, job pressure.** The behaviour provides a feeling of comfort and relief, even if it is sometimes associated with strong guilt (especially in the case of hyperphagia).

□ Environmental factor

**The abundance of food available** has a significant impact on the amount of food ingested by an individual and on eating behaviours. After the Second World War, mass consumption boomed and several changes led to the modification of eating behaviour. Thus, for populations whose way of life has changed rapidly, it has been clearly proven that the transition from a traditional way of life (food obtained by hunting, gathering, or even traditional agriculture and livestock farming) to a Western urban lifestyle (food that is readily available, abundant and inexpensive) has resulted in over-consumption, an increase in the amount of energy ingested and by an increase in body fat. In fact, the greater accessibility to food by extending store opening hours and increasing the number of outlets open 7 days a week stimulates consumption. It also leads to an increase in the reduction of the "traditional" three-meal diet over the day and encourages snacking throughout the day as well as increasing food portions.

Omnipresent advertising reinforces this tendency to consume more by formulating contradictory messages promoting, on the one hand, the advantages linked to enjoying this or that food and promoting slimness on the other.





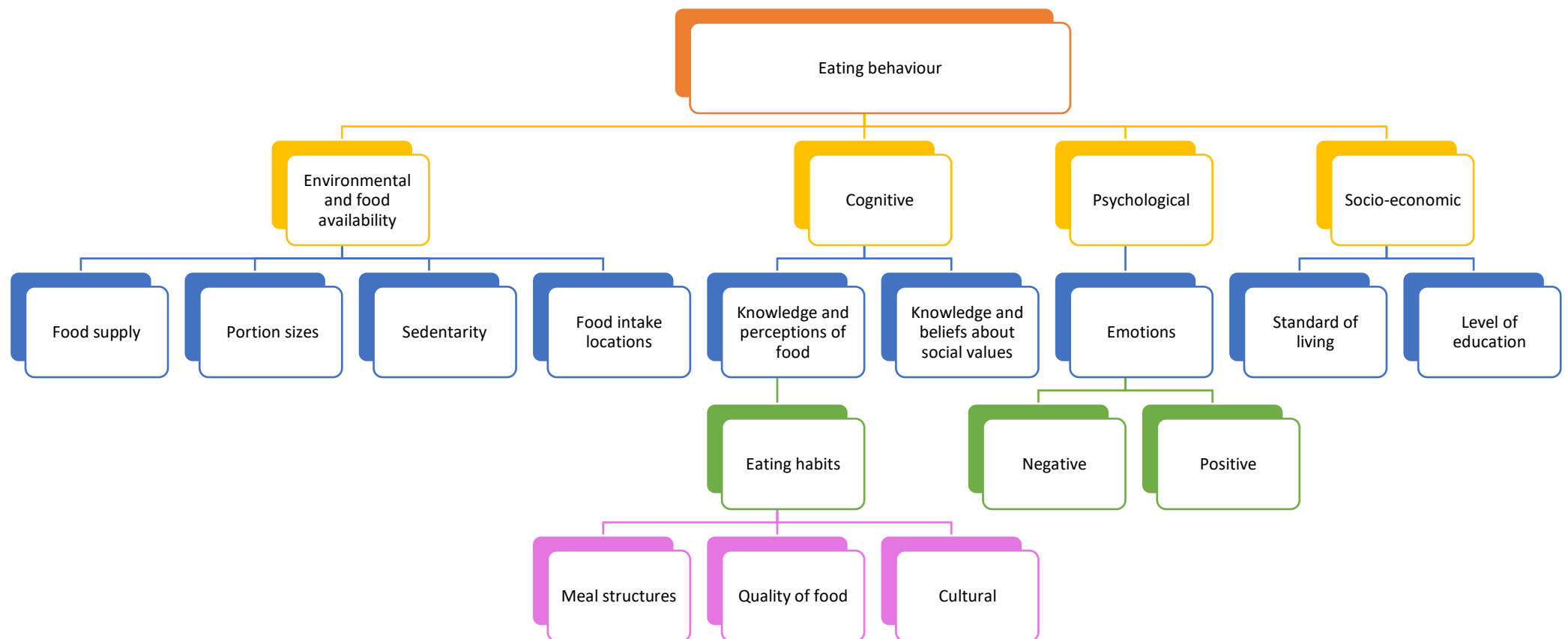
" **Ready-made**" meals and "**ready-to-use**" **processed food products** are an important innovation in the food industry at the end of the 20th century. It marks the culmination of a long trend of industrialisation to the detriment of raw products. Made possible through numerous technological innovations, it has proved to meet and generate demand. In fact, ready-made meals and ready-to-use products **save a substantial amount of time** in preparing meals, which is a relative advantage when paid work is more lucrative than domestic work. In addition, the range of ready meals has become so diversified that these products allow consumers to vary their menus without having to learn cooking techniques. CNIB surveys (National Individual Food Consumption Surveys) suggest that this trend could well persist, with the younger generation encouraging it. Indeed, there was a significant increase, between 1999 and 2007, in convenience food among teenagers, such as snacks, sandwiches and hamburgers.

☐ **Socio-economic factors**

The joint expertise of INSERM ( National Institute for Health and Medical Research) suggests that a high socio-economic environment encourages small food stores, while a low socio-economic environment favours "discount" hypermarkets. This difference is due, firstly, to consumer **purchasing power** and, secondly, to the interest shown by the individual in the source of his or her food. Regarding dietary intake, the SU.VI.MAX ( Supplementing with Vitamines and Antioxidant Minerals) study by INSERM, showed that adults from a higher socio-professional category better comply with nutritional recommendations. According to this study, a low level of education is associated with higher consumption of alcohol and meat products and low consumption of fruit, vegetables, fish and olive oil.

☐ **Activity sheets 6 : IDENTIFYING DIFFERENT EATING BEHAVIOURS**







## INFORMATION SHEET : D. APPLY THE RIGHT PRINCIPLES TAKING INTO ACCOUNT PROFESSIONAL CONSTRAINTS



### I. Professional constraints (travel, staggered working hours, sedentary work, standing work, emergencies, etc.) and their consequences on the professional's diet.

Most workers eat about half of their regular main meal at work on working days, due to the distance from home and the practice of continuous working day. A healthy diet in the workplace must be a concern for employers, occupational medicine and the CHSCT (Committee for Health, Safety and Working Conditions), as it influences working conditions and consequently the health, safety and productivity of the workers.

#### ☐ Preventing eating disorders in the workplace

Most workers eat half of their main meal at work on working days, due to the distance from home and the practice of the continuous day. For this reason, food hygiene in the workplace, the rhythm, quantity and quality of food intake, eating under particular working conditions (shift and/or night work, hot or cold environments, driving vehicles, business trips and business meals ...), must receive particular attention in order to avoid dietary imbalances leading to :

- a significant impact on **gastrointestinal disorders**,
- the occurrence of **Lipid abnormalities** and the risk of **heart disease**,
- Potential **failures during physical activities** leading to potential risks on safety of operations.
  - to a **common weight gain** among workers..

Occupational health and safety must take into account the importance of promoting good nutrition practices in the same way as other occupational risks : **A healthy diet in the workplace must be on the agenda of employers, occupational medicine and the health and safety committees (CHSCT), as it influences working conditions and consequently the health, safety and productivity of its workers.**

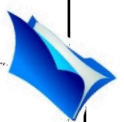
#### ☐ General working conditions and diet

**Digestive problems associated with poor eating habits at work are very common.** Dyspepsia, epi-gastralgia, abdominal pain and bowel problems, risk of peptic ulcer and obesity due to irregular and unbalanced mealtimes, increased cholesterol and triglyceride levels, which in the long term lead to an increased risk of cardiovascular disorders (hypertension, coronary ischemia, etc.). **The working conditions and work environments affect the way workers eat.** Working environments vary widely: offices, factories, outdoor work sites, on the move, with staggered working hours, at night, in hot or cold thermal environments, with or without physical effort .... Healthy eating habits in the workplace must, of course, include consideration of both specific nutritional needs and the place where employees eat their meals.

The following general principles must be respected:

- The **distribution of meals** throughout the day, the **time** spent and the structure of meals should be affected as little as possible by the pace of work, whether for simplification or lack of time.
- **Dining areas** must be separated from work areas, and of course clean and comfortable, company restaurants... and at least facilities allowing the conservation ( fridges, vending machines) and reheating (microwave ovens) of food and drinks. The consumption of food in the workplace and a fortiori while working must be prohibited, both for hygienic (contamination of food by dirt, toxic products, man-made pollution ...) and psychological (relaxation) reasons.
- **Eating during breaks** ( sandwiches, pastries, sweets,...) **is not recommended.**: Carbohydrate and protein regulations. Drinking should be encouraged with refreshing water fountains and the consumption of soft drinks or tea/coffee should be limited.
- **The length of the dinner break** should be sufficient (at least half an hour so that you can eat slowly) to avoid postprandial pain and poor digestion.

## INFORMATION SHEET : D. APPLY THE RIGHT PRINCIPLES TAKING INTO ACCOUNT PROFESSIONAL CONSTRAINTS





- The **dietary rules** recommend a balanced repartition of the **three main types of nutrients (carbohydrates, proteins, lipids)**, avoiding the excessive intake of fats and fast carbohydrates (fried foods, pastries, sweetened drinks), with a varied diet including meat, vegetables, fruit and dairy products.
- **Postprandial drowsiness due to excessive intake of food** (particularly following high carbohydrate intake) and alcohol or, on the contrary, **reduced alertness at the end of the morning due to a lack of morning calories** (hypoglycemic malaise) can lead to health and safety risks for the operator and his co-workers. Work requiring a high level of vigilance (quality control, process monitoring) are particularly affected and they are becoming more and more common in the industry.

#### □ Special working conditions and nutrition conditions

##### • Shift and night work

Non-stop work in a large number of industries and services requires working in shifts (shifts staggered in three shifts or two shifts) and/or at night (between 9 p.m. and 6 a.m.): it is estimated that at least 20% of employees work at night or in shifts.

The **disruption in schedules and dietary intake conditions**, together with **overconsumption of tea or coffee** to stay awake, generates **somatic disorders** in workers with staggered working hours: shift work modifies lipid metabolism and is a risk factor **for increased cholesterol and triglyceride levels**.

**Provision of balanced snacks** is likely to compensate for the deficiencies of these specific working conditions. Eating habits are disrupted by re-distribution of meals and **regular break times that are long enough should be respected** (at least 45 minutes in the middle of the night) to avoid snacking, improve digestion, and take a hot, balanced diet meal.

##### • Working in a cold environment

A large number of people work in cold environments (temperatures below 5°C), either outdoors (natural cold) or indoors (artificial cold), mainly in frigorific equipment in the food industry, where exposure to excessive cold (-25°) can sometimes be significant. For outdoor work, the risk is increased by exposure to wind (wind chill) and moisture.

If you wear **the right individual protection against the cold** (suit or jacket and trousers, non-slip furry boots, thick gloves, thick socks, hat, etc.), the energy needs are not much higher than in a normal working environment and the food rations do not have to be different and/or significantly increased. Therefore, **providing a heated room where hot drinks can be consumed** is the most recommended dietary prevention measure..

##### • Working in a hot environment

Exposure to heat is found in jobs that are carried out outdoors (particularly in the construction industry or agriculture, etc.) or in jobs that are carried out in proximity to furnaces or ovens (smelting metal or glass, bakeries, etc.)

As in working in a cold environment, the regulation of the body temperature due to heat does not have any energetic repercussions and there is no need to adapt the energy intake in these situations. However, **health problems due to heat** generate risks of **general discomfort, muscle cramps, loss of consciousness** due to hypersweating and subsequent **dehydration** and loss of electrolytes.

Procedures for working in a hot environment must be laid down and complied with in order to reduce thermal stress.: **drinking sufficient quantities of water and fresh drinks** (not cold, and certainly not iced) containing mineral salts (but not sugar), **work-rest rhythm in temperate zones**, easy access to and sufficient number of water points or drink dispensers, **compensating for ionic losses by adding a little more salt to the food**, not consuming beverages containing alcohol or caffeine which are dehydrating.





In the event of high heat, on building sites etc..., employers are required to provide workers with at least 3 litres of water, at least per day and per worker (article R. 4534-143 of the French Employment Law).

- **Intense physical work**

Some jobs are physically demanding, such as forestry, truck driving, sports instructors or athletes..., and **more energy needs must be met with extra calories in the diet.**

- **Truck drivers**

Many digestive disorders are caused by the drivers' (lorry drivers, coach drivers, etc.) working conditions: gastritis, colopathies, dyspepsia, ulcers. Often this is due to the **poor dietary habits** created by **travelling and by the disruption of meal times due to staggered working hours** and/or night shifts. **Hypertension, hyperglycaemia, hyperlipidemia and overweight** are highly prevalent among professional drivers, increasing the likelihood of **heart attacks**.

- **Business travel and business meals**

A diet which is often **irregular, unbalanced, heavy and/or with alcohol** during frequent travel is a factor of **obesity** and cardiovascular risk for executives, business agents.... Alcoholism at work does not spare any socio-professional category, and managers tend to drink on the job: drinking with customers, suppliers, etc. is a social habit in France, particularly during business meals, exhibitions and receptions. Excessive and regular drinking can lead to dependency causing more or less reversible damage to the state of health.

During business meals, **do not have an alcoholic aperitif or digestive**, more than two glasses of wine, have **only one starter and one main course, or one main course and one dessert**, you don't necessarily have to finish your drinks and to finish your plate.

☐ **Appendix 1 to 5 : BALANCED DIET AND WORK**



## APPENDIX 1 : BALANCED DIET AND WORK – My lunch break : I eat on the go

Sources : Food exhibition - Harmonie Mutuelle / Author(s) : La rédaction d'harmonie-prevention.fr

### My lunch break : I eat on the go



Sometimes your daily routine requires being attentive and organized if you want to have a balanced diet. It is often difficult to find the time and energy to prepare homemade meals every day. But don't worry, there are alternative solutions that can help you have a balanced meal.

#### I eat at the fast-food

Fast food satisfies the need to eat fast because the dishes are served very quickly with the possibility of taking your food away with you. However, the food is often too high in fat, sugar or salt and low in vitamins and fibre. So here are a few tips to minimize the damage if you go there very often.

##### Prefer :

- a single burger with salad,
- wholemeal or wholegrain breads,
  - Mustard or ketchup,
- salad,
- drinking yoghurt ,
  - fruit salad,
- water or fruit juice "100% pure juice".



##### Avoid :

- XXL menus,
- a burger with cheese or with a double burger or bacon,
- foods in breadcrumbs (e.g. chicken nuggets),
- fries,
- mayonnaise,
- sodas.





## 1. I eat at the restaurant or at the canteen

At the restaurant, it is tempting to try some of the most mouth-watering dishes. So what can you do?

### Prefer :

- a "starter + main course" or "main course + dessert" formula,
  - for starter : salads or plain seafood,
- for main course : meat or fish with vegetables and/or carbohydrates,
  - cheese with a piece of bread
- fruits or a fruit salad or a fruity dessert.



### Avoid :

- a full menu (starter, main course, dessert),
  - gravy dishes and fried foods,
    - cakes,
- wine : 1 to 2 glass(es) maximum.

**Good to know :** To balance your diet throughout the day, prepare your dinner according to what you ate at lunch.

**Tip :** The more colourful your meal is, the more varied your diet will be.

2.

3.

## 4. I have a sandwich

Whether "homemade" or "ready-made", a sandwich can be considered a complete dish as long as you respect a few rules.

### Prefer :

- chicken, ham, eggs, tuna, salmon,
  - salad, tomatoes, cucumber,
    - mustard, pickles,
- wholemeal or wholegrain bread,
  - a fruit or a compote,
- a dairy products if the sandwich doesn't contain any cheese.



### Avoid :

- mayonnaise,
- cooked meat,
- white bread, sliced bread or Viennese bread.





## 5. I go to a convenience store

The convenience store is great for buying a ready-made lunch quickly. However, be careful not to give in to the temptation of buying an industrially prepared dish you re-heat, which is often rich in sugar and fat. Here are a few alternatives.

### Prefer :

- a mixed salad with rice or pasta,
  - a bread roll,
  - a drinking yoghurt,
  - a fruit.



### Avoid :

- ready meals such as quiche, pie, sausage rolls,
  - cakes, biscuits, pastries,
  - sodas.

If you are still choosing a ready-made meal, it is better if it contains between 120 and 150 kcals per 100g. So, for an average portion of 300 to 350g, it will provide:

- less than 15 g of lipids (fats) ;
- more than 30 g of complex carbohydrates (to keep you going until the evening) ;
  - a minimum of 10 g of protein (animal or plant-based).

## 6.

## 7. I bring my lunch box or I have my lunch at home...

Whether it's a portion of the meal prepared for dinner the night before or a specially cooked meal for lunch the next day, this is still the most balanced option as long as the right food combinations are used.

### Prefer :

- salads or cooked vegetables,
- lean meat (escalope, fillet, poultry...), fish, eggs,
  - vegetables (plain, au gratin, flan),
  - carbohydrates (plain, mashed, au gratin),
- a dairy product (as a dessert or part of a recipe),
  - a fruit (cooked, raw, compote, clafoutis)

### Avoid :

- fats,
- sweet products,
- Limit your salt intake to 4 g per day.



## APPENDIX 2 : BALANCED DIET AND WORK – It's possible to eat better at work !

Sources: Guide " Capital santé comment le préserver " - Harmonie Mutuelle, Guide " Zoom prévention alimentation " - Harmonie Mutuelle / Authors: Anne-Sophie PREVOST and Emmanuelle

### It's possible to eat better at work!



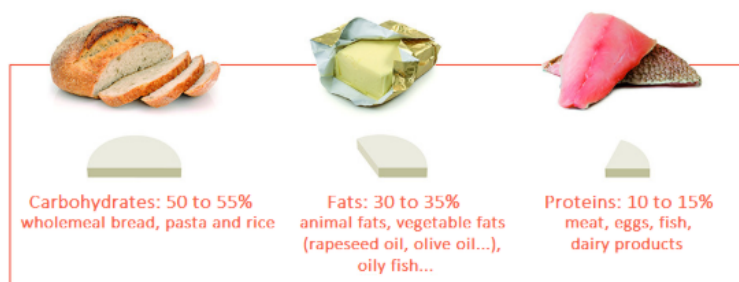
A balanced diet is a diet rich in fruit, fish and green vegetables, low in animal fats, favouring vegetable fats (such as rapeseed oil or olive oil). It is therefore a factor in the prevention of cardiovascular disease, some types of cancer, diabetes, hypertension, hypercholesterolemia, etc.

Do not hesitate to eat high-energy foods (pasta, rice, potatoes...) if your activity is physically demanding and to keep you going until dinner. **To work in optimal conditions of concentration, efficiency, performance and safety, it is advisable to eat a light and balanced lunch.** The phase of drowsiness following a meal, called postprandial drowsiness, increases the risk of accidents and affects overall performance. **It's best to avoid meals that are too fatty**(dishes in gravy, fried food, cold meats), too sweet or alcoholic causing a drop in vigilance. Do not hesitate to eat high-energy foods (pasta, rice, potatoes...) if your activity is physically demanding and to keep you going until dinner.

### Food intake

How many calories do we need each day?

Between 2000 and 3000 on average, depending on age, gender and level of physical activity.



Recommended daily intakes of carbohydrates, fats and proteins





## Snacking or self-service ?

The average length of meals away from home was over 90 minutes thirty years ago. **It is currently less than 30 minutes!** To eat well, even quickly, it is necessary to devote at least **20 minutes** to lunch and to **respect the balance between the slow carbohydrates, lipids and proteins.**

The French are consuming more and more **sandwiches**, according to a study by Gira Conseil, **2.19 billion sandwiches** were bought in 2015 at an average cost of 3.40 euros), the best possible time/money deal. They are nutritionally interesting as long as they are :

- rich in salads,
- not too fatty (butter, mayonnaise, etc.),
- containing proteins (poulet ou poisson),
- made with wholemeal bread if possible.

On a daily basis, avoid croque-monsieur and other quiches, which are too rich in animal fats, deprived of fibre and vitamins.

**In the self** also, the nutritional balance can be preserved by making the best use of the available ingredients:

- **Starter** : any kind of salads
  - **Main**: meat or fish accompanied by carbohydrates and as much vegetables as you like
    - **Dessert** : dairy product and/or fruit
- If you are no longer hungry, you can save your fruit for a snack.
- **Drink** : Drink water, the only beverage essential to life.

Finally, drink water, **the only drink essential to life. Drink tap water preferably** (contact your town hall for details on the quality of the water in your commune). Bottled water, rich in calcium, is particularly recommended if you do not consume a lot of dairy products.



## APPENDIX 3 : BALANCED DIET AND WORK – Work shift and diet

**Sources:** "Zoom prevention diet" guide - Harmonie Mutuelle / Chaîne Harmonie Mutuelle - [www.youtube.com/](https://www.youtube.com/) **Authors:** Anne-Sophie PREVOST and Emmanuelle BILLON-BERNHEIM, journalists - Updated Thursdav 03 August 2017



### Shifts and diet



Irregular or staggered working hours are very often synonymous with an unbalanced diet and poor digestion: shift workers' health can be affected.

**Workers with irregular or staggered working hours tend to suffer more from gastrointestinal problems than those with fixed daytime hours.** Following sleeping problems, the symptoms most often described by shift workers are :

- digestive problems,
  - heartburn,
  - diarrhea,
  - constipation,
  - abdominal pain.

**Weight gain** is often observed right from the start of alternating shift work. These health problems are due in part to **staggered meal times** and **inadequate diet**.

### To blame : the night meal

**Often cold and high in fat**, it is eaten too quickly and consumed in addition to the other two main meals of the day. Even if men can work at night, they are daytime mammals. The internal biological clock regulates the body's functions (temperature, hormonal secretions, heart rate, etc.) according to the day/night alternation. **At night, the body is programmed to rest and not to assimilate food.** A nighttime meal taken at the time of digestive inactivity can cause digestive problems.



Sources: "Zoom prevention food" guide - Harmonie Mutuelle / Chaîne Harmonie Mutuelle - [www.youtube.com/](https://www.youtube.com/) Author Anne-Sophie PREVOST and Emmanuelle BILLON-BERNHEIM, journalists - Updated Thursday 03 August 2017



### Eat the right foods at the right time

To avoid weight gain or digestive problems, the **food intake** must be allocated on a regular basis. **Night workers are advised to eat lightly between 1 and 3 a.m.** to maintain a correct level of vigilance. It is better to eat more complex **protein** and **complex carbohydrates** that "wake you up" than simple fat and carbohydrates that "make you sleepy". For example, it is better to eat a meat sandwich than buttered bread and jam.

[https://www.youtube.com/watch?list=PLa122UQ3CgY2YxeoflFS5Zlb4PY8KiBKb&time\\_continue=1&v=ApBuYgYXBWI&feature=emb\\_logo](https://www.youtube.com/watch?list=PLa122UQ3CgY2YxeoflFS5Zlb4PY8KiBKb&time_continue=1&v=ApBuYgYXBWI&feature=emb_logo)





### balanced meals on the menu...

Sources: - Repercussions of work rhythms on health, Institut Universitaire de Rennes, 1999 / E. Garçon  
Balanced diet and shift work, ASMI Annecy / Nutrition and shift work, Inter-entreprises Association  
Occupational Medicine of the Bas-Rhin / Guide " Health capital how to preserve it " - Harmonie Mutuelle  
/ Guide " Focus on dietary prevention " - Harmonie Mutuelle / Authors: Anne-Sophie PREVOST and

### At work : 3 balanced meals on the menu...

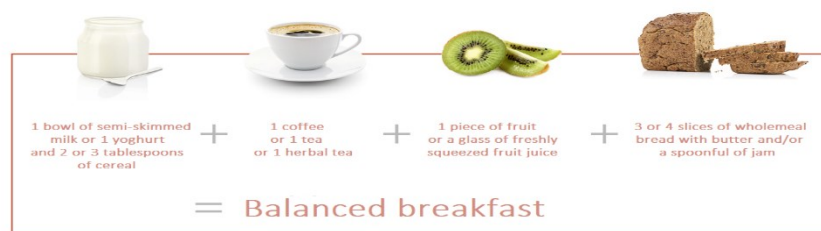


Busy days, hectic and lively everyday life... it is essential to make sure you fill up with vitamins and balance your diet according to what your body and mind need. A well-balanced diet and good nutritional habits can easily influence your daytime and sleep patterns.

### For a well balanced breakfast

Prefer :

- a **hot drink** to rehydrate the body after the night (tea, coffee, herbal tea...),
- **wholemeal bread** (rich in fibres, useful for bowel function) **and butter** (rich in vitamin A), or **cereals**, useful for the cardiovascular system (porridge),
- **one fruit or a fresh fruit juice**, rich in vitamin C and B which stimulate memory and resistance to stress, rich in fibre, useful for bowel function,
- **a dairy product**, rich in calcium, provides organs with structural elements and helps to maintain muscle and bone mass.







Sources: - Repercussions of work rhythms on health, Institut Universitaire de Rennes, 1999 / E. Garçon  
Balanced diet and shift work, ASMI Annecy / Nutrition and shift work, Inter-entreprises Association  
Occupational Medicine of the Bas-Rhin / Guide " Health capital how to preserve it " - Harmonie Mutuelle  
/ Guide " Focus on dietary prevention " - Harmonie Mutuelle / Authors: Anne-Sophie PREVOST and  
Emmanuelle BILLON-BERNHEIM. journalists - Updated Thursday, March 01, 2018

## For a well balanced breakfast

Prefer :

- **wholemeal bread**, which contains twice as much minerals, 6 times more vitamins and 3 times more fibers than white bread,
- **green salad, tomatoes, cabbage, broccoli...** which protect against certain cancers, give a feeling of fullness (for raw vegetables), provide fibre for bowel movement, etc.
  - **rapeseed and olive oil**, rich in vitamins A and E,
- **oily fish** (sardines, salmon...), which reduce triglycerides and protect the heart,
  - **green vegetables, carrots**, rich in vitamins, fibre and minerals,
- **pulses (lentils, beans...)**, which are rich in fibre and protect against cholesterol,
  - **poultry**, high in protein and low in fat.
  - **yoghurt**, which contains calcium and protects the bowel,
- **fresh and dried fruits**, which contain fibre, vitamins and magnesium,
  - and remember to drink **at least 1.5 liters of water a day**.

### For Example :

Mixed Salad

- rice (or pasta or lentils or potatoes),
- tomatoes,
- tuna or chicken or emmental,
- 1 tablespoon of vinaigrette

+ 1 plain yoghurt + 1 seasonal fruit.

**Or**

Sandwich

- wholemeal bread,
- poultry or tuna,
- a few salad leaves and tomatoe slices

+ 1 plain yoghurt or 1 fromage blanc + 1 seasonal fruit.



Sources: - Repercussions of work rhythms on health, Institut Universitaire de Rennes, 1999 / E. Garçon  
Balanced diet and shift work, ASMI Annecy / Nutrition and shift work, Inter-entreprises Association  
Occupational Medicine of the Bas-Rhin / Guide " Health capital how to preserve it " - Harmonie Mutuelle  
/ Guide " Focus on dietary prevention " - Harmonie Mutuelle / Authors: Anne-Sophie PREVOST and  
Emmanuelle BILLON-BERNHEIM. Journalists - Updated Thursday, March 01, 2018

## For a balanced dinner

Prefer :

- **complex carbs:** pasta, rice, polenta, semolina, if possible wholemeal.

This meal often helps to rebalance the daily intake in terms of all categories of food.

**Eat light** and sleep better.

For example :

2 slices of ham + 4 tablespoons of gratin pasta (1 tablespoon of grated cheese) + 4 Provençal-style half-tomatoes.

*Or*

100 to 200g of fish cooked in court-bouillon or in the microwave + 2 medium potatoes with a teaspoon of butter + 100g of vegetables + 3 to 4 tablespoons of cottage cheese with 1 fresh fruit.

## A balanced diet for every shift

**The desynchronization of meals** encourages snacking, which is often associated with a drop in dietary quality, difficulties in taking part in physical activity... and possible repercussions on health.

**In normal working hours**, you should therefore simply try to **avoid shifting or eliminating lunch breaks as much as possible**. **In shift work**, on the other hand, it is important to **adapt the diet**: along with sleep, it is one of the two biological functions most disturbed by this type of work rhythm.

If you're on a morning shift, try some balanced eating tips.

If you work an afternoon/evening shift, check out our recommendations for balanced meals.



[https://www.youtube.com/watch?time\\_continue=2&v=-ZcNZ\\_4vGh4&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=2&v=-ZcNZ_4vGh4&feature=emb_logo)



## APPENDIX 5 : BALANCED DIET AND WORK – Company catering

Sources: Occupational health and safety law, Gualino publisher, 2003 / Occupational medicine, Masson, 1999 / Occupational health and risk, Masson, 2002 / Managing occupational health in the workplace, Carrefour prevention editions, 2000/ Author: Dr Daniel GLOAGUEN, journalist - Updated Thursday 6 August 2017

### Company catering



Company catering is subject to very strict rules, particularly with regard to hygiene and compliance with the famous cold chain. These rules are intended above all to avoid the appearance of any collective food poisoning.

### Cold chain

Respect for the cold chain must be the main concern of staff working in the kitchen or involved in the transport of food. Thus, the permanent break in the cold chain, i.e. bringing the food to room temperature, can only take place during the preparation of food, either just before cooking or just before serving. Therefore, **food should only be removed from the cold room at the last moment.** Remember that the temperature of the so-called "**positive**" cold rooms must be kept between **0 and 3°C** and that of the so-called "**negative**" cold rooms must be kept below **-18°C**. Prepared ready-made meals must be kept at a temperature of at least 65°C before they are offered for consumption.

### Premises

Whether in the kitchen or in the dining room, sanitation is, of course, a must. **The company must therefore ensure that not only the floors** are kept clean at all times using suitable products, but also the **kitchens and the dining room itself**. A separate room from the area where meals are prepared should also be provided for the cleaning of kitchen utensils and dishes and for the collection of waste (peelings, meal scraps, etc.). Finally, whichever measures the company takes to reduce the risk of contamination, remember that **hand washing**, in



Sources: Occupational health and safety law, Gualino publisher, 2003 / Occupational medicine, Masson 1999 / Occupational health and risk, Masson, 2002 / Managing occupational health in the workplace, Carrefour prevention editions, 2000/ Author: Dr Daniel GLOAGUEN, journalist - Updated Thursday 0 August 2017



particular before eating and after going to the bathroom is essential in the prevention of infectious gastroenteritis.

## Foodborne illnesses outbreaks (FIAOs)

Foodborne illnesses outbreaks, or FIAOs, is the main health risk dreaded by all catering managers. FIAOs is linked to **the ingestion of food** (eggs, cooked meats, dairy products, shellfish, ...) **contaminated** by bacteria (shigella, salmonella, staphylococcus ...) and manifests itself in the 18 hours following the meal by **severe fatigue and digestive symptoms** such as abdominal pain, fever or diarrhea. FIAOs is when at least two people who have eaten the same food show the same symptoms at the same time. In this case, you should see a doctor immediately and inform the departmental directorates for social cohesion and population protection or the Directorate of Health and Social Affairs (DDASS) in your department. Indeed, any FIAOs must be officially declared, in application of a decree of 10 June 1986, to enable the public authorities to carry out their investigation rapidly and eliminate the product in question from the market.

## What the law says

Hygiene in the catering industry is governed by :

### 1. Article L. 232-1 of the Employment Law, which states that :

- the premises must be kept in a constant state of cleanliness and present the conditions of hygiene and sanitation necessary for the health of the staff;
- the occupational health practitioner is the adviser of the manager, the employees, the social services and the staff representatives with regard to catering services;
- no person is allowed to bring or supply into the business any alcoholic beverage other than wine, beer, cider, perry or mead.
- 

### 2. Article R. 232-10 of the Employment Law, which states that :

- workers must not eat their meals on the premises assigned to the work, with the exception of snacks taken during breaks. Below 25 employees, there is an exemption with the consent of the occupational health inspector and the opinion of the occupational health practitioner if the activity does not involve the use of dangerous substances or preparations. The occupational health practitioner is the adviser to the head of the company, the employees, the social services and the staff representatives with regard to catering services;
- from 25 employees onwards, the head of the company is required to provide staff with a specific catering facility (equipped with the necessary furniture),

with the notification of the staff representatives or the CHSCT (Health, safety and working



Sources: Occupational health and safety law, Gualino publisher, 2003 / Occupational medicine, Masson, 1999 / Occupational health and risk, Masson, 2002 / Managing occupational health in the workplace, Carrefour prevention editions, 2000/ Author: Dr Daniel GLOAGUEN, journalist - Updated Thursday 6

conditions committee) This place must enable the conservation of drinks or food in a cool place and reheat them. This area must have a source of drinking water (fresh and hot) sufficient for at least 10 people.

### Drinking water dispensers

There is an obligation to provide employees with one or more drinking water points in the company and in the community catering premises (article R. 232-3 of the Labour Code). These well functioning water points must be located close to the work stations, in places that meet all the sanitary requirements. If the working conditions involve a **risk of dehydration** and therefore the obligation to drink frequently, the employer must provide the employees with an additional (non-alcoholic) drink, the choice of which is left to the employees with, however, the opinion of the occupational health practitioner (R. 232-3-1).

### Counter-indications to the handling of the food

Generally speaking, **a wound on one hand is a counter-indication to food handling**. However, protection (gloves) may be contemplated. Panaris (abscess on a finger) remains an absolute counter-indication.

### Medical checkup

**It is compulsory** (annual aptitude test) **for catering staff**. It is intended to ensure that none of them presents a risk of contaminating the products handled and that the vaccinations recommended for the position have been carried out. If necessary, the occupational health practitioner may perform certain screening tests when hiring staff (examination of stools for insidious bacterial or parasitic "carrying").



## **The Importance of Preventing Eating Disorders in the Workplace**

### **☐ Medical checkup**

**The annual medical check-up** of the occupational medicine must be the occasion to inform overweight staff of the healthy eating and lifestyle habits to be followed: in the light of this medical check-up, the occupational practitioner must remind the dietary measures for workers suffering from high blood pressure, overweight...

**For the staff affected by working conditions that are predisposing to nutritional disorders**, a health check-up is strongly recommended just before the age of 50 with an electrocardiogram, blood and urine biological tests, to detect particularly hyperlipidemia, diabetic and liver abnormalities.





□ **Awareness campaigns on healthy dietary practices in the workplace**

**The fight against obesity and the promotion of good dietary practices** are measures tailored to the world of work, and can be promoted by managers and HR representatives, work committees, CHSCTs (health, safety and working conditions committees) and occupational healthcare. The workplace is indeed a prime environment for primary prevention, particularly in the area of nutrition, with the aim of **raising awareness of the importance of healthy eating in the professional world in order to improve working conditions, staff health and the productivity of the company**. The implementation of nutritional health programmes can bring together a large number of people, volunteers of course, in a stimulating work group: weight stabilization is an effective theme to encourage employees to take an interest in it and follow its recommendations. Younger generations may be concerned about the prevention of excess weight, while the distant consequences such as cardiovascular risks, diabetes... are not certain.

The control of nutritional risks, just like road risks, cannot happen without taking into account the perception of the people directly concerned. Even if "intellectually" the dietary rules are often more or less known, adopting appropriate behaviour is not at all obvious because the difficulty of preventing behavioural risks is high. For this reason, the display of nutritional advice in restaurants and break rooms, brochures, the furnishing of eating and drinking areas, the provision of menus or drinks in vending machines, however necessary this may be, is not at all sufficient.

**The development of awareness within the company** goes through a process of appropriation within the work-group: the mutual observation of behaviours by all work colleagues, guided by an external dietician or an internal facilitator (occupational practitioner or nurse) during an awareness-raising meeting, allows for the collective emergence of safe and risky behaviours. Agreement on the risk and its consequences is reached, i.e. a collective perception that is not so much biased by personal judgements. This change in the perception of risk leads to an awareness of the need to change personal behaviour.

The CHSCT (health, safety and working conditions committees) can help to initiate these **nutritional prevention campaigns**, with the agreement and support of the Human Resources Department and the company's management: these preventive actions proposed to employees also prove that the company is caring about them and their working conditions, which improves their sense of belonging.

**These one- to two-hour awareness-raising meetings**, with a maximum of ten participants allowing interaction, must be adapted to the profile of the participants: department, professional categories, etc. This can be supplemented by the organisation of thematic weeks or months, with specific nutritional guidelines... The agenda of these nutrition prevention meetings may include the following topics for discussion:

- Manage your weight and self-image,
- - Inform about diets and their dangers,
- - Recall the basic sanitary and dietetic rules for a good dietary balance,
- - Effect of fat and cholesterol and triglycerides, sugar and diabetes, salt and hypertension ...,
- - Inform on how to adapt one's diet in the event of atypical working hours (night work, staggered working hours, etc.) or specific working conditions (building sites, driving, etc.),
- - Nutrition and specific health problems (diabetes, heart disease, etc.)





## **II. The link between excess weight/obesity and occupational pathologies (lumbago, chronic venous insufficiency, joint pain, etc.)**

Illnesses associated with adaptation to recent changes in lifestyles, **excess weight/obesity** are the result of an **imbalance between energy intake and expenditure**. This imbalance leads to an accumulation of reserves stored in fat tissue, which in turn leads to **numerous complications** and can **reduce life expectancy**.

**Excess weight** is a risk factor for developing certain pathologies such as **low back pain, venous insufficiency, joint pain** (knees). Some employees may be more prone to these pathologies because of their job:

- **Low back pain** is the 1st cause of work disability before the age of 45, affecting construction workers, nurses, care assistants, etc. But also taxi drivers, lorry drivers and sales staff because of their sitting position for long periods of time.
- **Venous insufficiency** can affect employees who have to stand for long periods of time, such as hairdressers, salespeople, nurses, care assistants...

A more serious problem is that **obesity** leads to health problems, including **type 2 diabetes**. When a person is obese, insulin no longer works properly and the use of glucose by the cells is disrupted (insulin resistance), causing an increase in blood glucose concentration and hyperglycemia (abnormally high levels of glucose (sugar) in the blood).

Obesity also increases the risk of **high blood pressure, atherosclerosis**, in particular due to inflammation of the arteries, but also **dyslipidemia** (cholesterol), **liver disease** and **chronic kidney disease**. It is also associated with **many cancers**, particularly breast, uterine and liver cancer.

Complications also include **respiratory illnesses**: sleep apnea syndrome, hypoventilation, as well as **hormonal disorders** (disruption of menstrual cycles in women) or **joint diseases**, such as osteoarthritis, due to the overload on bones and joints that are weakened. Obesity is also associated with an increased risk of **gastroesophageal reflux, dermatological problems** such as mycosis or psoriasis, and cutaneous **venous insufficiency**.

It is also necessary to underline the **psychological and social repercussions** of the disease in a society very focused on the **cult of slenderness**.

Even a small amount of weight loss is beneficial from a metabolic, cardiovascular, respiratory and musculoskeletal perspective. Moreover, medication is often necessary on an individual basis to reduce the symptoms of these various co-morbidities (Diseases associated with a main pathology).

Obesity now affects almost the entire planet, including many emerging countries. According to the World Health Organization (WHO), 39% of adults worldwide are overweight and 13% are obese. The number of people suffering from obesity has almost tripled since 1975. The associated complications, particularly type 2 diabetes (44% of cases imputable to excess weight/obesity), heart disease (23% of imputable cases) and cancer (between 7% and 41% of cases imputable to excess weight/obesity depending on location) cause the death of at least 2.8 million people each year. For example, excessive weight and obesity are recognized as the fifth leading cause of death by the WHO.

In France, obesity affects 17% of adults and, among children, 16% are boys and 18% are girls: figures that have remained more or less stable over the last ten years.

### ☐ **Various causes**

The roots of obesity are multiple and the factors associated with its development and progression have not all been identified.

**Dietary changes** and increased **physical inactivity** play an undeniable role in the recent emergence of obesity. **An increase in portion size**, greater energy density, **too much industrial food**, the **availability of food**, and the **evolution of food prices** are elements that favour excessive calorie consumption. **Physical inactivity and leisure activities such as**





television or video games, the use of the car and public transport for everyday journeys lead to a **reduction in physical activity and energy expenditure**.

But these factors influencing energy balance, and therefore nutritional status, cannot explain the increase in the frequency of obesity, nor the **"inequality" of individuals with regard to weight gain**: some people gain more weight than others, even though they have the same lifestyles.

A **genetic predisposition** to weight gain may account for these differences in individual likelihood of obesity. An individual is two to eight times more likely to be obese if family members are obese themselves. Several French teams, from Inserm and CNRS, have identified numerous genes involved in weight gain, severe obesity and/or obesity complications. It is worth noting that while each individual gene plays only a small role in body mass and body composition, the contribution of these genes becomes significant when they interact with external factors such as energy imbalance.

In addition, there are **monogenic obesities** linked to a single gene defect, as is the case in rare, very early and severe forms of childhood obesity. The identification of mutations in the leptin/melanocortin pathway genes has made it possible to enhance their diagnosis and treatment.

The **impact of the environment**, beyond diet and physical activity, appears to be equally important. The **biological clock** is being pointed at. It regulates the various functions of the body and the metabolism over approximately 24 hours. **Lack of sleep, irregular meals or working at night** disrupt this clock and **increase the risk of being overweight**. But **stress, certain drugs, viruses, the composition of the intestinal microbiota and exposure to pollutants** are also likely to be contributing factors. Early life exposures and events are also important, including those that occur before birth and even before gestation. **Six prenatal risk factors for obesity have been identified**: maternal smoking, maternal diabetes or excess weight, excessive weight gain during pregnancy, fetal growth deficiency or excess, and lower socioeconomic background. The influence of maternal diet on the occurrence of obesity is analysed in particular within the framework of the Elfe study (French Longitudinal Study from Childhood).

**In addition, obesity can be associated with eating disorders** with bulimia and hyperphagia, the causes of which are also multifactorial.

#### ☐ **To reduce these risks, lose weight!**

Regular physical activity and weight loss is recommended in all patients who are obese or overweight.

- A minimum of 150 minutes of moderate activity per week (or 75 minutes of intense activity) is the goal.
- The recommended weight loss is 5% of the starting weight per year, with maintenance of this weight loss over time. **This weight loss can only be successful in the long term**: the reduction in body fat is then more important.

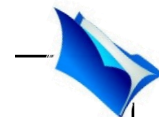
**Some personal testimonials :**

- A patient who spends eight hours in front of his screen says: "Since I started swimming, I don't have any back pain anymore."
- A nurse says, "I've lost 20 pounds and my knees don't hurt anymore."

**A few tips to limit weight gain**

- Be happy,
- Revisit your way of thinking and living with soothing food,
  - Not dieting for life,
- Move more: walk 30 min / day and reconnect with your body
  - Try not to snack between meals,
- Eat a variety of things especially vegetables, fruits, fish, lean meat,
  - Drink water regularly throughout the day : 1.5L / day





- Please yourself and compensate by making the next meal lighter,
- Read the labels: watch out for sugars in soft drinks, salt content in ready meals, and fats.
- Eat your meal in a quiet environment, without distractions (Television, video games...)

☐ **Ideal weight, excess weight, obesity? Let's find out**

The clinical diagnosis of obesity involves the calculation of **body mass index (BMI)**, a method that remains to this day a simple way of estimating an individual's fat mass. The BMI is **the weight (in kg) divided by height in metre squared**. According to the classification of the WHO (World Health Organization), we speak of an overweight when the BMI is greater than 25 and obesity when it exceeds 30. In children, you should refer to the growth charts in the medical records.

BMI (in kg/m <sup>2</sup> )	WHO Classification
Less than 16.5	Undernutrition
Between 16.5 and 18.5	Underweight
Between 18.5 and 25	Reference value
Between 25 and 30	overweight
Between 30 and 35	Moderate obesity
Between 35 and 40	Severe obesity
Beyond 40	Extreme obesity

**However, one must remain wary when reading this table:** for the same BMI, the body composition and distribution of adipose tissue can indeed vary from one individual to another with varying risks of complications. Also, some individuals, such as elite athletes, may have a high BMI without having excess fat.

Another criterion is also taken into account to assess whether a patient is obese: **waist-circumference**. Excess fat mass in the abdominal region (fat around the viscera) is indeed associated with an increased risk of diabetes and cardiovascular problems, but also of certain cancers, independently of BMI. When the waist circumference is greater than 100 cm in men and 88 cm in women (outside pregnancy), it is called **abdominal obesity**.

**III. Metabolic disease (diabetes, cholesterol...): obligations and constraints**

The issue of **metabolic disease** is central nowadays. It is also important to note that coronary heart disease, stroke and diabetes are closely related. In fact, a new concept has emerged in recent years: the **metabolic syndrome**.

☐ **Insulin resistance and diabetes**

There are different types of diabetes.

- **Type 1 diabetes** is an **autoimmune type** of diabetes characterized by progressive destruction of insulin-producing cells in the pancreas. It occurs most often in childhood. The body no longer makes insulin, so the patient will need regular insulin injections to compensate.
- **Type 2 diabetes** is an induced diabetes that develops as a result of the development of insulin resistance. It is a type of diabetes that mostly affects adults and is most often caused by a **poor lifestyle**. The exponential development of junk food in recent decades, combined with a decline in physical activity levels, has largely contributed to the development of this pathology, even among children in recent years. This type of diabetes can be cured with medication and better lifestyle habits.





### The insulin resistance process

After ingesting a meal containing carbohydrates, the pancreas secretes **insulin** into the bloodstream. Insulin behaves like a key that binds to the cell receptor (lock) and allows glucose to enter the cell. Glucose present in the blood can then enter the muscle or liver for energy production; or the adipose tissue for storage (conversion of glucose into triglycerides).

But when **insulin resistance** develops, due to an unbalanced diet, lack of physical activity, stress or genetic factors, sugar accumulates in the blood and causes **hyperglycaemia** (blood sugar above 1.10g/l). As a result, insulin production is stimulated. Since locks malfunction or are saturated with excess insulin, **hyperinsulinism** (insulin levels above 5 µU/mL) is observed. Gradually, insulin production is depleted and **diabetes** sets in.

### ☐ Diabetes and professional life

A person diagnosed with diabetes is faced with many upheavals in his or her daily life. They have to adapt their diet, activities and treatment and reorganize their daily life. In addition to this personal aspect, the person with diabetes must also learn how to relearn how to handle his or her life and professional environment.

#### ● The risks of hypoglycemia

**Hypoglycemia** can occur in certain situations when you are under hypoglycemic antidiabetic treatment (treatment that lowers blood sugar levels) because of :

- skipping a meal or eating a lighter meal than usual;
  - more intense physical activity;
    - stress ;
    - or fatigue.

It can usually be corrected as soon as the first symptoms appear by "**sugaring up**".

On the other hand, **severe hypoglycemia** can lead to more serious symptoms such as **reduced alertness**. For this reason, **some positions are counter-indicated in some types of diabetes**. This is the case for :

- building trades;
  - working on dangerous machines or at heights ;
    - alone.

#### ● The part played by other people in the workplace

There is no obligation to inform your employer or co-workers that you have diabetes. However, **it is a good idea to talk to someone you work with** and trust. Explain how they can help you if you need it:

- reassure you ;
- help you « sugar up » ;





- contact a health care professional if necessary; then tell him or her where to easily find your doctor's telephone number and emergency numbers.

In the event of severe hypoglycemia in the workplace, for example, this person can act according to the explanations you provide. It is also advisable to carry a list of the treatments you are taking with you at all times.

People with diabetes can apply for disabled worker recognition. This status does not only apply to visible disability, but also to all chronic illnesses that cause fatigue, adverse effects related to treatment or repeated sick leave. These situations can hinder working life or job search.

#### ☐ **Cholesterol and dyslipidemia**

**Cholesterol** is a very useful lipid since it is a **component of our membranes** and is the **precursor of various essential elements** such as **vitamin D**. We should therefore not be afraid of it. And even what we are used to wrongly call bad cholesterol, LDL Cholesterol, is indispensable for life.

Triglycerides are also extremely important because they allow the fatty acids that constitute them to enter into our energy metabolism and the storage of lipids.

The classic blood tests focus on the **distribution of the different lipid levels in the blood**. **Dyslipidemia** is an anomaly in this distribution.

Several factors can lead to **dyslipidemia** such as **poor lifestyle, genetic factors, stress...**

Dyslipidemia is also often a **sign of disrupted regulatory mechanisms**. For example, dietary cholesterol is often only a small part of the excess cholesterol. Indeed, we produce the majority of it and when the mechanisms fail, the levels increase, even without food intake.

In fact, what we must apprehend is the formation of **atheromatous plaques** (lipid plaques on the walls of the arteries), which are the cause of **atherosclerosis**, leading in case of detachment of the plaques to heart attacks and strokes.

Contrary to popular belief, dyslipidemia is not caused by this process alone. Indeed, if blood lipids can accumulate in the walls of our vessels, it is because initially, the vessels in question are damaged by oxidative stress: stress, free radicals, tobacco, hypertension...

By using a cholesterol lowering **treatment**, you will reduce your risk of coronary heart disease, heart attack, stroke and many other disorders.

A **healthy lifestyle** is still the best protection against high cholesterol. It's a way to arm yourself against other risk factors that can increase your risk of developing heart and blood vessel disease. The following suggestions may help guide your first steps towards starting a high cholesterol treatmentL :

- have a diet low in saturated fat and cholesterol;
- eat a wide variety of vegetables, whole grains, fruits, nuts, and seeds;
  - have a healthy diet
- do more physical activities (exercise for at least 150 minutes a week of moderate to high intensity activity);
  - maintain a healthy weight;
  - limit your alcohol consumption

#### ☐ **The metabolic syndrome or polymetabolic syndrome**



In recent years, the concept of **polymetabolic syndrom** has emerged. In fact, **diabetes, dyslipidemia and obesity** often share common features and diagnostic criteria for metabolic syndrome have been established including biological markers and clinical data: blood glucose, blood pressure, HDL-cholesterol, triglyceride levels, waist circumference.

☐ **Support at hand regarding metabolic diseases**

**Hygienic and nutritional care** based on the most recent scientific knowledge is essential, **whether or not one is treated with medication**.

Moreover, when treated with medication, certain side effects can be limited by using targeted micronutritional support.

☐ **Activity sheet 7 : ADAPTING YOUR DIET TO YOUR ACTIVITY**





1. Indicate under each scenario below the activity or condition that results in energy cost. (source Nathan)

*Suggestions: Domestic tasks, fighting against cold, illness, sport, organ function...*














2. Enter below beside each type of energy the letter(s) of the above situations that match them. (source Nathan)

- Electrical energy enabling body functions :
- Mechanical energy :
- Thermal energy :




**3. Link each plastic need below with the corresponding fact.. (source Nathan)**Repair need       **FACT 1**

The body of a 2-year-old child is made up of 30,000 billion cells (60,000 billion cells in the case of an adult). Until the age of adulthood, he will still have to build 30000 billion cells.

Building need       **FACT 2**

Skin heals after a wound. New bone cells help repair bone after a fracture..

Regeneration  
need       **FACT 3**

The red blood cells are renewed continuously, their life span is approximately 120 days. Skin cells are renewed every 3 to 4 weeks, intestinal cells every 3 to 5 days. Hair grows about 1cm a month





1. Indicate under each scenario below the activity or condition that results in energy cost. (source Nathan)

*Suggestions: Domestic tasks, fighting against cold, illness, sport, organ function...*



Sport



Domestic tasks



Illness



Organ function









Fighting against cold

2. Enter below beside each type of energy the letter(s) of the above situations that match them. (source Nathan)

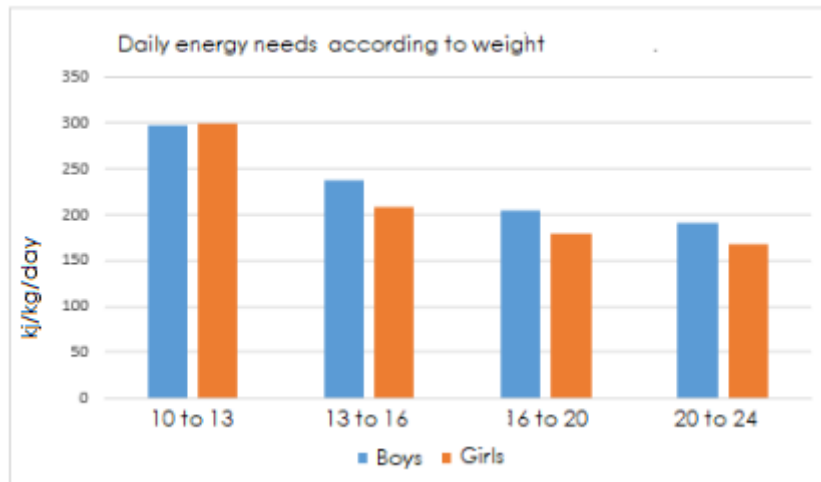
- Electrical energy enabling body functions : E
- Mechanical energy : A et B
- Thermal energy : D et C



**3. Link each plastic need below with the corresponding fact.. (source Nathan)**

Repair need			<b>FACT 1</b> The body of a 2-year-old child is made up of 30,000 billion cells (60,000 billion cells in the case of an adult). Until the age of adulthood, he will still have to build 30000 billion cells.
Building need			<b>FACT 2</b> Skin heals after a wound. New bone cells help repair bone after a fracture.
Regeneration need			<b>FACT 3</b> Haematies or red blood cells are renewed continuously, their life span is approximately 120 days. Skin cells are renewed every 3 to 4 weeks, intestinal cells every 3 to 5 days. Hair grows about 1cm a month





1. Based on the graph above, list three factors that affect daily energy needs (source Nathan)

- 
- 
- 

2. Calculate your energy needs according to the table below. (source Nathan) :

### My energy needs

I am \_\_\_\_\_ years old.

I am a female → I am a male →

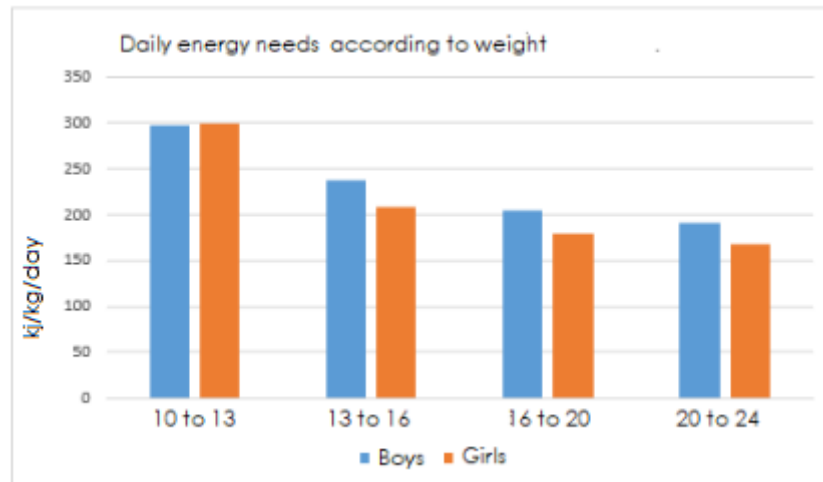
II I weigh : \_\_\_\_\_ kilogrammes.

☞ I need : \_\_\_\_\_ kJ/kg/day.

My average 24-hour energy needs are: II x ☞ = kilojoules.

3. Tomorrow you have planned to run for an hour. Will your energy needs be the same as today? (source Nathan)





1) Based on the graph above, list three factors that affect daily energy needs (source Nathan)

- a. Sex
- b. Age
- c. Weight

2) Calculate your energy needs according to the table below. (source Nathan)

### My energy needs

I am \_\_\_\_\_ years old.

I am a female → I am a male →

II I weigh : \_\_\_\_\_ kilogrammes.

☞ I need : \_\_\_\_\_ kJ/kg/day.

My average 24-hour energy needs are: II x ☞ = kilojoules.

3) Tomorrow you have planned to run for an hour. Will your energy needs be the same as today?  
(source Nathan)

No, they won't because physical activity requires extra energy





1) In how many groups does the food we eat every day fall into?

- ☐ 10 groups
- ☐ 7 groupes

What is the name of the nutrients that act as a heat regulator for the body?

- ☐ Lipids
- ☐ Carbohydrates

Which food group consists mainly of meat?

- ☐ Carbohydrates
- ☐ Proteins

More commonly referred to as sugar, what is this food group?

- ☐ Carbohydrates
- ☐ Fibers

Which group regulates intestinal transit?

- ☐ Fibers
- ☐ Vitamins

They serve as a "booster" for our body. It is the group of the...

- ☐ Vitamins
- ☐ Minerals

They are essential for the construction and repair of bones, they are the ...

- ☐ Lipids
- ☐ Minerals

What is the vital dietary element for life?

- ☐ Water
- ☐ Air

They are necessary for the construction and repair of bones, they are the ...

- ☐ Lipids
- ☐ Minerals

What is the nutritional component essential for life?





- ☐ Water
- ☐ Air

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They are essential for the construction and repair of bones, they are the ...

- ☐ Lipids
- ☒ Minerals

What is the nutritional component essential for life?





☒ Water

☐ Air

**Breakfast**

From a cereal nutrition facts label

	Per 100 g of Crousties	30 g serving +125g semi-skimmed milk
Calories	380 kcal (1 600 kJ)	170 kcal (700 kJ)
Protein	5 g	6 g
Carbohydrate of which sugars	88 g	32 g
starch	42 g	18 g
Fat	46 g	14 g
of which saturates	0,6 g	2 g
	0,1 g	1 g
Fiber	2 g	0,6 g
Sodium	0,6 g	0,25 g
Vitamins	(% RDA)	(% RDA)
B1	1,2 mg (85 %)	30 %
B2	1,3 mg (80 %)	40 %
B6	1,7 mg (85 %)	25 %
B9 (folic acid)	167 µg (85 %)	25 %
B12	0,85 µg (85 %)	55 %
PP	15 mg (85 %)	25 %
Minerals		
Calcium	453 mg (55 %)	25 %
Iron	7,9 mg (55 %)	15 %
Phosphorus		15 %

From a full fat milk rich in vitamin D nutrition facts label

Ingredients: full fat milk, vitamin D

NUTRITION FACTS per 100 ML (conformément au décret N° 93-1130 du 27/09/93)

protein	3,2 g	% RDA per 100 ml
sugars	4,8 g	15 %
fat	3,6 g	15 %
Calcium	120 mg	
vitamin D	0,75 µg	

\*RDA: Recommended daily

Calories in sugar  
Per 100g of sugar : 1672 kJ

Calories in orange juice  
Per 150g of oranges : 250 kJ

**DOCUMENT 6**

8. Look on the cereal nutrition fact label ( DOCUMENT 6) and indicate:

- The sources of energy:
- The structural or mechanical sources :
- Energy intake per 100 g :

9. Calculate the energy intake per 100 ml of milk by referring to the essential notions and DOCUMENT 6.

10. Calculate the energy intake for this breakfast using **DOCUMENT 6**.

Breakfast	Energy intake
250 ml of milk	
60 g of cereals	
10 g of sugar	
150 g of orange	
	<b>TOTAL</b>

11. Name breakfast items that are also sources of water.

12. Breakfast should provide a quarter of the daily energy intake, which is on average 12,000 kJ for a teenager. Calculate whether this breakfast provides sufficient energy. Justify your answer.





**Breakfast**

From a cereal nutrition facts label

	Per 100 g of Crousties	30 g serving + 125g semi-skimmed milk
Calories	380 kcal (1 600 kJ)	170 kcal (700 kJ)
Protein	5 g	6 g
Carbohydrate of which sugars	88 g	32 g
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Calcium	453 mg (55 %)	25 %
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From a full fat milk rich in vitamin D nutrition facts label

Ingredients: full fat milk, vitamin D

NUTRITION FACTS per 100 ML (conformément au décret N° 93-1130 du 27/09/93)

protein	3,2 g	% RDA per 100 ml
sugars	4,8 g	
fat	3,6 g	
Calcium	120 mg	15 %
vitamin D	0,75 µg	15 %

\*RDA: Recommended daily

Calories in sugar

Per 100g of sugar : 1 672 kJ

Calories in orange juice

Per 150g of oranges : 250 kJ

**DOCUMENT 6**

6. Look on the cereal nutrition fact label ( DOCUMENT 6) and indicate:

- The sources of energy : **carbohydrates and fats.**
- Structural or mechanical sources : **proteins, calcium and phosphorus.**
- Energy intake per 100 g : **1600 kJ.**

7. Calculate the energy intake per 100 ml of milk referring to the essential notions and DOCUMENT 6.

$$(3,2 \times 17) + (4,8 \times 17) + (3,6 \times 38) = 272,8 \text{ kJ.}$$

8. Calculate the energy intake for this breakfast using DOCUMENT 6.

Breakfast	Energy Intake
250 ml of milk	1400 kJ
60 g of cereals	
10 g of sugar	167,2 kJ
150 g of orange	250 kJ
	<b>TOTAL 1817,2 kJ</b>

9. Name breakfast items that are also sources of water.

**Sources of water intake are milk and orange juice.**

10. Breakfast should provide a quarter of the daily energy intake, which is on average 12,000 kJ for a teenager. Calculate whether this breakfast provides sufficient energy. Justify your answer.





*12 000/4 = 3 000 kJ. No, the breakfast doesn't provide enough energy.*

**Beforehand** : Ask participants to bring at least 2 labels of food products (ready-made meals, canned, frozen, fresh products...).

**Ask each participant to analyze 2 different food nutrition labels:**

- Identify the different food groups
- Differentiate between animal and vegetable fats, animal and vegetable proteins, vitamins and minerals...

Draw a conclusion on the balance of these products.





**Make the candidates reflect on the menus of the week**

- in the canteen: how the meals of the week complement each other to achieve a nutritionally balanced week.
- Continue the discussion on meals at home and get them to think about the creation of extra menus.





## EATING HABITS AND BEHAVIOURS

**Objective:** list the factors that influence eating behaviours and habits.

The evolution of food consumption has been very rapid over the last 30 years. Nowadays, food is comprised of industrially processed foods, whereas in the past it used to be mainly cereals, products of agricultural origin. Not only the type of food has changed but also the quantities consumed. What are the consequences?

**1) Using the list below, Appendix 1 and your experience, complete the following table with examples of factors affecting eating behaviour.**

Family habits, fast food, custom, choice (vegetarian...), mad cow disease, swine flu, bird flu, development of ready-made meals, more microwave ovens, more pastries and sweet products, fast food, age, dietary diseases, nibbling, diets, Religions, country of residence, geographical origin, pre-prepared meals, decaffeinated coffee, products with sweeteners, etc.

FACTORS	EXAMPLES
Industrial development	
Cultural factors	
Sociological factors	
Economic factors	





2) Explain the positive and negative sides of the new habits of the French by answering on a separate sheet of paper. You will use the text below to help you:

### **The new eating habits of the French**

Ifop Survey- Dimanche Ouest France • October 20, 2000

#### **The market is still going strong**

When asked to express their preference between food products from the market and frozen dishes, 76% of French people say they prefer to shop at the market, where you can find better quality products and a greater choice. Only 22% of the French prefer buying frozen dishes, attracted by their shelf life or ease of use.

Among the French who responded that they prefer market products over frozen products, the most unanimous are women (79% compared to 71% for men) and older people (79% of those over 65 years old compared to 71% of those under 35 years old). We can also notice a very strong divide according to the socio-professional category: while 80% of workers prefer market products, only 58% of self-employed workers and managers do so. In addition, the South-East and the Paris region seem to be the regions most familiar with frozen dishes (29% of responses for the Paris region and 25% for the South-East).

#### **The evolution of eating behaviour: differences more or less pronounced**

More and more people like to prepare their own food. When the French are asked if they cook for themselves more or less often than before, 57% say they do it more and more, compared to 24% who say they don't and 18% who don't see any change.

#### **The French also know how to appreciate the festive aspect of the meal.**

When it comes to gauging the frequency with which they invite their friends to dinner, the French are divided: 42% feel they invite their friends to dinner more often than they used to, compared with 41% who think differently. There again, the generational divide is the strongest. This is particularly striking when comparing the results for the youngest (72% among 18-24 year olds) with those for the oldest (14% among those over 65). There is also a socio-professional divide: 48% of self-employed professionals and senior managers and 56% of intermediate professions admit to having friends over for dinner more often.

The habit of having big family meals is clearly disappearing: 51% of French people admit to having them less often than before, 27% more often and 22% do not see any change. It should be noted that 44% of 18-24 year olds say they have more big family meals, which confirms the strong attachment to family values often expressed by this generation.

#### **Fast food no longer has the same appeal for most French people.**

**The visits to fast-food restaurants remained unchanged for 29% of people** surveyed, increased for only 22% and decreased for 44% of them. The youngest participants stand out by being more numerous than their elders to estimate that they go to fast food restaurants less





often (47% of 18-24 year olds, 58% of 25-34 year olds). Has the fashion for exotic cuisine gone out of style?

Even though 36% of French people feel that they have not changed the frequency at which they go to "exotic" restaurants, 40% feel that they are not going as often, as opposed to only 18% who believe that they are going more often. This surprising finding masks marked differences according, once again, to age and socio-professional category. While 18-24 year olds are increasingly curious about exotic foods (35%), those over 65 are increasingly reluctant (5%).

### **The dishes we prefer cooking**

83% of French people prefer cooking traditional French dishes, compared to 14% who prefer preparing exotic dishes. Those who prefer to cook exotic dishes are rather young (18% among the under 35s), well-off (24% among self-employed professionals and senior managers) and have a high level of education (18% among the under 35s).

### **Buying "organic" food**

56% of French people have already had the opportunity to buy "organic" food compared to 44% who have never done this before. Among these 56%, only 8% of French people buy organic food very often, while 25% admit to buying it occasionally and 23% rarely. There is therefore a very clear division between, on the one hand, consumers who are more or less accustomed to buying "organic" food and, on the other hand, consumers who are still resistant to this new trend.




**ANSWER**

FACTORS	EXAMPLES
Industrial development	Food industries: ready meals, more microwave ovens, more sweet pastries, pre-prepared meals, decaffeinated coffee, products with sweeteners, etc.
Cultural factors	Religions, country of residence, geographical origin, custom, choice (vegetarian)
Sociological factors	Family habits, fast food, age, dietary diseases, snacking, diets, nutritional diseases, dieting
Economic Factors	Economic crisis, unemployment, managers and workers, mad cow crisis, swine flu, bird flu, drought, retail distribution power.





## The importance of diet.

Aurélié, 15 years old, 1.68 m, 73 kg is in Aesthetic Training. During a four-week period of workplace training, she agreed to move away from her home. There is no restaurant in the company and eating in the cafeteria is too expensive. So she chose the picnic and the sandwich or hamburger option. In her last visit, the doctor warned her about the risks of being overweight, such as diabetes, high blood pressure and high cholesterol.

### Activity 1 : Analyse the situation

What's the problem? Tick the problem facing Aurelie uel est le problème posé ?

- ☐ How to organize her lunch break?
- ☐ How to be accepted by others if you are overweight?
- ☐ How can you eat at your training place without aggravating the problem of being overweight?

What is the situation?

Aurélié's chosen restauration mode :

Overweight-related diseases :

### Activity 2 : Using your knowledge - Eating habits

#### French eating habits.

The evolution of French eating habits is linked to many factors, namely the development of women's work, the industrialization of food, work constraints, the prominence of leisure activities, the growth of mass distribution, distance from home, ever increasing urbanization, budget constraints, and changes in lifestyle patterns. The traditional meal is giving way to new consumption trends.

List three factors that change eating habits.

- 
- 
- 

After doing some research, tell Aurélié about the following illnesses associated with excessive food intake:

- Diabetes :





- Hypertension :
- Hypercholesterolemia :

## Assessing your weight

Body Mass Index Calculation	$\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height}^2 \text{ (m)}}$		<b>Analysis</b> BMI < 20 : Underweight 20 < IMC < 25 : Ideal weight 25 < IMC < 30 : Overweight 30 < IMC : Obesity
	Example : BMI = $\frac{60}{1,60 \times 1,60} = 23,44$		




Using the information you have on Aurélie in the first description, complete Aurélie's BMI table.

Aurélie's Body mass index	Comments

## Activity 3 : What the body needs are








### The food intake

This is the amount of food an individual must consume in 24 hours to be healthy. It depends on the needs and expenditures of the body.

The main roles of food nutrients.				
Growth Maintenance	Energy			Functioning
	Muscular	Thermic effect	In case we need it	
				
Proteins, calcium	Carbohydrates	Lipids	Proteins	Water, vitamins, minerals, fibers





Energy expenditure						
Teenagers 13 to 14 years old	Sedentary behaviour	Moderate Activity	Vigorous Activity	Pregnancy	1 hour sport	0°C
						
(G) 12 100 kJ/h (F) 10 400 kJ/h	(H) 8 800 kJ/h (F) 7 500 kJ/h	(H) 13 000 kJ/h (F) 8 400 kJ/h	(H) 14 600 kJ/h (F) 10 900 kJ/h	9 000 kJ/h	2 200 kJ/h	12,6 kJ/h

The expenditure must be compensated by dietary energy intake.

The energy intake necessary to cover the total energy expenditure must be spread equitably throughout the day: 25% at breakfast, 30% at lunch, 15% at snack time and 30% at dinner.

Fill in the following table from the previous tables.

Three needs our body has	
Four factors that affect dietary needs	
Three food sources of energy	
A unit of measurement for the energy value of food	
Aurelie's daily energy needs	
Aurelie's lunch energy intake (in kJ).	
Energy expenditure for an hour of sport.	





## Activity 4 : Balanced menus

### A balanced diet

Foods are classified into groups according to their main nutrients. For a balanced diet, foods from these six groups must be consumed every day. Carbohydrates must cover 55% of energy intake, lipids 30% and proteins 15%.

Food Groups	1	2	3	4	5	5bis	6
	Meat fish eggs	Dairy products	Fat	Sugar starchy food	<b>Crudités:</b> raw fruit vegetables	<b>Crudités:</b> vegetables, cooked fruits	Drinks
<b>Main contribution</b>	Proteins	Proteins Calcium	Lipids	Carbohydrates	Vitamins Minerals Fibers	Vitamins Minerals Fibers	Water
<b>Food Examples</b>	Rabbit, chicken, whiting, tuna	Milk, yogurt, cheese, ...	Butter, oil,...	Rice, chocolate, bread, cereals	Carrots, apples,...	Cooked beets, compote	Tea Coffee
<b>Main need</b>	building	building	<b>energetic</b>	<b>Energetic</b>	functional	functional	functional

Complete the following table by ticking the identified food groups. Add up the totals, then write down the mistakes Aurelie made.

Food Groups	1	2	3	4	5	5bis	6	Energy intake in kJ
<b>Menu</b>	Meat fish eggs	Dairy products	Fat	Sugar Starch	<b>Crudités</b> : raw fruit vegetables	<b>Crudités:</b> vegetables, cooked fruits	Drinks	
Breakfast: 7 slices of bread with butter, coffee and sugar								
<b>Nibbling in the morning:</b> 1 chocolate bar								
<b>Lunch:</b> hamburger, chips								
<b>Coke (33cl)</b>								
<b>Afternoon snack:</b> 2 chocolate pancakes, soda								
<b>Total : nb of ticks/column</b>								








## Identified Errors

### Activity 5 : Food choices

Give Aurélie four tips on how to have a balanced diet and not aggravate her overweight problem.

- 1.
- 2.
- 3.
- 4.

Of the following three picnics, circle the one you think is best for Aurelie's problem.

		
<b>Coke + Tuna Sandwich:</b> bread, salad, tomato, mayonnaise, tuna	<b>Yoghurt + Compote + water + salad niçoise:</b> rice, tuna, eggs, tomatoes, oil, vinegar	<b>Camembert + chocolate éclair + orange juice + mixed salad:</b> pasta + chorizo + eggs + oil + vinegar

Justify your answer.

### Activity 6 : Nutrition and working in shifts

Shift work (work with staggered working hours) affects 12.5% of employees, according to the Ministry of Labour, and is the cause of great irregularity in the diet. On the digestive system, the sensation of hunger occurring unexpectedly is responsible for gastrointestinal disorders: heartburn, diarrhoea, constipation.



## ACTIVITY SHEET: 7. ADAPTING YOUR DIET TO



Shifting mealtimes, snacking, and excessive amounts of sugar and fat lead to weight gain, an increase in blood cholesterol, fatigue and stress, and reduced performance and vigilance.

Changing eating habits is a long-term process: List 3 examples to illustrate lifestyle changes.

- 1.
- 2.
- 3.

Indicate the disorders caused by disorganized eating.

Physical Disorders:

Mental disorders:

Specify the measures that should be taken to avoid them.

<i>Individual measures</i>	<i>Collective measures</i>

### Activity 7 : Nomad catering

Lunch break: it's much more than just eating. Consumers are looking for a way to take a break from their workday and give themselves a moment of freedom and pleasure for themselves.

Consumers eat a sandwich and at the same time go window-shopping or go to the library. They have a quick lunch and practice a sport.

This nomadic way of eating limits food intake to 20 minutes and costs between 4 and 6 €.

The vending market is growing strongly and will continue to grow in the coming years. Other distribution channels are also continuing to grow (petrol stations, bakeries, coffee shops, etc.). Although the unemployment rate and the fall in purchasing power are encouraging consumers to choose economical formulas, the time factor is increasingly determining.





***The snacking section of the Yafette supermarket***

***Number of product :*** 300

***Composition:*** water, fruit juice.

*Sandwiches, wraps, chopped fruits in bags*

*Mixed salads in trays, stewed fruit and drinking dairy products, pastries.*

***Special features:*** a sushi and sashimi corner.

***Key figures:*** 500 sandwiches per day, 250 salads sold per day.

***Note:***

*Nomad catering: take-away catering*

***Snacking:*** ready-to-eat snacks

*Sushi, Sashimi : Japanese dishes*

**Identify the functions of the meal break.**

**Indicate the places that offer this type of nomadic catering.**

**Suggest a balanced « snacking » menu.**





## Activity 8 : Eating disorders (source Hachette).

**Bulimia and hyperphagia and anorexia** are the main eating disorders and are mostly found in teenagers and young adults.

Find the definition of the three underlined words by placing them in the appropriate box:

Refusal to eat with an obsession for thinness, which can lead to hospitalization or even death.	Acute attacks of binge eating often followed by vomiting. Obsessive weight gain.	Constant nibbling, excessive food intake. Significant weight gain.
Often, disorders such as depression, anxiety, obsession and low self-esteem accompany these illnesses.		

## Activity 9 : The consequences of nutritional mistakes on health (source Delagrave)

Indicate the dietary error for each of the nine statements listed by writing the corresponding letter below (one letter may be used more than once).

STATEMENTS	ERROR
1 : I add salt to my dishes even before I taste them.	
2 : I never eat breakfast	
3 : I never drink milk, I'm not a baby anymore.	
4 : I don't like fruit, I just eat an apple now and then.	
5 : I love snacking on cookies or cereals in front of the TV.	
6 : I only drink a glass of water with every meal.	
7 : I always have a second helping ...	
8 : I eat sweets on every break.	
9 : green vegetables are for cows, I only eat pasta and rice.	





N°	Dieting error	Short-term consequences	Long-term consequences
<b>A</b>	Poor distribution of the food intake during the day	Hypo or hyper-glycemia (+ or - blood sugar level) fatigue, dizziness, lack of attention.	
<b>B</b>	Excessive food consumption	Digestive problems, vomiting	Weight Gain, Obesity, Cardiovascular illnesses
<b>C</b>	Excessive sugar consumption	Tooth decay, weight gain	Obesity diabetes
<b>D</b>	Excessive salt consumption	Tissues retain water and swell...	Edema in the legs, hypertension
<b>E</b>	Insufficient water consumption	Dehydration, muscle cramps, constipation	Diseases of the urinary and digestive system
<b>F</b>	Insufficient consumption of dairy products		Decalcification, risk of fractures
<b>G</b>	Insufficient consumption of fruit or vegetables	Constipation, vitamin deficiency (insufficient intake of vitamin C... )	Colon Cancer

### **Activity 10 : Collective measures and personal initiatives for good food hygiene (source Delagrave)**

**Tick the appropriate entry in the table below.**

	Personal initiative	Collective initiative
A - Eliminate sweets vending machines in all schools.		
B - Eat a balanced breakfast every morning.		
C - TV commercial "For your health, eat at least 5 fruits and vegetables a day".		
D - Eat one dairy product a day.		
E - National Nutrition and Health Plan (PNNS) aimed at improving the population's eating habits.		
F - Avoid nibbling.		
G - Health message: "For your health, avoid eating too much fat, too much sugar".		
H - Youth Health Plan (YHP) aimed, in particular, at promoting good eating habits.		



**The importance of diet.**

Aurélié, 15 years old, 1.68 m, 73 kg is in Aesthetic Training. During a four-week period of workplace training, she agreed to move away from her home. There is no restaurant in the company and eating in the cafeteria is too expensive. So she chose the picnic and the sandwich or hamburger option. In her last visit, the doctor warned her about the risks of being overweight, such as diabetes, high blood pressure and high cholesterol.

**Activity 1 : Analyse the situation**

What's the problem? Tick the problem facing Aurelie uel est le problème posé ?

- ☐ How to organize her lunch break?
- ☐ How to be accepted by others if you are overweight?
- ☒ How can you eat at your training place without aggravating the problem of being overweightment ?

What is the situation?

Aurélié's chosen restauration mode : the picnic and the sandwich or hamburger

Overweight-related diseases : diabetes, high blood pressure and excess cholesterol

**Activity 2 : Using your knowledge - Eating habits****French eating habits.**

The evolution of French eating habits is linked to many factors, namely the development of women's work, the industrialization of food, work constraints, the prominence of leisure activities, the growth of mass distribution, distance from home, ever increasing urbanization, budget constraints, and changes in lifestyle patterns. The traditional meal is giving way to new consumption trends.

List three factors that change eating habits.

- the development of women's work
- the industrialization of food
- the prominence of leisure

After doing some research, tell Aurélié about the following illnesses associated with excessive food intake:





:

- Diabetes: **excess sugar**
- Hypertension : **excess salt**
- Hypercholesterolemia : **excess fat**

### Assessing your weight

Body Mass Index Calculation	$\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height}^2 \text{ (m)}}$		<b>Analysis</b>  BMI < 20 : Underweight 20 < IMC < 25 : Ideal weight 25 < IMC < 30 : Overweight 30 < IMC : Obesity
	<b>Example :</b> BMI = $\frac{60}{1,60 \times 1,60} = 23,44$		




Using the information you have on Aurélie in the first description, complete Aurélie's BMI table.

Aurélie's Body Mass Index	Comments
BMI = $73 / (1,68 \times 1,68) = 25,8$	BMI $25 < 25,8 < 30$ She is a bit overweight

### Activity 3 : What the needs are








#### The food intake

This is the amount of food an individual must consume in 24 hours to be healthy. It depends on the needs and expenditures of the body.

The main roles of food nutrients.				
Growth Maintenance	Energy			Functioning
	Muscular	Thermic effect	In case we need it	
				
Proteins, calcium	Carbohydrates	Lipids	Proteins	Water, vitamins, minerals. fibers





Energy expenditure						
Teenagers 13 to 14 years old	Sedentary behaviour	Moderate Activity	Vigorous Activity	Pregnancy	1 hour sport	0°C
						
(G) 12 100 kJ/h (F) 10 400 kJ/h	(H) 8 800 kJ/h (F) 7 500 kJ/h	(H) 13 000 kJ/h (F) 8 400 kJ/h	(H) 14 600 kJ/h (F) 10 900 kJ/h	9 000 kJ/h	2 200 kJ/h	12,6 kJ/h

The expenditure must be compensated by dietary energy intake.

The energy intake necessary to cover the total energy expenditure must be spread equitably throughout the day: 25% at breakfast, 30% at lunch, 15% at snack time and 30% at dinner.

Fill in the following table from the previous tables.

Three needs our body has	Structural and mechanical (building)
	Need for energy: to move, to regulate one's temperature
	Need for functioning
Four factors that affect dietary needs	Physical Activity
	Medical condition (diseases)
	Sex and age
	Seasons
Three food sources of energy	Proteins
	Lipids
	Carbohydrates
A unit of measurement for the energy value of food	Kilojoules kJ
Aurelie's daily energy needs	10 400 kJ
Aurelie's lunch energy intake (in kJ).	$10\,400 \times 30\% = 3\,120$ kJ





Energy expenditure for an hour of sport	2 200 kJ
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## Activity 4 : Balanced menus

### A balanced diet

Foods are classified into groups according to their main nutrients. For a balanced diet, foods from these six groups must be consumed every day. Carbohydrates must cover 55% of energy intake, lipids 30% and proteins 15%.

Food Groups	1	2	3	4	5	5bis	6
	Meat fish eggs	Dairy products	Fat	Sugar starchy food	Crudités: raw fruit vegetables	Crudités: vegetables, cooked fruits	Drinks
Main contribution	Proteins	Proteins Calcium	Lipids	Carbohydrates	Vitamins Minerals Fibers	Vitamins Minerals Fibers	Water
Food Examples	Rabbit, chicken, whiting, tuna	Milk, yogurt, cheese, ...	Butter, oil,...	Rice, chocolate, bread, cereals	Carrots, apples,...	Cooked beets, compote	Tea Coffee
Main need	building	building	energetic	Energetic	functional	functional	functional

Complete the following table by ticking the identified food groups. Add up the totals, then write down the mistakes Aurelie made.

Food Groups	1	2	3	4	5	5bis	6	Energy intake in kJ
Menu	Meat fish eggs	Dairy products	Fat	Sugar Starch	Crudités : raw fruit vegetables	Crudités: vegetables, cooked fruits	Drinks	
Breakfast: 7 slices of bread with butter, coffee and sugar			x	Sugar X Starch X			x	2 600 kJ
Nibbling in the morning: 1 chocolate bar			x	Sugar X Starch X				1 500 kJ
Lunch: hamburger, chips	x	x	x	Sugar X Starch X				3 500 kJ
Coke (33cl)							x	58 kJ
Afternoon snack: 2 chocolate pancakes, soda	x	x	x	Sugar X Starch X			x	1 000 kJ
Total : nb of ticks/column	2	1.5	4	Sugar 5 Starch 4			3	8 658 kJ





## CORRIGE - ACTIVITY SHEET: 7. ADAPTING YOUR DIET TO YOUR ACTIVITY

### Identified Errors

- There's too much sugar, fat, starch...
- Not enough raw vegetables, (fruits and vegetables) dairy products, water.

### Activity 5 : Food choices

Give Aurélie four tips on how to have a balanced diet and not aggravate her overweight problem.

1. Eat less fat, less sugar
2. Stop nibbling
3. Eat fruits and vegetables
4. Take part in physical activity

Of the following three picnics, circle the one you think is best for Aurelie's problem.



**Coke + Tuna Sandwich:**  
bread, salad, tomato,  
mayonnaise, tuna



**Yoghurt + Compote + water  
+ salad niçoise:** rice, tuna,  
eggs, tomatoes, oil, vinegar



**Camembert + chocolate  
éclair + orange juice + mixed  
salad:** pasta + chorizo + eggs  
+ oil + vinegar

Justify your answer.

All food groups are covered

### Activity 6 : Nutrition and working in shifts

Shift work (work with staggered working hours) affects 12.5% of employees, according to the Ministry of Labour, and is the cause of great irregularity in the diet. On the digestive system, the sensation of hunger occurring unexpectedly is responsible for gastrointestinal disorders: heartburn, diarrhoea, constipation.

Shifting mealtimes, snacking, and excessive amounts of sugar and fat lead to weight gain, an increase in blood cholesterol, fatigue and stress, and reduced performance and vigilance.





Changing eating habits is a long-term process: List 3 examples to illustrate lifestyle changes.

1. Meals should be taken in a calm, convivial and designated area with a certain amount of equipment (microwave oven, refrigerators, cupboards, etc.). The duration of the break should not be less than 20 minutes.
2. You shouldn't nibble, skip meals, but take the time to sit down to eat. Limit the consumption of sweet products (pastries, sodas, etc.)
3. Keep fit with regular physical activity.

Indicate the disorders caused by disorganized eating.

Physical disorders : gastrointestinal disorders, weight gain, fatigue

Mental disorders : stress, low level of vigilance and performance

Specify the measures that should be taken to avoid them.

<i>Individual measures</i>	<i>Collective measures</i>
Do not nibble Do not skip meals Sit-down while eating Limit the consumption of sweet products Exercise regularly	Dining room equipped with microwave oven Refrigerators Quiet, friendly space Meal time > 20 minutes

### **Activity 7 : Nomad catering**

Lunch break: it's much more than just eating. Consumers are looking for a way to take a break from their workday and give themselves a moment of freedom and pleasure for themselves.

Consumers eat a sandwich and at the same time go window-shopping or go to the library. They have a quick lunch and practice a sport.

This nomadic way of eating limits food intake to 20 minutes and costs between 4 and 6 €.





The vending market is growing strongly and will continue to grow in the coming years. Other distribution channels are also continuing to grow (petrol stations, bakeries, coffee shops, etc.). Although the unemployment rate and the fall in purchasing power are encouraging consumers to choose economical formulas, the time factor is increasingly determining.



***The snacking section of the Yafette supermarket******Number of product :*** 300***Composition:*** water, fruit juice.*Sandwiches, wraps, chopped fruits in bags**Mixed salads in trays, stewed fruit and drinking dairy products, pastries.****Special features:*** a sushi and sashimi corner.***Key figures:*** 500 sandwiches per day, 250 salads sold per day.***Note:****Nomad catering: take-away catering****Snacking:*** ready-to-eat snacks*Sushi, Sashimi : Japanese dishes***Identify the functions of the meal break.**

Allows you to feed yourself, have a break from the work atmosphere, allow yourself a moment of freedom and pleasure, sporting activity.

**Indicate the places that offer this type of nomadic catering.**

Supermarkets, bakeries, vending machines, petrol stations

**Suggest a balanced « snacking » menu.**

Chicken wraps + vegetables + compotes in gourd + yoghurts to drink





### Activity 8 : Eating disorders (source Hachette).

**Bulimia and hyperphagia and anorexia** are the main eating disorders and are mostly found in teenagers and young adults.

Find the definition of the three underlined words by placing them in the appropriate box:

Refusal to eat with an obsession for thinness, which can lead to hospitalization or even death.	Acute attacks of binge eating often followed by vomiting. Obsessive weight gain.	Constant nibbling, excessive food intake. Significant weight gain.
<b>ANOREXIA</b>	<b>HYPERPHAGIA</b>	<b>BOULIMIA</b>
Often, disorders such as depression, anxiety, obsession and low self-esteem accompany these illnesses.		

### Activity 9 : The consequences of nutritional mistakes on health (source Delagrave)

Indicate the dietary error for each of the nine statements listed by writing the corresponding letter below (one letter may be used more than once).

STATEMENTS	ERROR
1 : I add salt to my dishes even before I taste them.	<b>D</b>
2 : I never eat breakfast	<b>A</b>
3 : I never drink milk, I'm not a baby anymore.	<b>F</b>
4 : I don't like fruit, I just eat an apple now and then.	<b>G</b>
5 : I love snacking on cookies or cereals in front of the TV.	<b>B</b>
6 : I only drink a glass of water with every meal.	<b>E</b>
7 : I always have a second helping ...	<b>B</b>
8 : I eat sweets on every break.	<b>C</b>
9 : green vegetables are for cows, I only eat pasta and rice.	<b>G</b>





N°	Dieting error	Short-term consequences	Long-term consequences
A	Poor distribution of the food intake during the day	Hypo or hyper-glycemia (+ or - blood sugar level) fatigue, dizziness, lack of attention.	
B	Excessive food consumption	Digestive problems, vomiting	Weight Gain, Obesity, Cardiovascular illnesses
C	Excessive sugar consumption	Tooth decay, weight gain	Obesity diabetes
D	Excessive salt consumption	Tissues retain water and swell...	Edema in the legs, hypertension
E	Insufficient water consumption	Dehydration, muscle cramps, constipation	Diseases of the urinary and digestive system
F	Insufficient consumption of dairy products		Decalcification, risk of fractures
G	Insufficient consumption of fruit or vegetables	Constipation, vitamin deficiency (insufficient intake of vitamin C... )	Colon Cancer

### Activité 10 : Collective measures and personal initiatives for good food hygiene (source Delagrave)

Tick the appropriate entry in the table below.

	Personal initiative	Collective initiative
A - Eliminate sweets vending machines in all schools.		x
B - Eat a balanced breakfast every morning.	x	
C - TV commercial "For your health, eat at least 5 fruits and vegetables a day".		x
D - Eat one dairy product a day.	x	
E - National Nutrition and Health Plan (PNNS) aimed at improving the population's eating habits.		x
F - Avoid nibbling.	x	
G - Health message: "For your health, avoid eating too much fat, too much sugar".		x





H - Youth Health Plan (YHP) aimed, in particular, at promoting good eating habits.		x
--	--	---

## Assessment

Maé is 19 years old and has just obtained her CAP (Certificate of professional skills) Aesthetic Cosmetic, she wants to work during school holidays. She has put on some curves this summer, for 1.70m her weight is 84 kg. Living in Montpellier Antigone, she finds a job in Lattes in the Auchan shopping area. She takes her car to go to work and her meals are listed below:

### Mae's daily food intake

Meals	Food and Drinks
Breakfast	Coffee 3 sugars Pain d'épices (gingerbread)
Lunch	Chicken and mayonnaise sandwich Chestnut mousse Soda
Dinner	Rice salad with tuna Lasagna bolognaise Camembert Bread Chocolate Beignet

#### 1. Calculate her BMI

BMI =

#### 2. Criticize Mae's food day

There is too much

There are not enough

#### 3. Replace two of the foods in Mae's dinner with two other foods to cut down on her food intake and explain the reasons why you are choosing them.

1

2

#### 4. What recommendations can you give her for physical exercise?





**5. What are the excesses and the consequences of Maé's eating mistakes of the day?**

**Excess :**

**Consequences :**

**6. Give three tips to prevent weight gain**

1.

2.

3.





## Assessment

Maé is 19 years old and has just obtained her CAP (Certificate of professional skills) Aesthetic Cosmetic, she wants to work during school holidays. She has put on some curves this summer, for 1.70m her weight is 84 kg. Living in Montpellier Antigone, she finds a job in Lattes in the Auchan shopping area. She takes her car to go to work and her meals are listed below:

### Mae's daily food intake

Meals	Food and Drinks
Breakfast	Coffee 3 sugars Pain d'épices (gingerbread)
Lunch	Chicken and mayonnaise sandwich Chestnut mousse Soda
Dinner	Rice salad with tuna Lasagna bolognaise Camembert Bread Chocolate Beignet

#### 1. Calculate her BMI

BMI = **BMI = 84 / (1,70 x 1,70) = 29,06. She's overweight.**

#### 2. Criticize Mae's food day

There is too much **sugar and starch**

There are not enough **vegetables**

#### 3. Replace two of the foods in Mae's dinner with two other foods to cut down on her food intake and explain the reasons why you are choosing them.

1 **Lasagna Bolognese by meat and vegetables (steak + green beans)**

2 **Chocolate beignet by a fruit**

**To re-balance the lack of fruit/vegetables of the day.**

#### 4. What recommendations can you give her for physical exercise?

**Park her car just before getting to the mall and walk the rest of the way.**





5. What are the excesses and the consequences of Maé's eating mistakes of the day?

Excess : **Too much sugar, too much starch**

Consequences : **weight gain, risk of diabetes**

6. Give three tips to prevent weight gain

1. **Reduce the sugar content of your food**
2. **Eat fruits and vegetables**
3. **Exercise**





Composition of a balanced meal in a given professional situation + oral





<http://www.recrutons.fr/bonne-alimentation-changer-vie-de-vos-salaries.html>

How can a healthy diet change the lives of your employees?

[https://www.harmonie-prevention.fr/Rub\\_744/menu-haut/alimentation-recettes/equilibre-alimentaire/equilibre-alimentaire-et-travail/restauration-collective-d-entreprise.html](https://www.harmonie-prevention.fr/Rub_744/menu-haut/alimentation-recettes/equilibre-alimentaire/equilibre-alimentaire-et-travail/restauration-collective-d-entreprise.html)

Balanced diet and work

<https://www.cchst.ca/oshanswers/psychosocial/healthyeating.html>

Eat well at work

<https://www.passeportsante.net/fr/Actualites/Dossiers/DossierComplexe.aspx?doc=5-carences-alimentaires-courantes-la-carence-en-calcium>

The 5 most common dietary deficiencies

<https://www.sante-sur-le-net.com/nutrition-bien-etre/nutrition/besoins-energetiques/>

People's energy needs

<https://emploi.handicap.fr/a-interview-emploi-diabete-11290.php>

Diabetes, a workplace disability? Yes and no...

November 14th, 2018 • By Cassandre Rogeret / Handicap.fr

<https://www.ameli.fr/assure/sante/themes/vie-pratique/diabete-vie-professionnelle>

Diabetes and professional life

November 13th, 2019

<https://www.efficium.ch/vos-besoins/cholesterol-diabete-maladies-metaboliques/>

Cholesterol, diabetes and metabolic illnesses

<https://www.inserm.fr/information-en-sante/dossiers-information/obesite>

Understand obesity

<https://www.gros.org/stress-et-alimentation-le-trouble-du-reconfort>





Stress and Eating: The Comfort Disorder

Doctor Jean-Philippe ZERMATI, nutritionist doctor

Last update: 18/05/16 16:23

Discussion Group on Obesity and Overweight.

<https://www.passeportsante.net/fr/Maux/Problemes/Fiche.aspx?doc=troubles-alimentation-douglas-pm-les-causes-des-troubles-de-l-alimentation>

Risk factors for eating disorders (anorexia, bulimia, hyperphagia)

[http://www.officiel-prevention.com/sante-hygiene-medecine-du-travail-sst/service-de-sante-au-travail-reglementations/detail\\_dossier\\_CHSCT.php?rub=37&ssrub=151&dossid=482](http://www.officiel-prevention.com/sante-hygiene-medecine-du-travail-sst/service-de-sante-au-travail-reglementations/detail_dossier_CHSCT.php?rub=37&ssrub=151&dossid=482)

Preventing Eating Disorders at Work

December 2013

<https://www.sante-sur-le-net.com/nutrition-bien-etre/nutrition/besoins-energetiques/>

People's energy needs

*Lucie B., Biologist specialized in E-Health*

Well in my plate, well about myself ...

Meat Information Centre CIV - National Nutrition and Health Programme - Alimentation.gouv.fr

Course Materials (PDF)

**Physiological regulation of eating behaviour**

Collège des Enseignants de Nutrition

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Document created in 2010-2011

**ANFH : KNOWLEDGE ATOM #2 FOOD & WORK: WHAT GOOD RECIPES? June 2015**

**INRA : Eating Behaviour June 2010 Collective Expertise**

[https://www.youtube.com/watch?time\\_continue=240&v=IVxhEigPeL4&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=240&v=IVxhEigPeL4&feature=emb_logo)  
[https://www.youtube.com/watch?v=VWBhtDMkatw&feature=emb\\_logo](https://www.youtube.com/watch?v=VWBhtDMkatw&feature=emb_logo)



## UNIT 3 : Biological rhythm, life balance and sleep

Biological rhythms and health go hand in hand. To support learners so that they become aware of this fact, this module aims at informing and guiding them in the management of their biological rhythm in connection with their professional activities.

How does sleep work ? Mechanism, phases, cycles, pathologies, disorders... What are the functions of sleep, its role? How to facilitate sleep? What are the good habits to have in terms of sleep? What is the right balance between moments of sleep and wakefulness? ...

Indeed, being aware of what biological rhythms are, to manage one's own life balance is essential. What is a biological rhythm? Which balance should you adopt according to your activity? How to ensure restful sleep? How to manage your physical activity? What harmful behavior with regard to sleep, the importance of choosing a regular rhythm ...

These are the issues that will be addressed in this module. The objective of this unit is that the learner adopts in his/her daily life, behaviors promoting his/her good health, in particular concerning life balance. In order to develop their health capital and thus be able to meet the needs inherent to professional activities, the learners will be made aware of the importance of biological rhythms.

Thanks to this module, the learner will be able to identify the behaviors facilitating the management of a stable life balance. A document listing the golden rules in terms of biological rhythm will be created by the learners. This scenario will be based on the daily practices of learners; a sleep diary could be used to ease changes in the habits and current behaviors of learners.

### Summary :

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### Framework of UNIT 3

Unit 3 :	Title : Adopt a relevant biological rhythm, a good life balance and ensure a restful sleep.	ECVET crédit points :
Learning outcomes correspond to EQF level		
<p>Learning outcomes :</p> <p>- Know the biological rhythms to manage one’s life balance (adopt a biological rhythm, ensure a restful sleep, manage one’s physical activity).</p> <p>- Adopt in everyday life, behaviours that promote good health, particularly with regard to life balance, in order to develop one's health capital and thus be able to meet the needs inherent in the work environment.</p> <p>- Identify behaviours that will promote the management of a stable life balance.</p>		
Knowledge	Skills	Competence



Knowledge	Skills	Competence
<p>The learner knows and understands :</p> <p>How sleep works :</p> <ul style="list-style-type: none"> <li>- The notion of biological rhythm (biological, circadian and social clock).</li> <li>- The mechanism and the functioning of sleep (cycles, stages).</li> <li>- The notion of sleep cycles and stages of sleep (light sleep, deep sleep, REM sleep ).</li> <li>- The proportion of different sleep stages varies over the night.</li> <li>- That each individual is a full-fledged sleeper. Sleep is personal and non-standard, (Sleeper profile, "early riser" or "night owl", small or large sleeper, number of cycles and duration of the stages different according to</li> </ul>	<p>The learner is able to :</p> <ul style="list-style-type: none"> <li>- Identify the characteristics of his or her sleep, he or she understands the functioning, the physiological function of sleep, the biological rhythm, the frequency, the number of cycles.</li> <li>- identify his/her lifestyle habits, determine his/her sleep profile through the use of sleep diaries and tools that allow him/her to identify his/her needs, particularly through sleepiness scales.</li> <li>- respect his/her biological rhythm, his/her sleep to be efficient the next day. He or she is able to adjust it according to his or her needs.</li> <li>- Through observation and analysis of his or her sleep, make the link between his or her activity and needs in terms of sleep, rest and recovery.</li> <li>- describe his or her rhythm of life, adapt according to his or her needs, be attentive to the signs of fatigue to</li> </ul>	<p>The learner :</p> <ul style="list-style-type: none"> <li>- Adopts a sleep wake attitude adapted to his or her needs (a rhythm that is consistent with his or her professional, family and social life ; a rhythm according to his/her professional activity and his/her working hours - shifted, posted, at night ... - in order to be in tip top shape.</li> <li>- Adopts a regular and stable rhythm.</li> <li>- He/She takes measures to promote restful sleep. If necessary, he/she establishes a sleep schedule to identify the most favourable moments for falling asleep, at his/her "sleep portals". He/she interprets this agenda and knows how to behave so as not to be sleep-deprived.</li> <li>- He or she can justify changes in biological needs according to different factors (immobility, sedentary life,</li> </ul>



<p>the person, according to age, sex, average sleep time also changes according to the activity.</p> <ul style="list-style-type: none"> <li>- that sleep is also affected by family, professional and social life.</li> <li>- that the biological clock changes as we get older.</li> </ul> <p>The purpose of sleep :</p> <ul style="list-style-type: none"> <li>- the purpose of sleep, physical recovery, mental recovery...</li> <li>- some effects of sleep on biological rhythms (heart rate, breathing, digestion..).</li> <li>- that sleep is a regulator of our vegetative functions (breathing, blood circulation, secretions...).</li> <li>- the specificities and role of the different stages of sleep (recovery, dream ...).</li> </ul>	<p>adjust his or her needs (rest, sleep, activity, attention span, fatigue resistance, lifestyles...)</p> <ul style="list-style-type: none"> <li>- identify the health indicators related to biological rhythms, sleep and physical activity (Breathing, heart rate, digestion, fatigue...)</li> <li>- compare his/her biological rhythm and his or her rhythm dictated by family, professional and social life, which is why he or she adopts a biological rhythm and a rhythm influenced by work that allows him or her to be in tune with the requirements of the activity.</li> <li>- state and apply corrective measures and personal attitudes that promote a good recovery (nap according to needs, regular rhythm of life...)</li> <li>- justify his or her needs in relation to his or her biological rhythm, in terms of rest, nutrition, activity....</li> <li>- identify the impact of his/her environment, lifestyle, activity and internal factors on his/her health (e.g. age, gender, pollution level, working conditions, tobacco consumption, alcohol, food, drug use...)</li> </ul>	<p>physiological state, pathological state, increased activity, lack of sleep)...</p> <ul style="list-style-type: none"> <li>-The trainee opts for regular physical activity, a healthy diet and regular mealtimes, he/she is careful not to become too sedentary.</li> <li>- If his/her sleep quality deteriorates, he/she uses a sleepiness scale to better identify his/her needs (Epworth's scale).</li> <li>- If necessary, he/she uses time management tools to promote his/her own organization and allow himself/herself time for rest.</li> </ul>
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<p>Why sleep well ?</p> <ul style="list-style-type: none"> <li>- the causes and the consequences of sleep disorders. (Physical well-being, Social well-being, Mental well-being).</li> <li>- the benefits of following sleep hygiene rules.</li> <li>- that his/her state of health is linked to his/her sleep.</li> <li>- the need to adopt a regular rhythm to avoid a lack of sleep .</li> <li>- the importance of alternating sleeping and waking times.</li> <li>- that according to his activity, age, lifestyle, working hours, physiological or pathological condition, he/she must respect his/her biological balance.</li> <li>- the consequences of the desynchronization of rhythms on the individual and his/her work life.</li> </ul>	<ul style="list-style-type: none"> <li>- Analyse the effects and the professional and social consequences of the lack of sleep.</li> <li>- Create the right conditions for him/her to fall asleep and wake up .</li> <li>- He/She identifies, if it is the case, his or her sleep disorders.</li> <li>- He/she is able to analyse his/her attitudes, behaviour to adapt his or her sleep needs according to a non-standard activity (shift work or night work, time shift, atypical schedule, time change ...).</li> <li>- He/She can identify a change in his/her activity, sleep behaviour, he/she is able to make behavioural adjustments to compensate for this change.</li> <li>- He/She identifies his or her behavioural errors which have a negative impact on his or her sleep, particularly by assessing the time spent in front of screens.</li> <li>- The trainee can use if needed the application « My Sleep Coach» in order to identify his/her rhythm and his/her</li> </ul>	
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<ul style="list-style-type: none"> <li>- that chronic lack of sleep leads to health risks and a permanent readjustment of the biological clock.</li> <li>- the consequences of lack of sleep on the individual and on his/her professional activity, in the short and long term (Fatigue, insomnia, drowsiness, irritability, lack of concentration, learning disability, memory impairment, mood disorder, delay, risk of obesity, eating disorder, aggressive behaviour, anxiety, stress, depression, decreased motivation, diabetes, weight gain, hypertension, increased risk of accidents, decreased reaction time, decreased sensory perceptions...)</li> <li>- the link between work related stress and sleep (notion of time management, relaxation, breathing exercise, sophrology, relaxation activity, identifying harmful thoughts that cause anxiety ...)</li> <li>- that lack of sleep has consequences on his/her health and activity, work (low attention, drowsiness, decreased efficiency, increased risk of occupational accidents, risk of driving accidents ...)</li> </ul>	<p>needs. He/She can for example identify his/her sleeping profile.</p> <ul style="list-style-type: none"> <li>- He/She lists and adopts good habits to help him/her fall asleep and improve the quality of his/her sleep.</li> </ul>	
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<p>How to sleep better :</p> <ul style="list-style-type: none"> <li>- the ideal conditions for falling asleep. (soundproofing of accommodation, temperature regulation, observance of darkness, appropriate and regularly refreshed bedding, reduction of light stimuli, observance of wake-up and sleep times, avoid dephasing, respect meal times, respect the alternation of darkness/daylight, practice physical and sporting activities, be careful not to delay your wake-up and sleep times, avoid taking alcohol and medication before going to bed, no stimulating activities before going to bed, even smoking, energy drinks and caffeine, soda, tea...)</li> <li>- the good practices (quiet places, protecting yourself from noise, being in the dark, being exposed to light during the day, lowering your body temperature, eating regularly, exercising regularly, sleeping at least 7 hours a night, encouraging calm activities before falling asleep such as reading, drawing, slowing down intellectual activity before falling asleep, arranging a decompression airlock before going to sleep....)</li> </ul>		
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<ul style="list-style-type: none"> <li>- the bad habits like having a mobile, radio, phone, tablet, computer in his/her bedroom, avoid noise pollution, electronic games, internet browsing... <math>\frac{3}{4}</math> French people sleep with electronic devices more than 40% sleep with their phones, avoid a too sedentary lifestyle ...)</li> <li>- the negative impact of new technologies on sleep. Too much light can delay falling asleep. Screens cause sleep deprivation and can lead to chronic sleep deprivation.</li> <li>- the mechanisms and benefits of napping, if the nap is in conformity with some rules (duration 10 to 30 minutes, between 12pm and 3pm...).</li> <li>- that our biological clock dictates resting times and that is why it is important to go to bed at the right time and not to delay falling asleep.</li> </ul> <p>Prevention :</p> <ul style="list-style-type: none"> <li>- some sleep disorders.</li> <li>- that if he/she works during the night, he/she will have a more rigorous medical follow-up (compulsory medical check-up every</li> </ul>		
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<p>6 months), he/she will also have to adapt, adapt his/her sleep, to the shifted schedules, to the time discrepancies. Shifted work schedules must be organized according to certain criteria (fast speed rotation, every 2-3 days, clockwise rotation, meal break, regular rotation, additional rest period ...)</p> <ul style="list-style-type: none"> <li>- the quality of his/her sleep (duration, sleepiness, drowsiness, insomnia, awakening, night awakening ...)</li> <li>- During work, while driving, or during night work, signs of hypovigilance, yawning, stiffness of the neck, tingling eyes, drowsiness ...</li> <li>- sleep disorders that are supposed to warn him/her ( deterioration in the quality of the day, difficulty concentrating, decreased attention, vigilance, decreased performance during the day, mood disorders ...)</li> </ul>		
Performance criteria for the evaluation :		
<p>The learner is able to :</p> <p>Adopt good practices to optimize the quality of his or her sleep (For example, he/she goes to bed when tired, does not shift his/her sleeping or eating hours, adopts a behaviour that helps him/her to fall asleep ...).</p>	<p>Expected outcomes*:</p> <p>The learner adopts a regular waking/sleeping rhythm</p> <p>He/She adapts his/her environment to help him/her sleep .</p>	



<p>Identify the factors that promote sleep, restorative sleep and a balanced life ( Favouring a quiet place, disconnecting from electronic devices ...).</p> <p>Adopt regular lifestyle habits, he/she keeps as much as possible to his/her biological rhythm.</p> <p>The trainee identifies the difficulties he/she has to manage his/her lifestyle, he/ she knows how to change it according to needs.</p>	<p>He/She adapts his/her sleep depending on his/her activity, work, family life and social life.</p> <p>He/She adapts his/her behaviour and lifestyle to help him/her sleep.</p> <p>He/She respects his/her sleeping schedule.</p> <p>He/She pays attention to his/her sleep and knows how to identify a sleep dysfunction that would imply a medical visit.</p>
Number of hours : 20h	
Evaluation methods :	
<p>The trainee could use a sleep diary (sleep duration, sleep quality, insomnia, drowsiness, early awakening, time spent in bed without sleeping...) for a period of one month to identify his/her sleep profile and adopt the necessary remedial measures.</p> <p>The trainee makes a list of a good sleeper's golden rules : know his/her needs, maintain a regular rhythm, adjustment of the waking-up to be refreshed (shower, breakfast, light...), to be attentive to the signs of sleep (heavy eyelids, yawning, stretching, tingling eyes...), avoid stimulants in the evening (Coffee, tea, vitamin C, sodas, cigarettes, caffeine...), avoid eating too much during evening meals and drinking too much alcohol, don't exercise or do a stimulating activity one hour before going to bed , follow rituals to get ready for sleep (reading, herbal tea, relaxation...) to control sleepiness, create a calm environment (separate room, aired, good</p>	



quality bed, temperature around 18-20 °C, avoid visual stimulations (television in the bedroom, light, screen...), audio stimulations (radio, music) or intellectual stimulations, the bed should be a place dedicated to sleep and intimacy.



### Scenario of UNIT 3

#### *EASY HEALTH : Facilitating and maintaining professional integration*

**Objective(s) : Conciliating biological rhythms and rhythms dictated by professional life**

Synthetic presentation of the pedagogical scenario: method, interest, target audience...

During the sequence

- Learners develop their knowledge of the three biological rhythms; ultradian, infradian and circadian.
- Learners assess whether their circadian rhythm (sleep/wake cycles) is in line with the constraints of the world of work;
- Learners know and measure the impact of the desynchronization of sleep/wake alternation on their quality of life and health;
- Learners create a **"tip sheet"** on how to restore a good night's sleep.

Collective and/or individual scenario

Duration : de 6 à 7h

Created by : Brigitte Marcus

Targeted skill(s): at the end of the scenario, the trainee will be able to... implement good practices to reconcile biological rhythms and professional life

Evaluation Criteria and Expected Results : Learners have become aware of the link between sleep, quality of life and adapting lifestyle to the rhythms imposed by working life. The tip sheet created can be replicated and used after the training course.

Evaluation and validation procedure :

- QROC ( Open Short Answer Questionnaire) on the main things to remember (link between sleep disorders, vigilance and impacts on professional life
- Elaboration of a " Tip Sheet" entitled "Sleep, quality of life and work rhythms" co-elaborated in groups



<b>Stages</b>	<b>Time</b>	<b>Step Title</b>	<b>Trainer's tasks</b>	<b>Trainee's tasks</b>	<b>Guidelines</b>	<b>Documents/material</b>
1	15 mn	<i>Presentation of unit 3 Sleep, quality of life and work rhythms</i>	<ul style="list-style-type: none"> <li>-Write and describe the different stages of the day: Alternating between theoretical and practical contents.</li> <li>- Assess the quality and amount of sleep for each participant.</li> <li>- Compilation of a tip sheet to find or restore a good night's sleep.</li> </ul>	Ask the trainer questions	Keep the learners' Expectations flipchart sheets.	Paper-board
2	45 mn	<i>Brainstorming Knowledge of the learners on</i> <ul style="list-style-type: none"> <li>- the 3 biological rhythms</li> <li>- body clock</li> <li>- function of sleep</li> </ul>	<ul style="list-style-type: none"> <li>-List the learners' expectations regarding the training course</li> </ul> <p>Sort all the answers according to their essence in order to exploit them and compare the contents later in the day.</p>	Participate actively in the elaboration of the mental map (Mind Map)	List the learners' knowledge in a Mind Map, giving indications based on the role of sleep and making links with other biological rhythms.	<p>Mind Map of sleep function on white board .</p> <p>Previously consult the scientific websites that explain the function of sleep. ie. in french :  <a href="https://www.solutions-mysommeil.com/a-quoi-sert-le-sommeil.html">https://www.solutions-mysommeil.com/a-quoi-sert-le-sommeil.html</a></p>
3	45 mn	<i>Introduce the learners to the 3 biological rhythms according to their periodicity in a Power Point presentation::</i> <ul style="list-style-type: none"> <li>- circadian rhythms, for a period equivalent to approximately 24 hours;</li> <li>- ultradian rhythms, more rapid in frequency than circadian rhythm, theoretically lasting less than 24 hours;</li> <li>-infradian rhythms, slower in frequency than circadian rhythm, with a period longer than 24 hours; -</li> </ul>	<p>Discuss in a theoretical way the 3 biological rhythms and the link between them:</p> <ul style="list-style-type: none"> <li>- Ultradian</li> <li>- Infradian</li> <li>- Circadian ;</li> </ul> <p>sleep/wake control</p> <p>Focus on sleep, its stages and cycles and make the link between lack of sleep and the</p>	<p>Active listening and note-taking</p> <p>Learners check if they respect the sleep/wake sequence and become aware of the possible discrepancy between their way of life and the balance sought by the biological clock.</p>		<p>Use a " train of sleep " type resource to describe sleep phases and cycles.</p> <p>Ideal duration of a night's sleep: Annex 3</p> <p>-Development of an advice sheet to find or find restful sleep. Annex 6</p>



		<i>ultradian rhythms, with a frequency slower than circadian rhythm, with a period longer than 24 hours; - The notion of internal biological clock: brain and hormonal production and synchronization with the sleep/wake cycle.;</i>	consequences on vigilance, irritability, disruption of the body including the production of nocturnal hormones.			<p>First refer to scientific websites explaining the role of sleep Ex. In French: <a href="https://www.solutions-mysommeil.com/a-quoi-sert-le-sommeil.html">https://www.solutions-mysommeil.com/a-quoi-sert-le-sommeil.html</a></p> <p>Use a typical tool "sleep train" to describe phases and cycles of sleep Graph 1 or 2: Annex 1</p> <p>What is sleep for? Annex 2 Focus on dreams: Annex 1 continued Ideal sleep duration: Appendix 3</p>
4	15mn to 30mn	<i>Video on the influence of light on falling asleep</i>		Learners watch the video and then comment on it based on their personal experiences.	Respect learners' free speech	Provide a video explaining the link between light and falling asleep in order to explain the alternation between sleep and wakefulness ; Sleep: ie. on the Inserm website; video on the subject - Chronobiology
5	60 mn	<i>Present and explain all the disruptors of the sleep/wake cycle.</i>	<p>Start from the explanatory video - chronobiology - watched in sequence 3 to highlight the link between falling asleep and visual stimuli. (1st cause of late bedtime)</p> <p><b>Then list and explain the</b></p>	As they go along, ask the learners to note down all the elements that may disturb their sleep, they write them down on an anonymous sheet dedicated to this purpose.	To create their "Tip Sheet", the trainer has prepared a two-column sheet (nothing is written in the right-hand column, which will be used again for giving advice in the following sequence) in which the learners list the	Sheet "What prevents you from getting enough sleep to be well refreshed" This sheet can be handwritten or in the form of a wordprocessed document depending on the possibilities offered by the training body.



			<p><b>disruptors that originate from</b></p> <ul style="list-style-type: none"> <li>- lifestyle habits: use of all types of screens, late meals, playing sports in the evening, alcohol and psychoactive substance consumption, etc.</li> <li>- in social life: repeated night outings, sharing alcohol and psychoactive substance, etc. (disruptors which can be altered by the learner)</li> </ul> <p><b>Then</b></p> <ul style="list-style-type: none"> <li>- in family life, (young children, financial problems, etc.).</li> <li>- in environmental factors, (noise, light, temperature, design and location of the accommodation,</li> </ul> <p><b>Then</b></p> <ul style="list-style-type: none"> <li>- <b>Working hours and work rhythms: staggered working hours, shift work; 2/8 or 3/8 or specific jobs (bakers, delivery men, etc.).</b> (Which are beyond the individual control of the learners on the sleep/wake cycle).</li> </ul>	<p>Learners calculate their respective sleep periods and assess whether they have a "Sleep Debt ".</p>	<p>factors that disrupt the sleep/wake cycle, using key words.</p>	<p>Take the previous sheet "What keeps you from getting enough sleep to be refreshed" and use the right-hand column Tips relevant to the situation.</p> <p><b>Learners leave the course with the tip sheet that has been compiled together in the form of a printed booklet or a digital file.</b></p> <p>Ischikawa diagram; cause and consequence tree.</p>
6	30 mn per learner	<i>Individually elaborate a "Tip Sheet" 'Getting a good night's sleep'.</i>	The trainer asks the learners to provide each sleep disrupter with one or more tips for dealing with it.	The learners go back to the sheet where they have recorded the key words of the sleep disrupters and suggest	The trainer goes round each learner to help him or her find one or two solutions for situations where sleep is	Paper or digital evaluation questionnaire



				one or more tips to overcome each sleep disruption scenario.	disturbed	
7	45 to 60 mn	<i>Pooling of the ‘‘Tip sheet’’</i>	The trainer reviews the individual sheets with the disruptive factors of a restful sleep and their related tips.	Learners share the content of their work.	<p>The trainer synthesizes what the learners have said on the board. He/she adds to it if necessary.</p> <p>Do not omit the benefits of a short nap (about 20 minutes so as not to fall into a deep slow sleep) for learners with staggered working hours.</p>	
8	60 mn	<i>Risk-based approach; what are the consequences of a lack of sleep in personal and professional life?</i>	<p>The trainer presents different trees of the causes and consequences of sleep deprivation on :</p> <ul style="list-style-type: none"> <li>- Personal quality of life : Including cardiovascular illness, obesity, disorder of hormone production, irritability, difficulties in adjusting to daily life, memorization, vigilance, learning</li> <li>- The path and professional life: Including the requirements of employers from the point of view of punctuality, quality of the work, attention to others, adaptability, memorization of learning, impact on accidents at work.</li> </ul>	Learners actively participate in this sequence of co-construction of Ishikawa diagrams.	The trainer establishes links with the 3 biological rhythms seen in sequence 3	Paper-Board
9	15 mn		The trainer assesses the	Learners answer the	Try not to intervene during	Evaluation questionnaire



		- <i>QROC</i> ( Open Short Answer Questionnaire) on the main things to remember (link between sleep disorders, vigilance and impacts on professional life)	comprehension of the issues addressed in the session by means of a questionnaire that he or she has designed beforehand.	questionnaires and then evaluate together what they have learnt.	the sequence to let learners respond individually. Explain the questions if necessary.	
10	20 to 30mn	<i>Evaluation of the module going round the participants</i>	Ask the learners to give 3 positive aspects of the session and then to point out any weaknesses.	Active participation of the learners to evaluate the learning outcomes of the session.	Go back to the pages of the Paper-Board where the learners' expectations are listed and compare them with what they have learnt during the session.	Paper-Board



## Theoretical Contents of UNIT 3

### **Appendix 1 : The sleep – Stages 3 to 5**

#### **1.1.Sleep Mechanism (What happens in the sleeper's body)**

Sleep is a state in which we stay about a third of our lives. It is part of the body's vital functions such as breathing, digestion or the immune system. Sleep is a spontaneous and reversible behaviour characterized by recurrent periods of :

- Decrease in motor activity = The body does not move, there is no more voluntary movement.
- Increase in sensory response thresholds = the sleeper no longer perceives noises
- Facilitation of memorization = The sleeper memorizes what he or she has learned during the day.
- Discontinuity of mental activity = The sleeper no longer thinks consciously, he or she dreams. In the brain, during non-REM sleep, activity slows down more and more as sleep deepens and the sleeper moves from light to deep slow wave sleep.

\*As far as the body is concerned, it is the same with a progressive decrease of the main basic functions of the body : pulse and respiration slow down, blood pressure, muscle tone and body temperature drop.

\* The tutor makes the connection with the ultradian biological rhythm...

During the course of a night there are two types of sleep : slow wave sleep and REM sleep.

#### ➤ Slow-wave sleep

When falling asleep, the brain activity gradually slows down, i.e. the sleeper is awakened by the slightest noise, he or she does not then perceive himself/herself as having been asleep or somewhat drowsy.

When the sleeper has reached the stage of deep slow wave sleep, he or she falls into a state from which it is difficult to awaken, because the brain is increasingly insensitive to external stimuli, such as from the body itself.

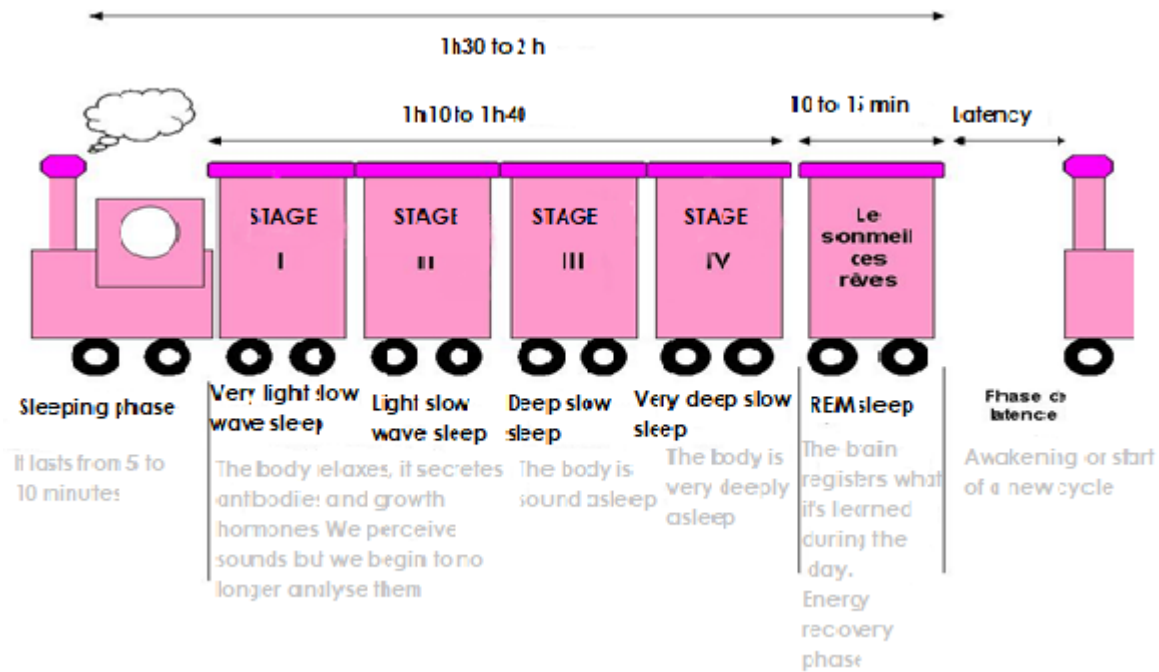
#### ➤ REM sleep

It is a state in which the sleeper is hard to wake up, his/her muscle tone is suppressed, whereas his/her brain is active. (REM sleep is also recognized by the presence of a series of eye movements, known as rapid eye movements). The British call REM sleep (Rapid Eye Movement Sleep).

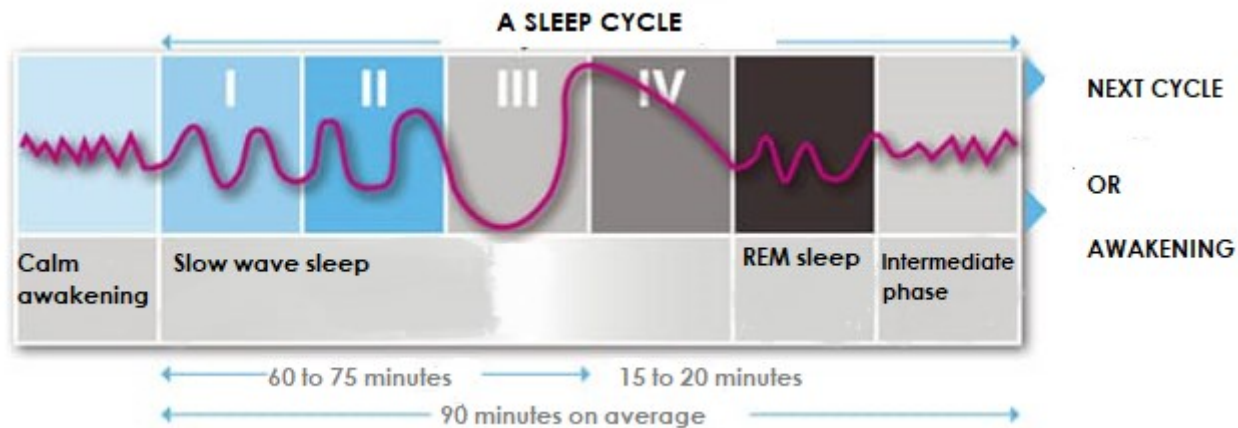


**Here's how to get a good night's sleep :** The tutor uses one or the other graph according to the participants.

Graph 1



Graph 2





Source : <https://www.sommeil.org/comprendre-le-sommeil/les-cycles-du-sommeil/>

The night's sleep will consist of 4 to 6 successive cycles depending on the individuals and their age.

As the night progresses, the composition of the cycles will change : deep slow wave sleep is very intense at the beginning of the night and as the night progresses, it becomes more scarce and disappears completely in the early morning.

On the contrary, REM sleep, characterized by many dreams, is short at the beginning of the night and then will occupy an increasing place in each sleep cycle as the night progresses. Whatever the stage of sleep, the sleeper will wake up several times for a short period of time, without being able to remember it when waking up. Awakenings during the night are normal.

### **1.2.Focus on dreams and their function**

When you wake someone up, you are more likely to get a dream account if the sleeper is in REM sleep and the content of the dream is richer in emotions. That's why we've developed the habit of associating REM sleep and dreams a little too quickly. However, we also dream but to a lesser extent during slow wave sleep: 40% of awakenings in light slow wave sleep will result in recalling dreams.

The function attributed to dreams has long been of preoccupation to men. A warning from the gods in antiquity or premonitory messages in many civilizations, dreams would express for psychoanalysts the equivalent of the fulfillment of a repressed desire, translated in a symbolic way. Sleep practitioners attach little value to the contents of dreams, which they consider to be inconsistent residuals or randomly updated memory contents from the processes that occur during this state.

The dream is characterized by very detailed images associated with one or more scenarios, including scenes, characters, dialogues, emotions. The content is more or less orderly and logical and sometimes profoundly bizarre. This has been related to uncoordinated functioning of the two hemispheres of the brain.

\*Is any mental activity during sleep a dream ? \*

(Optional content, the tutor keeps the content according to the questions of the participants)

There are other stages during which the brain expresses an activity perceived by the sleeper. Both when waking up and when falling asleep, very detailed but unscripted imagery may appear, unlike in dreams. They are called hypnagogic hallucinosis when you fall asleep or hypnopompic when you wake up. Some sleepers may also have lucid dreams, in which they are conscious they are dreaming, and sometimes they can even direct the course of the dream.

Nightmares :



The nightmare is a dream with unpleasant or even terrifying content, it causes intense anxiety and occurs in REM sleep towards the end of the night. It differs from night terrors, which are brief episodes of panic occurring in deep sleep at the beginning of the night and are common in children between 3 and 6 years old. Night terrors also exist in adults, starting between the ages of 20 and 30, often associated with sleepwalking, which is a sleep disorder.

In the sequence that follows, the tutor asks the group questions to check their knowledge regarding the purpose of sleep.

### **1.3.What is the purpose of sleep ?**

Why do we need sleep ? From what we observe after sleep deprivation, it is clear that it is essential to maintain the functions of learning, remembering and adapting to new circumstances.

It also plays a key role in the state of well-being during the day. However, sleep research is a relatively young science and the precise function(s) of sleep are not yet known.

- Is staying in bed enough or do we really have to sleep to recover ?

Lying down and being motionless can help us recover from physical fatigue. Sleep is probably not necessary for all forms of recovery, but it is certainly necessary for intellectual recovery.

- Do we have to sleep for the brain to recover ?

Recent works on the function of sleep suggest that it helps maintain connections between neurons (synapses), thereby strengthening

- On the one hand the innate memory (such as that of the bird's song)
- On the other hand, acquired memory (such as that of learning a trade, for example).

In order to remember what we have learned during the day, we must sleep. Sleep helps us remember and organize new knowledge.

- Why is sleep important for children's learning ?



During childhood and adolescence, the increase in the density of these connections in certain regions of the brain (frontal cortex) is proportional to the amount of deep sleep, suggesting that deep sleep plays a decisive role in brain maturation.

REM sleep provides an internal stimulus for brain development.

- Is sleep important for growth and fighting disease ?

Sleep is thought to be involved in growth in children and adolescents, as well as in muscle, skin and bone repair in adults, because the hormone that controls these processes, growth hormone, is secreted primarily during deep sleep. Sleep is also an important time for building up the immune system

Another function of sleep could be to put the body to rest, or at least to reduce its energy consumption and replenish metabolic energy (glycogen contained in the liver). Other systems benefit from this "rest" : for example the cardiovascular system. (Link with the ultradian rhythm)

- Are we only sleeping because we're tired ?

Sleep is controlled by two processes :

– Sleeping debt :

Sleep comes more easily the longer we have been awake.

– Body clock :

Sleep is programmed by our internal clock at a given time of the 24 hours, usually corresponding to the night. This corresponds to the circadian rhythm.

We can verify for ourselves the importance of this phenomenon when we make a trans-meridian trip (crossing several time zones by plane): if the destination time is different from the usual time, we have difficulty falling asleep or staying asleep, even though fatigue and lack of sleep are present.

It will take several days to reset our biological clock to the new day and night times, the same is true when the work rhythm is shifted to 3/8 or 12/12.

#### **1.4. Ideal length of night's sleep**

It's as personal as the amount of food each person needs. The average sleep time for an adult is 8 hours, but some light sleepers are satisfied with 6 hours of sleep while "heavy sleepers" need 9 to 10 hours of sleep to feel refreshed.



These differences are related to genetic aspects as recent studies show. It is therefore impossible to set a norm ; each person must determine his or her sleep needs based on his or her own reactions to longer or shorter periods of sleep.

**\*So how can we determine the amount of sleep we need ?**

\* The tutor asks participants questions to try to reach a consensus

The ideal length of a night is one that allows you to feel restored and to function well during the day. The holiday period is a good time to identify your average need for sleep.

**\*Do we lack sleep?**

\*Please note that the data concern the French population

The average length of sleep during the week is 6h58. 30% of the French sleep less than 7 hours a day. Sleep deprivation is well established among the French. There is an increase in the amount of sleep time on weekends, which increases to an average of 7 hours 50 minutes.

This increase in sleep time is intended to "compensate" for the chronic sleep debt of the week. However, the lack of sleep is not cancelled out in 2 days. Over the years, the French population has had a chronic sleep debt, with no improvement.

What happens if you reduce your sleep time compared to your own needs ?

If this restriction is ad hoc and moderate, the consequences are limited. On the other hand, reducing the sleep time to 6 hours in people whose need for 6.5 to 8.5 hours of sleep over a two-week period results in impaired performance during the day. This shows that even a moderate reduction in sleep time can have severe consequences as soon as it is prolonged.

The host continues with the following :

This leads us to consider the consequences of sleep deprivation on the individual and on his/her work performance



### **1.5.Defining vigilance and its opposite, drowsiness**

**Vigilance** is the state of responsiveness to the environment you find yourself in when you are awake. Vigilance varies according to the time of day but also according to stimulation and personal motivation. For example, during a routine task carried out at the beginning of the afternoon, there is a high risk of decreased vigilance, as this is the time after a meal when a nap of 20 minutes maximum would be quite beneficial.

A vigilance disorder affects many aspects of life : working life and learning can be profoundly disrupted, and so can social success.

The causes of loss of vigilance can be varied and the repercussions go beyond the individual. One out of every two fatal accidents on the motorway is attributed to drowsiness at the wheel, and lack of vigilance also increases the risk of accidents at work.

**Drowsiness** refers to difficulty staying awake.

It is an intermediate state between sleep and wakefulness. Drowsiness causes twice as many problems at work :

- Difficulty in managing time,
- Relational issues,
- Loss of efficiency,
- Deficiencies in the performance of work related activities,
- Increased risk of accidents at work and on the way to and from work

It is a frequent cause of traffic accidents and the leading cause of fatal accidents on motorways :'

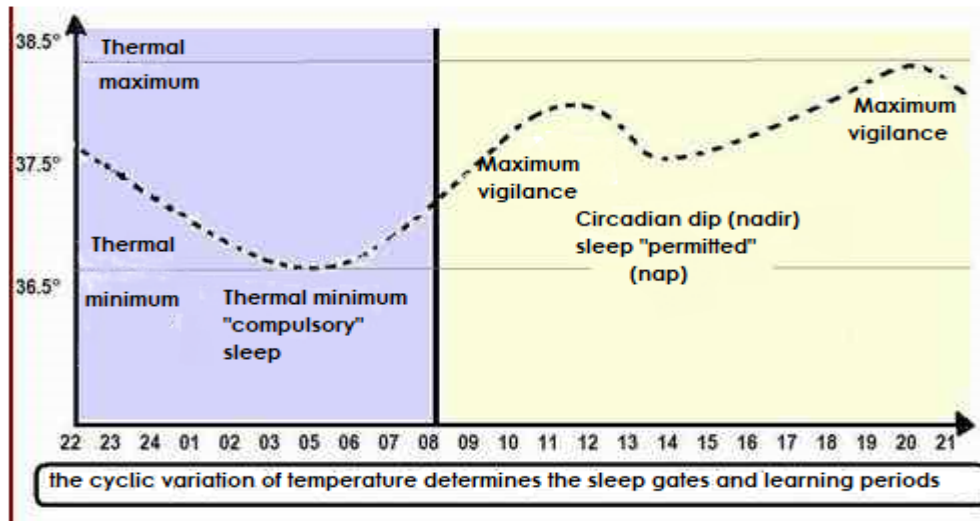
- Approximately 1 in 3,220% of road accidents are related to falling asleep at the wheel.
- Being drowsy increases the risk of accidents by 8.2 times.
- Sleeping less than 5 hours multiplies the risk by 2.7.
- Driving between 2 and 5 a.m. multiplies the risk by 5.6.

Sleep debt leads to an risk of accidents similar to the consumption of alcohol or cannabis.

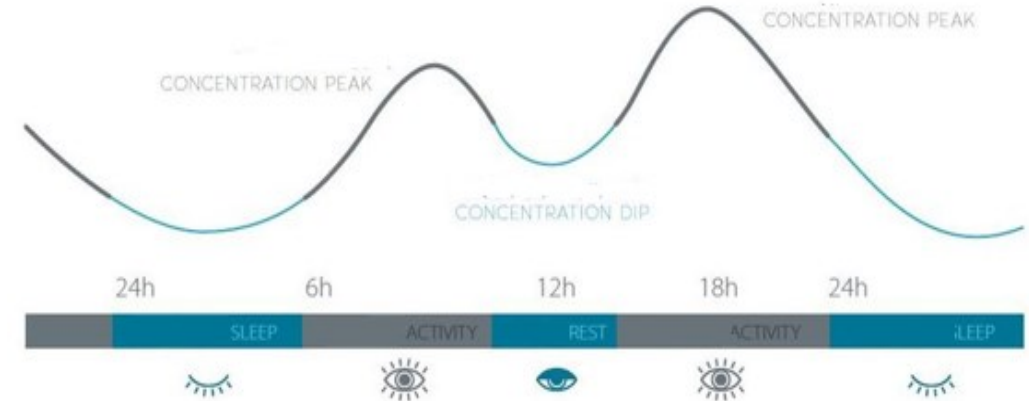
- 17 continuous hours of wakefulness is equivalent to the risk of a BAC of 0.5g/l



- 24 hours is equivalent to the risk of a BAC of 1g/l



DAYTIME CONCENTRATION LEVELS



#### ➤ Work-related accidents and vigilance disorders

Chronic sleep debt, due to night and/or shift work, leads to a **decrease in alertness with an increased risk of drowsiness which can be the source of accidents**. These can be accidents at work and/or traffic accidents. These are more important on the way to work before the morning shift, and on the way back after the night shift. Accidents at work are more frequent during night shifts : many major industrial disasters, such as Chernobyl for example, have occurred at night. In addition, long shifts (more than 12 hours) present a greater risk of accidents.

Watch the video on the link work in atypical working hours, vigilance and accidents at work :

<https://www.youtube.com/watch?v=nEzfpM2USKI&feature=youtu.be>

### 1.6. Focus on the nap and its benefits (optional depending on audience)



Napping is a real preventive measure for the health and safety of employees who work atypical hours and shift work. Taking a 15 to 20 minute nap whenever possible is beneficial to the health and safety of employees :

- In the short term, it allows vigilance to be increased for a few hours, thereby reducing the risk of accidents at work and on the way to and from work and reducing significantly the risk of errors.
- In the long term, it allows an increase of the overall sleep time and thus a reduction of the sleep debt characteristic of atypical work. It is a preventive measure against mood and metabolic disorders.

➤ **Working atypical hours and the impact on sleep, alertness and health**

\*Watch the video on the INRS website for the French-speaking public:

<http://www.inrs.fr/media.html?refINRS=Anim-170>

Night work and shift work are so-called "atypical" working hours which, due to their characteristics, can lead to health risks. All working time arrangements that are not standard are called atypical working hours

Standard work corresponds to the following configurations: 5 regular days per week from Monday to Friday, working hours between 5am and 11pm maximum, with 2 consecutive days off per week

Source : <http://www.inrs.fr/risques/travail-de-nuit-et-travail-poste/ce-qu-il-faut-retenir.html>

The latest studies on the subject have shown that atypical work schedules have proven effects on drowsiness, quality of sleep, length of sleep time, and on the health of the individual in general (metabolic syndrome).

Effects on mental health, cognitive performance, obesity and weight gain, type 2 diabetes and coronary heart disease, high blood pressure and risk of stroke are likely.

They might also have an impact on the risk of certain type of cancers, particularly breast cancer. And finally, exposure to this type of schedule for pregnant women could expose them to complications during pregnancy.

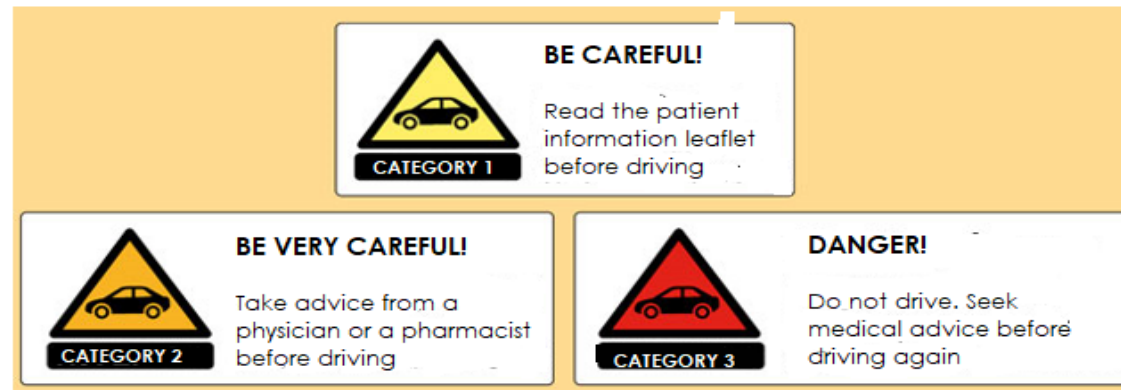


The effects of these schedules on employees can vary from person to person because they are also dependent on different personal factors. Thus, the personal circumstances of employees, their sector of activity, and whether it is a personal choice or imposed by economic constraints can influence individual tolerance to this organisation of work.

➤ **The intake of certain drugs and their impact on vigilance**

Medication, like alcohol or drugs, can affect alertness and reaction time, i.e. reflexes and cause drowsiness. **These effects can multiply the risk of accidents by up to 5 times.** A change in the perception of the environment (poor appreciation of distances or velocity...), euphoria, visual discomfort or dizziness may also be the consequences of taking medication.

Pictograms on medications that cause these side effects on the driving of vehicles and therefore also on work if it is dangerous. These pictograms are generally indicated on the packagings, they have 3 levels :





➤ **Impact of the use of psychoactive substances on sleep and daytime**

Review article in French and English :

[http://beh.santepubliquefrance.fr/beh/2019/8-9/2019\\_8-9\\_2.html](http://beh.santepubliquefrance.fr/beh/2019/8-9/2019_8-9_2.html)

Daily smokers, with little or strong dependence, are more likely to be short sleepers and prone to insomnia than occasional smokers and non-smokers. Nicotine is considered a stimulant, and its presence in tobacco or nicotine replacement medications is likely to be associated with sleep alterations.

The link between alcohol and insomnia is well known, since alcohol is used as a sleep aid by a high rate of insomniacs who have no other products at their disposal. However, alcohol abuse is detrimental to sleep, causing nocturnal awakenings and sleep fragmentation ; conversely, sleep problems can lead to increased alcohol consumption, with the required intake to promote initial sleepiness increasing with time and use.

Cannabis is also used to help some anxious people fall asleep. Relatively recent studies also point to the existence of harmful combinations with circadian rhythms and psychoactive substance use.



## **Appendix 2 : Finding restorative sleep – Stages 6 to 8**

The tutor proposes to draw up a customized advice sheet based on this sequence.

**Suggest a video** explaining the link between light and sleep in order to explain the alternation between sleep and wakefulness : e.g. on the Inserm website; video on the theme - Chronobiology

\* Have the participants fill in the table and adapt it according to the country of origin with regard to cultural habits, meal times and the temperature at night in summer in particular.

Tips to find a restful sleep		
Possible disruptive factors	* Examples of disrupters identified by the individual affected	What can be done to improve sleep?
Food	For example, too high in fat, in too large quantities.	
Evening drinks	Coffee, tea, soda that contain stimulants...	
Alcohol consumption	More than a standard alcoholic drink.	
Use of psychoactive substances	Tobacco, cannabis, cocaine...	
Intense sports activity at the end of the afternoon	Running, weight training or other activities.	
Noise pollution	TV, music on headphones, external noises.	
Outdoor light, indoor light, screens	Street lighting, TV left on, late video games.	
Temperature and airing the bedroom	More than 21°, less than 16°, non-ventilated room during the day.	
Quality of bedding; mattresses, bed bases and pillows	Bedding in poor condition.	
State of stress, family or professional conflict		

The list of sleep disrupters can be further completed by the learners if necessary



### **Appendix 3 : Assessment of the knowledge acquisition during the session – Stage 9**

Tick the correct answer	
1 Biological rhythms are :	? weekly rhythms
	? rhythms of the body
2 Biological rhythms are controlled by :	? the heart
	? the internal biological clock
3 REM sleep allows you to :	? physically recover
	? recover nervously
4 Sleep consists of a series of :	? 3 to 4 3-hour cycles
	? From 4 to 6 cycles ranging from 1h30 to 2h
5 Working staggered hours :	? does not impact the quality of sleep
	? disrupts the quality of your sleep
6 The desynchronization of biological rhythms:	? increases the risk of accidents at work



	? improves performance for the employee
7 The consumption of alcohol or drugs :	? helps you sleep better
	? impairs the quality of sleep
8 Lack of sleep :	? results in reduced daytime alertness
	? has no impact on vigilance
9 Sleep is facilitated by :	? the practice of an intensive sport in the evening
	? a calming activity before going to sleep
10 Sleep debt	? increases the risk of developing health problems
	? can be caught up by sleeping longer during weekends.



## UNIT 4 : Body hygiene

Good hygiene practices are essential to health, as they are also in professional life. This is the reason why hygiene is addressed in this 7-hour module.

In this module, hygiene will be tackled in general, the idea being that trainees are made aware of good hygiene practices. The objective is that the learner adopts good hygiene practices to maintain his/her health capital and also meet the expectations of employers and the professional environment regarding hygiene. Each trainee will be able to compare his/her daily practices with the recommendations proposed during this unit. The objective is that the learner change, if necessary, his/her practices to tend towards an appropriate behavior regarding work environment and social life generally speaking. Indeed, each learner will be able to implement the recommendations, adopt the hygiene liable to ease good social and professional relations.

In this module, learners will in particular be informed of the inconveniences associated with a lack of hygiene both for their health and their image but also with regard to their social life and more generally speaking about their professional inclusion.

To do so, their daily hygiene practices will be discussed, good hygiene practices will be tackled and listed so that they can adapt theirs according to their activities. This module covers personal hygiene, body and facial care, dental care, dermatological care, clothing hygiene, food hygiene and household hygiene.

The trainer can use the guidelines provided for Unit 4 in the trainer's Guide. He will find theoretical inputs and advice to be given regarding hygiene.

### **Summary:**

<b>Framework of UNIT 4</b>	<b>193</b>
<b>Scenario of UNIT 4</b>	<b>196</b>
<b>Theoretical contents of UNIT 4</b>	<b>206</b>
<ul style="list-style-type: none"><li>- <b>Appendix 1 : Hygiene-Definitions and generalities - Stages 1 to 3</b></li><li>- <b>Appendix 2 : The hygienic routine - Stages 4 &amp; 5</b></li><li>- <b>Appendix 3 : Personal hygiene - Stage 6</b></li><li>- <b>Appendix 4 : Body hygiene assessment time - Stage 7</b></li><li>- <b>Appendix 5 : Oral hygiene - Stage 8</b></li><li>- <b>Appendix 6 : Clothes Hygiene - Stage 9</b></li><li>- <b>Appendix 7 : Food and Domestic Hygiene - Stage 10</b></li><li>- <b>Appendix 8 : Domestic Hygiene - Stage 11</b></li></ul>	



- **Appendix 9 : Health : prevention and treatment – Stages 12 to 14**
- **Appendix 10 : Health : the daily essentials – Stage 15**
- **Appendix 11 : Creating a booklet individually or in a group – Stage 16**



## Framework of UNIT 4

Unit 4 :	Title : Adopt hygiene rules that allow good professional and social relations (personal hygiene: body and face, oral and dental care, dermatological care, etc.)	ECVET credit points :
Learning outcomes correspond to EQF level	3/4	
Learning outcomes : <ul style="list-style-type: none"><li>- Raise awareness about personal hygiene and its socio-professional impact</li><li>- Apprehend the methodology, practices and methods for integrating good hygiene practices</li><li>- Avoid the risks linked to bad hygiene</li></ul>		
Knowledge	Skills	Competence



<p>Knowledge</p> <p>The learner knows and understands :</p> <ul style="list-style-type: none"> <li>- The basic knowledge of hygiene rules (hands, body, hair, oral, clothing, food &amp; housing)</li> <li>- How to define hygiene / health</li> <li>- What are microbes / bacteria / viruses and how they are transmitted</li> <li>- General knowledge of the different disciplines</li> <li>- The various professionals who can provide him/her with medical follow-up in order to ensure that his/her health is maintained and monitored.</li> <li>- That s/he may be entitled to a free health check-up (depending on the health system).</li> </ul>	<p>Skills</p> <p>The learner is able to :</p> <ul style="list-style-type: none"> <li>- Understand and define the notion of personal hygiene in relation to the definition in the dictionary /of the WHO guidelines....</li> <li>- Understand and make the link between individual hygiene and the relationship with the professional / collective world (principle of cross-contamination)</li> <li>- Understand and apply some basic rules of hygiene of the body, premises, food.</li> <li>- Be aware that the things around us are only apparently clean and hands are therefore prime targets for microbial contamination</li> <li>- Understand the importance of being healthy and how to become involved in your health</li> </ul>	<p>Competence</p> <p>The learner :</p> <ul style="list-style-type: none"> <li>- implement good hygiene rules into one's personal life and correct them when inappropriate.</li> <li>- Can transpose personal hygiene rules into the world of work / collective and understands the impact of these rules</li> <li>- Is aware that the notion of hygiene is not limited to physical washing but also includes food, clothing, housing, etc. He/she knows how to apply basic hygiene rules to limit contamination</li> </ul>
Performance criteria for the evaluation		
The learner is able to :	Expected outcomes :	



<ul style="list-style-type: none"> <li>- Become an actor in his/her health</li> <li>- Know and apply the basic personal and collective hygiene rules</li> <li>- Understand the relationship between hygiene / health / self-esteem and the possible impact in the world of work</li> </ul>	<ul style="list-style-type: none"> <li>- The learner knows how to apply, grasp and understand how to implement the general rules of hygiene in order to remain healthy, and understands its impact on the collective and by extension on the work environment.</li> </ul>
Number of hours : 2.5 days or 17h50 (indicative duration depending on the animation and pedagogical games initiated)	
<p>Evaluation Methods</p> <p>Evaluations over the course of the various sessions :</p> <ul style="list-style-type: none"> <li>- Pedagogical games</li> <li>- Elaboration by the group of a Kahoot questionnaire and/or submission of (a) kahoot questionnaire(s) in order to validate the knowledge acquired during the various sessions</li> <li>- Paper quizzes questionnaires</li> </ul> <p>End evaluation :</p> <ul style="list-style-type: none"> <li>- Thought &amp; creation of a booklet or memo card for medical follow-up / basic rules of hygiene</li> </ul>	



## Scenario of UNIT 4

### *EASY HEALTH : Facilitating and maintaining professional integration*

**Objective: Unit 4 : Adopt hygiene rules that allow good professional and social relations.**

*Brief presentation of the pedagogical scenario: method, interest, audience...*

In this module, hygiene will be covered in a broad way, the idea being that the trainees will be made aware of good hygiene practices.

In this module, they will be made aware of the problems linked to a lack of hygiene, both for their health and their image, but also with regard to their social life and more specifically their integration into the world of work.

Therefore, we will exchange on the hygiene practices of the learners, we will discuss and list good hygiene practices so that they can adapt their personal hygiene practices if necessary. Personal hygiene, body and face, oral and dental care, dermatological care, clothing hygiene, food hygiene and home hygiene will be discussed. We will also discuss the contents of a hygiene kit you can take with you on a daily basis, the trainees will also be notified of the existence of free health check-ups.

**Note :**

To conduct this scenario, the trainer will be free to use the Trainer's Guide Unit 4, which will guide him throughout the module, in order to have access to the theoretical inputs and advice on hygienic issues.

Collective and/or individual scenario	Duration : 14h	Conceptor : Guillaume Delange (Scenario based on the Trainer's Guide for Unit 4 Easy Health)
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Learning outcome(s): at the end of the scenario, the trainee will be able to ... :

- Implement and adopt good hygiene practices to maintain good health and thus meet the expectations of employers and the work environment in relation to hygiene.

*The aim being that each trainee complies with the recommendations given in this unit, that they adopt the hygiene rules that ensure good social and professional relations.*

*Evaluation criteria and expected outcomes :*

Each trainee will be able to compare his or her daily practices with the recommendations given throughout the unit, the objective being that he or she will be able to update his or her practices if necessary in order to adopt an appropriate behaviour at work and in social life.



Evaluation and validation method :

Questionnaire on the various theoretical contributions related to hygiene, final discussion on daily routine and the implementation of basic hygiene rules. The work with sealed envelopes can be resumed at the end of the module in order to start a discussion with the trainees individually.

Stage	Time	Title	Actions on the part of the trainer	Actions on the part of the trainee	Instructions	Documents/material
1	30 mn	Outline of Unit 4	Present the objectives of the unit, write on the board the agenda for the day step by step, recap the previous units if necessary. The objective today is to talk about hygiene, to exchange with you on your practices, to give you some advice and tips for everyday life. Here are the main lines that we will discuss in this module: Health, what is hygiene? What is your daily routine? What are good practices regarding personal hygiene? who are the different health professionals? How can I benefit from a free health check-up? What are the essential items for daily hygiene?	The trainees write down the objectives and ask questions if necessary. To review the previous points, we can ask them to rephrase what was discussed	Have the trainees rephrase the objectives, ask them why we are addressing this point, i.e. daily hygiene. Why is it important?	Whiteboard, whiteboard marker.
2	30 mn	Brainstorming	Start with a brainstorming session: What does hygiene mean to you? Then afterwards make the participants think about the importance of hygiene. Why is it important to adopt good hygiene practices? Establish a link with the world of work and social life. The aim here is to highlight the important points of the module to place the trainees in the context of Unit 4, namely: hygiene. The trainees will mention, for example: personal hygiene, how to avoid the spread of germs, how to protect oneself from diseases, risks of contagion, clothing hygiene, clothing habits, physical well-being, the importance of maintaining health capital, self-image, appearance, skin health, relaxation of the body, hygiene in daily life (showering, brushing teeth, shampooing, washing hands, blowing one's nose, sneezing into one's elbow...), comfort, taking care of oneself.. In short, thanks to this brainstorming, it is essential to highlight the importance hygiene has in daily life, that it is important for ourselves but also for others, to make the link with hygiene at work, the rules life in collectivity...	The trainees give leads, words, ideas, examples, they can take note of what is said, they talk about their practices, they can tackle the questions they have in mind.	The instruction is simple : the trainees tackle everything that goes through their minds concerning hygiene, the objective is to start the conversation flowing	Whiteboard, marker.
3	30 mn		In order to complete the brainstorming, the trainer gives definitions of the terms health and hygiene, he insists on the fact that health is a state of well-being and hygiene is a means to maintain good health. The trainer can write down the definitions on the board, he can also give the trainees some time to think beforehand	The trainees write down the definitions, a time of exchange is planned to express how	Note-taking, exchanges on definitions, which allows to build on the work done previously.	The trainer can use the trainer's guide for the rest of the scenario, it is a tool



			so that they can each write their own definitions of the two terms.	they feel about the definitions provided		to complement the presentation
4	30 mn		<p>To start the course and help the trainees feel more relaxed, allow time for a discussion around a multimedia. Indeed, the viewing of a short video will help to lift the first apprehensions and especially to create curiosity about the topic. This viewing is done in groups and will lead to a discussion in order to create cohesion and a space for free speech with no judgment, which is essential for the rest of the unit.</p> <p>We can raise the following questions after watching the video :</p> <ul style="list-style-type: none"> <li>- What did you think of the video? The trainer should get the learner to express and reflect on the following questions: - How can we approach the notion of hygiene without making people uncomfortable? (Because it is still very delicate to talk about it).</li> <li>- Although we all know these rules, why do some people not follow them? The purpose of this question is to get learners to mention the most common barriers such as financial, self-image, educational and environmental aspects related to these standards.</li> </ul>	The trainees will give their impressions on the video..	Trainees are free to take notes if they wish.	<p>The trainer needs a computer connected to the internet and an overhead projector to show the different videos.</p> <p>A video like this one may be used :  <a href="https://www.youtube.com/watch?v=urqYpU5usEI&amp;feature=youtu.be">https://www.youtube.com/watch?v=urqYpU5usEI&amp;feature=youtu.be</a></p> <p>Source : FEBRAP - (Brussels Federation of Adapted Work Enterprises)</p>
5	30 mn	<p>Give the definitions of health and hygiene.</p> <p>Individual practices</p>	<p>What's your routine? The purpose of this activity is to confront the learner with his daily routine. The activity is in two parts, consisting of both individual and group work. The "post-it" workshop will be done in group work and the "sealed envelope" workshop will be done individually. The objective being that the participants do not discuss their practice in groups, this allows the trainer to approach this topic in a general way without addressing specific situations publicly. This is an individual and group activity. The individual work can be resumed, if necessary, with the trainer at the end of the module.</p> <p>« post-it » workshop</p> <p>To the question "What is your routine? What do you do and how often? "write down on post-it notes your routine, the trainer included. This will open the debate and discussion on all these practices: frequency of bath/shower, shampoos, products</p>	The trainees answer the various questions related to the topics below (Hand washing, shower, hair care, oral care...) on post-it notes and on paper. Once finished they return the post-it notes and sealed envelopes to the trainer.	Trainees answer questions on post-it and paper.	Post-it, A4 paper, envelopes, whiteboard, whiteboard marker.



	30 mn	What is your routine ? " post-it and sealed envelopes"	<p>used, reasons for it all? The trainer retrieves all the post-it notes, then, he goes over each answer post-it after post-it and writes each answer on the board to guarantee a certain degree of anonymity .</p> <p>« sealed envelopes » workshop</p> <p>Participants will answer individually on a sheet of paper the questions listed above. This information will then be concealed in an individual named envelope. These envelopes will then be given to the trainer who will give them back at the end of the module. The trainee will thus be able to see the evolution of his practices or his thoughts with regard to what he mentioned at the beginning of this unit.</p> <p>Pooling of post-it notes. Once the answers have been collected, a time for discussion is organised, but should not be too long this time as the answers and good practices will be explained later in the unit. Moreover, the answers must be put aside as the answers will be used again at the end of the module to list the practice differences.</p>	<p>Once the sealed envelopes are given to the trainer by the trainees, they will be used at the end of the module.</p> <p>Time for sharing everyone's answers, the trainer can emphasize the differences. This will give the opportunity to induce each specific point</p>	Any comments? What do you think about it?	Whiteboard, whiteboard marker, computer or camera to keep track of the responses recorded on the board.
6	30 mn	Basic Hygiene Practice : Body hygiene from head to toe	Based on the work carried out previously on each individuals' practices, the idea here is to put the focus on the basic everyday practices. Concerning basic hygiene practices, focus on good practices on specific points such as: hand washing, body hygiene, oral hygiene, clothing hygiene, food hygiene, home hygiene.			
	20 mn	Handwashi	Handwashing, why ? how? when?	The trainees watch and exchange ideas based	Any comments? What do	A video like this one may be used :



	20 mn	ng, glitter test  How do you wash your hands ? When?	<p>Discussion based on a video document entitled "Microbial transmission by hands". The aim of this activity is to make the learner understand the importance of hand washing and especially the principles of contamination and cross-contamination. The objective is to emphasize that hands are an important vector of contamination.</p> <p>Activity : educational game, glitter test The aim of this activity is to discover the principle of cross-contamination from one individual to another through contact. You can see the presence of glitter on each of the participants. There has been cross-contamination through contact. Trainees need to understand that effective hand washing reduces the risk of flu, gastroenteritis, bronchitis, infant bronchiolitis, covid-19 ...</p> <p>Activity : educational game, glitter test</p> <p>Following this activity: Ask trainees about their handwashing practices: Ask trainees: When should we wash our hands? Explain to the trainees that in some branches of industry, hand hygiene is more than a social skill, it becomes a safety rule! Ask trainees to find examples (Food industry, health professions...)</p>	<p>on this video.</p> <p>Trainees participate in the glitter activity..</p> <p>The trainees list the answers, they write them down while the trainer lists them on the board.</p>	<p>you think about it?</p> <p>The trainer places them on his hand and will shake hands with one or two participants, who in turn shake hands with one or two participants, and so on. Any comments? What do you think about it?</p> <p>When do we wash our hands?</p>	<p><a href="https://www.youtube.com/watch?v=tpdFKoyZ_gl">https://www.youtube.com/watch?v=tpdFKoyZ_gl</a></p> <p>Source : Contamination prevention advertising Influenza, France</p> <p>You need glitter for this activity.</p> <p>Whiteboard, whiteboard marker to list answers</p>
	20 mn	How ?	Ask the trainees: How do you wash your hands properly? The Trainer can refer to the Trainer's Guide Unit 4 to illustrate this.		How do we wash our hands?	The trainer can provide the WHO handwashing document as support. For further details the trainer can use the Trainer's Guide in Unit 4.
	20 mn	Hygiene, showering	<p>Showering</p> <p>The basic principles. showering, why do we shower? How often? Do we have to wash every day? What if we don't, or not much? What are the discomforts? (Odour, cleanliness, sweat, skin problems, itching, diseases, skin fungus, infections...)</p> <p>It is important to know that without a regular shower, the skin is the most affected. Toileting with a flannel can also be discussed with the trainees as a complement to</p>	The trainees are invited to converse about the shower, the work with the post-it notes can be resumed to start the conversation.	How do you shower? How often? At what water temperature? With what products?	<p>Why not watch the different steps of the shower via this video <a href="https://www.youtube.com/watch?v=IoEuvFBi_0g">https://www.youtube.com/watch?v=IoEuvFBi_0g</a></p>



			the shower.			
	20 mn	Facial hygiene	Facial hygiene It is important to take the time to follow a ritual, morning and evening, that will allow your skin to remain healthy and regularly remove impurities that can sometimes be the cause of imperfections. (See Trainer's Guide for more information).	The trainees are invited to exchange on facial hygiene, the work on post-it notes can be resumed to start the discussion.	How do you wash your face? What with? How often?	Still whiteboard, marker, the trainer can also scan the different answers to constitute a memento of the unit that will be handed out to the trainees
	20 mn	Foot hygiene	Foot hygiene, It is imperative to take the time to perform certain gestures on a daily basis. The foot can be the site of embarrassing and disabling conditions. Foot hygiene does not take much time, but it must be done with care. You should also choose your shoes carefully. The chiropodist is the specialist in foot hygiene and foot comfort and should be consulted in case of problems.	The trainees are invited to exchange on foot hygiene, the work on post-it notes can be resumed to initiate the exchanges.	How do you wash your feet ?	Idem
	20 mn	Looking after your hair	It is important to take good care of your hair and scalp to maintain an optimal rate of sebum production and to cleanse the lengths. Regular shampooing is essential. Hair washing varies greatly depending on the type of hair. The idea that men and women can have different hair types and therefore use different shampoos is a marketing concept only. The only thing that has to be taken into account is the quality of the hair, e.g. oily, dry or coloured.	Same procedure as above. Viewing a short video on shampooing can question learners about the way they do it.	How do you wash your hair? How often? What are the consequences of a poor treatment of the scalp? (Dandruff, scalp disorders, inflammation of the scalp, appearance of pimples...)	A video like this one may be used : <a href="https://www.youtube.com/watch?v=u9h2zctc_zo">https://www.youtube.com/watch?v=u9h2zctc_zo</a>  Source : FEBRAP – (Brussels Federation of Adapted Work Enterprises)
		Haircut	Haircut and working life If your professional career is more important than your appearance, it is still essential to take care of your beauty makeover. First of all, to feel confident, and secondly, to make a good impression on your future employer. But it's not always easy to find the right balance without overdoing it. It is essential to pamper yourself and be yourself, you must be comfortable in your clothes and take charge of your appearance. Opt for a sober and well-groomed	The trainees share their impressions on the topic.	What is an ideal outfit for work? Make the link with the professional life but also the importance	A work around protolanguage can be interesting to approach this type of theme with a questioning of the



			<p>hairstyle that will sublimates you.</p> <p>Depending on the position for which you have applied, you will obviously be able to allow yourself a few liberties. It is the same for makeup/perfume...</p>		of the self-image.	type, is this outfit adapted to this activity
7	30 mn	Body hygiene assessment time	<p>Summative evaluation via a Kahoot-type questionnaire.</p> <p>The aim is to ensure that learners have followed and understood the information provided during this course. An online questionnaire will make the workshop more dynamic.</p> <p>Examples of questions: How much shampoo should be used? I am a man/woman, should I buy a specific shampoo for men/women?</p> <p>What is the name of the foot specialist? ...</p> <p>Allow time for correction, to review the first day of the course, as well as a time of exchange to conclude the first part of the course.</p>	The trainees answer the questions, this gives the opportunity to see what has been assimilated, a time for exchange and clarification is to be expected..	The trainees log on and answer the different questions	<p>?</p> <p>Connection via PCs or phones to connect to the application</p>
8	30 mn	<p>Oral and dental hygiene</p> <p>Tooth decay</p>	<p>Oral and dental hygiene</p> <p>According to the French Union for Oral Health (UFSBD), you should brush your teeth 2 to 3 times a day.</p> <p>Brushing helps to remove food debris and limit plaque, which is responsible, along with bacteria, for tooth decay. To initiate the exchange, a video on tooth brushing is suggested</p> <p>The aim is to teach the learner good tooth brushing skills.</p> <p>Start a brainstorming session on oral health risks .</p> <p>The aim is to get the learner to communicate about the oral health risks they are aware of. This list should be supplemented with the following elements depending on the answers given. ( Tooth decay, bad breath, inflammation of the gums, infections, diseases...)</p> <p>A time for discussion around a multimedia support on tooth decay is proposed.</p> <p>The aim is to convey to the learner the composition of a tooth and the risks associated with poor oral hygiene. The aim is to encourage tooth brushing.</p>	<p>The trainees are invited to exchange on oral hygiene, the work on post-it notes can be resumed to start the dialogue.</p> <p>Any comments? What do you think about it?</p>	<p>Brushing your teeth, why and how? How often?</p> <p>What are the risks associated with teeth?</p> <p>Why do we brush our teeth?</p>	<p>A video like this one may be used for tooth brushing: <a href="https://www.youtube.com/watch?v=-jz6EgcNOKg">https://www.youtube.com/watch?v=-jz6EgcNOKg</a></p> <p>Source : FEBRAP – (Brussels Federation of Adapted Work Enterprises)</p> <p>A video like this one may be used to start the discussion on oral hygiene: <a href="https://www.youtube.com/watch?v=O5FQ3GhoEIE&amp;feature=youtu.be">https://www.youtube.com/watch?v=O5FQ3GhoEIE&amp;feature=youtu.be</a></p>



						Source : FEBRAP - (Brussels Federation of Adapted Work Enterprises)
9	30 mn	Clothes hygiene	<p>Clothes hygiene Clothing hygiene is defined as an individual's ability to keep his or her clothes clean on a daily basis. (Clothes must be clean, adapt to the specific requirements and climatic conditions, absorb moisture from sweat, not restrict digestion, circulation or body movements, promote skin functions, not be soiled or infected by contaminating substances, shoes must be adapted to the size of the feet to avoid deformations, wear a different outfit to sleep at night).</p> <p>Inappropriate or dirty clothing : what are the risks ?</p> <p>When to change textiles ? This activity is conducted in groups and gives everyone the opportunity to express themselves. Here are a few examples: Sheets, towels, bra, jeans, socks, pyjamas, leggings, underwear, bathrobe...</p> <p>When to change textiles ? This activity is conducted in groups and gives everyone the opportunity to express themselves. Here are a few examples: Sheets, towels, bra, jeans, socks, pyjamas, leggings, underwear, bathrobe...</p>	<p>Clothes hygiene, what is it? The trainees exchange on this point, we can use the answers noted on the post-it notes again.</p> <p>For each textile, the learners have to guess after how long the item in question has to be washed. Same principle: make the trainees reflect on the question as a starting point for the discussion..</p>	<p>When to change your clothes? Why? How to wash them? To be hygienic, what criteria must the clothing meet?</p> <p>How long can you wear your clothes for?</p>	<p>Whiteboard with markers to record trainees' answers</p> <p>An activity carried out with a Powerpoint, a poster, or a whiteboard to collect everyone's opinions on how long they should wear their day-to-day fabrics.</p>
10	30 mn	Food hygiene	<p>Food and domestic hygiene. Food safety is also a matter of hygiene at home. Understanding the mechanisms of contamination and knowing a few basic rules is of the utmost importance. (Examples include the use and cleaning of the refrigerator, cooking and storage of food, use and cleaning of utensils, etc.)</p>	<p>The trainees answer a variety of questions</p> <p>Same principle: make the trainees reflect on the question as a</p>	<p>What does this bring to mind? The idea of asking this question to the trainees is to bring out some rules, particularly in terms of food safety.</p>	<p>A Powerpoint can be used to vary the materials. The trainer can use the trainer's guide as a resource for this</p>



			<p>Exercise on food preservation.</p> <p>An activity conducted with a whiteboard or Powerpoint to collect everyone's opinions on the shelf life of certain foods. This activity is done with the whole group and gives everyone an opportunity to express their opinions. For each food, learners have to guess how long the food in question will keep.</p>	starting point for the discussion..	What shelf life for which product ?	Whiteboard markers
11	30 mn	Domestic hygiene	<p>Domestic hygiene</p> <p>Beyond the benefits that it can bring to " good health ", hygiene improves well-being both within the body and with respect to the environment. Good hygiene applies to the whole house. ( airing, having plants, cleaning, washing your clothes: sheets, pillowcases, towels, carpets...), taking off your shoes, putting away your things. If possible, limit the number of carpets, rugs, fabrics that are real dust nests. Finally, for safety reasons, have your heating installations checked every year and do not heat your home above 19°C.</p> <p>The hygiene rules mentioned are not intended to make our living environments sterile, each individual has his or her own degree of tolerance towards cleanliness. However, these are some useful tips for your health and the environment that surrounds you.</p>	Same principle: make the trainees reflect on the question as a starting point for the discussion..	What is domestic hygiene? There are some rules to be observed, what are they?	
12	30 mn	Prevention and treatment	<p>Health: prevention and treatment</p> <p>Microbes, bacteria, viruses, fungi... What are they? Who are the health professionals? Who does what? Give the definitions.</p> <p>Identify the different health professionals. Which health professionals do you know? What are their respective roles? There are many practitioners, each specialized in a particular field. (Dermatologist, ophthalmologist, dentist, gynecologist, andrologist...). We generally consult the general practitioner first.</p>	Make the trainees think about the importance of having such a check-up.	What's a microbe? A Virus? A Bacteria? Which health professionals do you know?	A Quizz can be organized around health professionals, via a PowerPoint for example
13	30 mn	Health check-up	<p>Focus on the free health check-up, inform the trainees about this type of check-up.</p> <p>In France, there is a free health check-up, a preventive health examination (EPS) is an offer proposed to the members of the general social security system. It is fully covered by the Health Insurance. It complements the action of the general practitioner. It is intended primarily for people over the age of 16 who are outside the health system and in a precarious situation (source: ameli.fr).</p>	The trainees find out what is included in the check-up.	Trainees answer the trainer's questions.	If possible, arrange for a health professional to come for the check up presentation.



			<p>Present the check-up, if possible conducted by a health care professional. (Why not bring in the RHI). The check-up lasts between two and three hours and generally includes the following examinations, which can be tailored according to the age, sex, history and lifestyle of the individual: A blood test, a urine test, an oral checkup, visual and hearing tests, a biometric check-up: height, weight, calculation of BMI (body mass index), an electrocardiogram, blood pressure, Respiratory monitoring, A gynaecological examination: cervical smear and screening for breast cancer, A "Hemoccult" test: search for blood in the stool to detect colorectal cancer, Chest X-ray: screening for tuberculosis and lung cancer, a memory test, mainly for the elderly, an interview with a dietician.</p> <p>At the end of this check-up, a visit with a doctor is carried out and, in some cases, it may be decided to carry out additional tests (HIV or hepatitis C screening). Do not hesitate to mention this to your doctor.</p>		Benefits of such a check-up?	Build on the IRSA (RHI) brochures, particularly those presenting the health check-up.
14	30 mn	Shared Medical Record	<p>Open and check your Shared Medical Record,</p> <p>The Shared Medical Record (DMP) is a digital health record that stores and secures your health information: treatments, test results, allergies, etc. It allows you to share this information with the health professionals of your choice, who need it to treat you. You can access it through the site: <a href="https://www.dmp.fr/">https://www.dmp.fr/</a></p> <p>Learners need to bring their Health Card with them to open their DMP.</p>	The trainees open their Shared Medical Record (DMP)	Why? How? should I open a Shared Medical Record ( DMP).	Computers with an internet connection so that the learners can easily open their shared medical record (DMP)
15	60 mn	Day to day Health, (hygiene kit, first aid kit)	<p>Some things are essential at home or even in your car. You may need a mini hygiene kit. What's inside ? :</p> <p>(toothbrush, toothpaste, hydroalcoholic gel, paper handkerchiefs, plastic bag, wipes, Intimate hygiene products, condoms...)</p>	Make the trainees think about what could contain the hygiene kit. The trainees give their answers and write them down. .	What are the daily essential things ? what shall we carry with us each day ?	Whiteboard to write the trainees answers
16	60 mn	Creating a Hygiene	Another essential kit at home, the first aid kit. Of course, the composition of a first-aid kit varies according to household use or specific destination. In all cases, it is a question of being able to face the small boo-boos without forgetting in the event of			Idem



		Memo	<p>travelling to take your own regular drugs in the case of a chronic daily treatment (the content is listed in the Trainer's Guide ).</p> <p>Elaboration of a booklet either individually or in groups</p> <p>To end the course, the learners are asked to create a booklet (or memo card) in order to show the basic rules of hygiene. The trainer can choose if the learners write this booklet individually or in a group.</p>	Idem	Why should we have a first aid kit ? What should it contain ?	<p>Depending on the modality chosen, it is possible for the teacher to use online collaborative tools and therefore the computer tool (Google Doc, Framapad, word cloud...).</p> <p>Day appraisal document , unit appraisal document</p>
17		Appraisal of the unit	<p>Collective appraisal of the unit, exchange with the group. What did you think? What have you learned from it? What are you going to put in place? Learners, if they wish, can present an outline of their star of change.</p> <p>The trainer takes note of the learners' remarks.</p>	Discussion with the learners on how useful this type of module is, what they have learned from it, what they are going to put in place.	How would you rate the day? All these modules?	Day appraisal document , unit appraisal document.



## Theoretical contents of UNIT 4

### **Appendix 1 : Hygiene-Definitions and generalities - Stages 1 to 3**

#### **1.1.Generalities**

Personal and clothing hygiene practices ensure the prevention of infection and the physical well being. They are of paramount importance in the life of a human being for his or her health and relationships with others. They are habits to be adopted from a very young age.

Hygiene practices are designed to ensure :

- Skin health (prevention of infection and irritation) ;
- Relaxation of the body (comfort and well-being of the person) ;
- A positive self-image, essential in the relationship with others ;
- Good educational habits from an early age.

The individual is responsible for his or her health capital.

Hygiene also helps to maintain this health capital !

Personal hygiene practices are important in the world around us and especially in the world of work (humorous graphic illustration possible "unless you live in a cave and never see anyone").

Good and bad hygiene practices in the workplace have a very important effect on well-being at work. Even if most of them are known to everyone, some daily social habits are incompatible with optimal hygiene.

According to the WHO definition, health is a state of well-being.

A Content Overview, Suggested Formats & Sequence of the Unit



## **1.2.Terminology: hygiene & rules of life in society**

Historically the term **hygiene** comes from the Greek Hygienion which means health. Today the definition has been refined, hygiene is now the medical discipline that studies ways to keep human beings healthy by protecting them from disease.

Another objective of hygiene today is to prevent the spread and contagion of germs, and this by simple everyday gestures. There are many things you can do to maintain optimal hygiene: washing your hands several times a day, washing your clothes regularly, taking care of your personal and intimate hygiene, blowing your nose and sneezing adequately. These are just some of the ways you can take care of yourself and prevent the propagation of germs.

Hygiene is a key point for the **rules of life in society** among the many social norms that exist. Hygiene rules usually begin to apply within the family; they often vary from one country, region or culture to another, and they evolve throughout history.

This comes under what is also called "self-image". In the 20th century, one of the major objectives of hygiene is its social impact: respect for oneself and for others depends on the way in which the individual takes care of him or herself and the image he or she gives to others. This image (each person attaches more or less importance to it) therefore depends first of all on personal hygiene, but also on the way people dress and the way they take care of their appearance : hairstyle, jewellery, brands, tattoos, piercings, etc.

The rules that govern a person's relationship with his or her body also change according to many criteria such as : his or her place in the social hierarchy; his or her status as a manual or intellectual worker; the image he or she wishes to project of himself or the importance he or she attaches to it. If, within a group, the commonly accepted norms are not followed, this can lead to rejection or guilt.



## **Appendix 2 : The hygienic routine - Stages 4 & 5**

### **2.1.Update on personal practices**

The purpose of this part is to get the learner to talk about his or her own practices without stigmatizing through different activities.

Activity 1 : discussion based on a multimedia support on hygiene
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Watching a short video can help to overcome initial apprehensions and, above all, create curiosity about the topic. This viewing is done in a group and will lead to an exchange/brainstorming/debate to create cohesion and a free speech zone devoid of judgment.

The following questions can be addressed after the viewing :

- What did you think of the video ?

The trainer should get the learner to formulate and reflect on the following questions :

- How can we approach the notion of hygiene without offending people ? (Because it is still very difficult to talk about it).
- Although known to everyone, why do some people not apply these rules ?

The purpose of this question is to get learners to mention the most common obstacles, such as the financial aspect, self-image problems, or the educational and environmental aspects of these standards.

👍 A video like this one may be used : <https://www.youtube.com/watch?v=urqYpU5usEI&feature=youtu.be>

Source : FEBRAP - Fédération bruxelloise des Entreprises de Travail Adapté (Brussels Federation of Adapted Work Enterprises)



## Activité 2 : What's your routine ?

The aim of this activity is to confront the learner with his practices. The activity can take place in three different ways depending on the group: brainstorming, post-it or sealed envelope. This will depend on the ease with which the participants and the trainer approach the topic and speak openly about it. It can be an individual or group activity.

- Post-its and brainstorming scenario

To the question "What is your routine? What do you do and how often? "write down on the board or on post-its the practices of each person, including the trainer. This will open the debate and enable discussion on all these practices: frequency of bath/shower, shampoos, the products used, the reasons for it all?

- Sealed envelopes scenario

Participants will answer individually on a sheet of paper the above mentioned questions. The results will then be concealed in an individual named envelope. These envelopes will then be given to the trainer who will redistribute them at the end of the last session. The trainee will thus be able to see the evolution of his or her practices or reflections with regard to what he or she mentioned in the first session

## **2.2.Basic hygiene practices**

## Activity 3 : discussion on a video (microbial transmission by hands)

The aim of this activity is to make the learner understand the importance of hand washing and especially the principles of contamination and cross-contamination. The aim is to emphasize that hands are an important factor in human contamination.



A video like this one may be used : [https://www.youtube.com/watch?v=tpdFKoyZ\\_gI](https://www.youtube.com/watch?v=tpdFKoyZ_gI)

Source : Contamination prevention advertising Influenza, France



Activity 4 (optional) : Educational games, glitter test
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The aim of this activity is to discover the principle of cross-contamination from one individual to another through contact. This activity requires glitter. The trainer places them on his hand and will shake hands with one or two participants, who will shake hands with one or two participants and so on. You can see the presence of glitter on each of the participants. There has been cross-contamination through contact.

Washing your hands effectively reduces the risk of flu, gastroenteritis, bronchitis, bronchiolitis in infants...

***When shall we wash our hands ?***

- If they're visibly dirty
- After taking public transport
- On coming home...
- If you hurt your hand
- Before and after eating or preparing a meal
- Before and after caring for a sick person
- After changing a nappy or helping a child to do his or her business
- After handling an animal or after handling animal waste
- After taking out the bins
- After coughing or sneezing into your hands or after blowing your nose...
- Before placing or removing contact lenses

Beware, in certain sectors of activity, hand hygiene is more than a rule of good manners, it becomes a rule of safety as in the food industry or in healthcare professions.



### ***How to wash your hands properly ?***

- Wash your hands with soap and water.
- Wet your hands.
- Apply soap.
- Rub your hands together for at least 20 seconds.
- Rinse your hands.
- Dry your hands with a clean towel.
- Turn off the tap with a towel.

The trainer can provide the WHO handwashing document as a resource.

Activity 5 (optional) : Making Petri dishes
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The goal of this activity is to discover that the elements around us are clean only in appearance and are prime targets for microbial contamination and to become aware that washing ourselves protects us and those around us. This test makes it possible to highlight the presence of the microbial flora hosted by the hands. For this activity you need Petri dishes, stock cubes, agar agar or gelatine, and water, a hydro-alcoholic solution, a marker and tape. To save time, it is advisable that the trainer prepares the dishes prior to the activity. The activity can be carried out individually or in small groups depending on the participants.

The goal will be to make a Petri dish with unwashed hands, with hands washed with soap, with hands washed with a hydro-alcoholic solution, and on a door handle. Once the dishes are made, it will take at least 24 to 48 hours in culture to observe the results. Learners will be able to examine the dishes in a future workshop. A time of discussion can thus take place at the beginning of the second session to talk about the results obtained.



## **Appendix 3 : Personal hygiene - Stage 6**

### **3.1.Basic principles**

It is necessary to wash every day, to remove all dead skin cells, excess sebum, excess sweat, bacteria that are naturally on the skin and that multiply (environmental bacteria). There is also pollution that comes on the skin.

When you take a shower, you remove everything that is bad for the skin; but you also remove things that are beneficial, namely the hydrolipidic film. An emulsion in which there are lipids - fat - and water that helps to hydrate the skin. This hydrolipidic film is the skin's barrier, the body's first defence against the outside world. When you wash, it is partially eliminated. It will be regenerated gradually.

It is best not to rub too much, use the palm of your hand and a mild soap that does not scrub like surgras soaps, or soap-free bars.

Dermatologists may advise to take only one shower or bath every other day, but only when the skin is pathological. Such as in children who have eczema or atopy, a chronic inflammatory skin disease. It develops preferentially in infants and children, but can persist and sometimes even appear in adolescents and adults.

### **3.2.What if we don't do it or not very often ?**

Smell is the first thing that comes to mind, sweat is not the main culprit. In reality, perspiration doesn't smell, it's the bacteria that feed on it that create a whole range of more or less pleasant odours.

Not washing promotes the accumulation of all kinds of micro-organisms that can even be responsible for illnesses such as diarrhea and flu.

Without regular showers, the skin is the most affected. Thus, small lesions are likely to appear, making you want to scratch yourself constantly.

A sound personal hygiene avoids body macerations which can cause skin mycoses, infections, ...

Not washing can also make people with chronic skin diseases such as acne or folliculitis worse (infection of the pilosebaceous apparatus (the hair and its root) by a germ, most often *Staphylococcus aureus*).

In addition, the accumulation of dirt can lead to the appearance of brown patches all over the body.



### **3.3.Wash with a Flannel**

In the past our ancestors used to wash in front of the sink with a flannel, mainly where the skin has folds (armpits, groin...). We live in society, so there are constraints (in terms of smell and cleanliness).

A wet flannel will help to better rub the skin, which should be exfoliated regularly, and will offer a very targeted action. With it, no more dead skin that gives a dull complexion. It can also be an excellent massage tool. Carried out in the shower every day for a few minutes, small circular massages help firm the skin, relax, but also drain water and fat. The result: more tone and less cellulite.

Many people are reluctant to use a flannel. Usually, it is criticised for hygienic reasons. Indeed, the flannel is a propitious ground for the proliferation of various bacteria or fungi. Its main problem is its proper cleanliness.

The flannel must be wet before use and is in contact with the skin. It therefore picks up dirt and dead skin cells from the epidermis.

After use, it is therefore essential to rinse your washcloth thoroughly and then dry it. Placing it on a towel rail or radiator will allow it to dry more quickly. Finally, it is advisable to use a different washcloth for face and body.

Ideally, we can replace it every day.

Activity 6 : discussion about a multimedia on showers
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Watching a short video on the practice of showering can help learners question their ways of doing things.

👍 A video like this one may be used : [https://www.youtube.com/watch?v=u74WVS2\\_Na0](https://www.youtube.com/watch?v=u74WVS2_Na0)

Source : FEBRAP - Fédération bruxelloise des Entreprises de Travail Adapté (Brussels Federation of Adapted Work Enterprises)

### **3.4.Facial hygiene**



It's actually not that complicated. It's just important to take the time to follow a ritual, morning and evening, that will keep your skin healthy and regularly remove the impurities that can sometimes be the cause of imperfections.

For the ritual, nothing could be simple :

Find a good cleansing product, one that will be adapted to your skin type. There are dozens of them on the market, not finding one that suits you could quickly become a case of false pretenses.

Before the ritual, wash your hands carefully, since they are the ones that will pass over and over your face, a face from which you wish to remove impurities by adding impurities.

If you have long hair or hair that goes past your forehead or eyes, tie it up.

Run lukewarm water over your face. It is important that it is not hot, since hot water has drying properties, and that it is not cold, since cold water has no effect on bacteria. You should therefore start by rinsing your face with warm water.

Then it's time to use your cleanser. You should not rub, but rather apply it with small circular movements to all parts of your face, not forgetting, of course, the neck and chin. Don't hesitate to keep your wrist light and airy to avoid causing what we call micro-lesions.

Once the cleanser has been thoroughly applied all over, you should rinse your face as no one wants to walk around all day with their cleanser on the tip of their nose. It's essential that you do this thoroughly because if there is any cleanser left on your skin, it may clog some pores and have the opposite effect. Once again, use warm water.

One step not to be neglected is, of course, the drying of it all. Take a towel and gently dab it over every part of your face. Contrary to what we all always want to do, do not rub, as rubbing damages the skin.

Finally, don't forget to moisturize your skin with a water-based moisturizer.

### **3.5.Feet hygiene**

It is imperative to take the time to do certain things on a daily basis. The foot can be the site of embarrassing and damaging conditions such as athlete's foot fungus, the development of corns and calluses on the feet, or deformed toes (claw toe, hammer toe).

Foot hygiene does not take much time, but it must be done with care :

Wash your feet every day with soap and water (preferably lukewarm water, not too hot), rinse them well, then dry them carefully by wiping between the toes to avoid maceration..



After cleansing : apply a cream to moisturize the epidermis of the foot, if the feet have calluses, rub with a pumice stone.

Other precautions to take to protect your feet, avoid walking barefoot in public places such as swimming pools, saunas, hammams, etc. (for example, wear flip-flops). Also choose your shoes carefully. Try them on before you buy them, check that the shoe is comfortable and that the foot is not compressed inside. If you plan to walk for a long time, avoid shoes that are narrow, too small or have high heels.

The pedicure-podiatrist is the specialist in foot hygiene and comfort and should be consulted in case of problems.

### **3.6.Looking after your hair and scalp**

It is important to take good care of your hair to maintain an optimal rate of sebum production and to maintain healthy lengths. Regular shampooing is essential. Shampoos contain a mixture of tensioactive agents, which in contact with water, rid the scalp and hair of impurities.

Hair washing is highly dependent on type of hair. Dry hair is less likely to be washed often than hair that tends to get greasy quickly. In general, however, hair should not be washed too regularly so as not to overly stress the scalp and the hair's natural protective layer, the cuticle.

It is up to you to decide on your hair routine and when it is necessary to wash your hair. As long as it is not greasy or smelly, it does not need to be specially washed. If your hair is normal, neither too dry nor too greasy, you can wash it two to three times a week.

Hair detangling should always be done before washing your hair. Do not pull on your hair, nor on the knots, you can instead, for example, you can oil it with shea butter. And if you have a lot of knots, before washing your hair, you can also spray it with Aloe Vera juice, then divide your hair into sections and hold them in place with clips. Sections by sections, work the strands, untie the knots with your wet fingertips or oil or detangling cream and then comb through with a wide-tooth comb. Don't be afraid of greasing the hair, it will only be better and after a good shampoo the grease will be gone.

Then wet the hair abundantly, insisting well on the top of the head, before spreading the shampoo. The water should be lukewarm, as water that is too hot can damage the ends of the hair.

Do not empty the bottle of shampoo on the hair - a dab of shampoo is enough! Dilute it in your hands. Shampoos are often too harsh on the scalp. Massage the scalp with your fingertips and from the forehead to the nape of the neck, taking care to distribute the shampoo evenly. Proceed gently so as not to damage the scales. Rinse and then start washing your hair again, unless you wash your hair every day. In this case, it will not be necessary to shampoo your hair twice in a row, one will be sufficient.

Take the time to rinse your hair thoroughly. Rinsing your hair is essential. Without proper rinsing, hair can become dull and sticky at the roots. Finish rinsing your hair with cold, but not ice-cold water, which will give your hair a smooth, shiny look.



Refined perfectionists will add a few drops of lemon or vinegar to the last rinsing to neutralize the limescale and remove shampoo residue.

Regarding the conditioner, there are all kinds of conditioners for all hair types : curly, fine, oily, colored, dry hair that gives volume. It's up to you to choose the conditioner that suits you. Apply the conditioner to rinsed and towel-dried hair directly on the hair by spreading the conditioner delicately with your fingertips. Wait three minutes and then rinse thoroughly.

GOOD TO KNOW: The idea that Men and Women can have different hair and therefore use different shampoos is a purely marketing concept. The only thing that has to be taken into account is the quality of the hair, e.g. oily, dry or coloured.

### **3.7.The consequences of poor treatment of the scalp**

Badly rinsed hair is a little sticky, it gets dirty faster because dust clings more easily. If you can't take a shower, you can still use a dry shampoo. Be careful however, it does not remove dead skin from the scalp and used too often, this product mixes with the natural skin oil and dead skin cells, creating a favourable environment for dandruff. It must be used really occasionally.

Dandruff may appear on dry, unwashed or poorly washed hair. They are due to dead cells present in the hair that accumulate until they cause inflammation of the hair follicles and thus a sensation of painful sensitivity.

In the different affections of the scalp, there are dandruff, inflammation of the scalp, the appearance of spots, etc.. If an appropriate shampoo can solve the first problem, a dermatologist will be needed to treat the other symptoms and make sure it is not psoriasis or eczema.

### **3.8.Haircut and working life**

If your professional career is more important than your appearance, it is still essential to take care of your beauty makeover. First of all, to feel confident, and secondly, to make a good impression on your future employer.

It is essential to pamper yourself and be yourself, you must be comfortable in your clothes and take charge of your appearance. Opt for a sober and well-groomed hairstyle that will sublimates you.



Depending on the position for which you have applied, you will obviously be able to allow yourself a few liberties. It is the same for makeup/perfume...

Activity 7 : discussion based on a multimedia on shampooing
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Viewing a short video on the practice of shampooing can help learners question their ways of doing it.

👍 A video like this one may be used : [https://www.youtube.com/watch?v=u9h2zctc\\_zo](https://www.youtube.com/watch?v=u9h2zctc_zo)

Source : FEBRAP - Fédération bruxelloise des Entreprises de Travail Adapté (Brussels Federation of Adapted Work Enterprises)



#### **Appendix 4 : Body hygiene assessment time - Stage 7**

##### Activity 8 : Summative evaluation via a Kahoot-type questionnaire

The aim is to check that the learners have followed and understood the information provided during the session. An online questionnaire will make the workshop more dynamic.

Possible questions :

- How much shampoo should I use ?
- I am a man/woman, do I need to buy a specific shampoo for men/women ?
- What do you call the foot specialist ?
- ...



## **Appendix 5 : Oral hygiene - Stage 8**

### **5.1.Brushing your teeth, why and how?**

According to the French Union for Oral Health (UFSBD), you should brush your teeth 2 to 3 times a day. If it is not possible to brush your teeth at lunchtime, the UFSBD recommends chewing gum (without sugar, of course) after lunch. The reason is purely technical: chewing generates saliva that is more high in bicarbonates and therefore more likely to combat acidic attacks from food, especially from soft drinks, which helps protect the enamel.

Brushing helps to remove food debris and limit plaque, which is responsible, along with bacteria, for cavities. After each meal, food debris will be accumulated on and between the teeth, and bacteria in the mouth will transform this food debris into acid that will attack the teeth. As the acidity in the mouth increases after each meal, it is necessary to brush your teeth as regularly as possible. It should be noted that each evening, brushing should be completed with dental floss or a dental water jet.

#### Activity 9 : discussion on a multimedia on tooth brushing

The aim is to teach the learner good tooth brushing habits. That is to say a minimum of 3 minutes of brushing, from top to bottom and without neglecting any area.



A video like this one may be used : <https://www.youtube.com/watch?v=-jz6EgcNOKg>

Source : FEBRAP - Fédération bruxelloise des Entreprises de Travail Adapté (Brussels Federation of Adapted Work Enterprises)

### **5.2.Risks associated with teeth**

#### Activity 10 : Brainstorming about the health related risks in oral health

The aim is to get the learner to communicate about the oral health risks they are aware of. This list should be complimented with the following items depending on the answers given.

- Tooth decay
- Bad breath



- Inflammation of the gums : Gingivitis. The main cause of gingivitis is the accumulation of dental plaque (a mixture of food debris, bacteria...). ... Untreated, gingivitis can degenerate into periodontitis (inflammation affecting deeper tissues, bones) which can lead to the loosening of teeth or even their falling out. Periodontitis can also be genetic.
- In some people, the dental roots of the upper jaw are very close to the sinuses. An infection can therefore start in the teeth and sometimes spread to the sinuses.
- Pathogenic bacteria from the mouth can also colonize the lungs. For this reason, it is recommended that an examination of the oral cavity be carried out in the case of a lung infection.
- The relationship between diabetes and periodontal disease is proven: hyperglycemia promotes the multiplication of oral bacteria and molecules that modify the inflammatory response. And it weakens the body's defence cells. An unbalanced diabetes can thus weaken the tissues supporting the tooth and expose them to a greater risk of periodontitis.
- Conversely, untreated periodontal disease can, by generating inflammatory molecules, increase insulin resistance: blood sugar levels are then more difficult to control, and the risk of vascular complications is increased.
- Tooth decay can lead to infectious endocarditis, a potentially fatal heart disease.
- A study involving nearly 10,000 people showed that the risk of heart attack was increased by 25% in men with periodontitis. The presence of Porphyromonas gingivalis, a bacteria involved in periodontal disease, was found in the atheroma plaque of patients who had developed a heart attack.
- An American study revealed this in 1996: pregnant women with periodontitis are 7.5 times more likely to give birth prematurely or to give birth to a low weight baby.
- One of the theories is that bacteria that cause periodontitis migrate into the vaginal flora via the bloodstream. Hence the importance for those who are planning to have a baby to consult their dentist: "Treating periodontitis before pregnancy reduces the risk of premature delivery by 60%".

#### Activity 11 : discussion based on a multimedia on tooth decay

The aim is to teach the learner about the composition of a tooth and the risks associated with poor oral hygiene.

👍 A video like this one may be used : <https://www.youtube.com/watch?v=O5FQ3GhoEIE&feature=youtu.be>

Source : FEBRAP - Fédération bruxelloise des Entreprises de Travail Adapté (Brussels Federation of Adapted Work Enterprises)

#### Activity 12 (optional) : promotion of tooth brushing



In France, there is a partnership between the Colgate brand and the French Union for Oral Health which is working with local schools and associations. The brand distributes free mini toothbrush and toothpaste kits to prevent oral problems and encourage good hygiene.

It would be interesting to be able to develop this type of partnership in order to encourage learners to brush their teeth in training centres or at their workplace.

### **Appendix 6 : Clothes Hygiene - Stage 9**

Clothing hygiene is defined as an individual's ability to keep his or her clothes clean on a daily basis. To be hygienic, clothing must meet the following requirements :

- Be clean
- Adapted to climatic changes and conditions
- Absorb moisture from sweat (cotton underwear are recommended).
- Not interfering with digestion, circulation, or body movements (e.g. elastic belts can interfere with blood circulation).
- Promote skin functions
- Not be soiled or infected by polluting materials

The shoes should fit the size of the feet to avoid deformities. To sleep at night, you have to wear a different garment than during the day. Similarly, if you're walking from home at night and you're walking in poorly lit areas, think about phosphorescent stripes that allow drivers to spot you from a distance.

#### **6.1. Inappropriate or dirty clothing: what are the risks?**

Inappropriate clothing can result in poor skin protection against temperature fluctuations and humidity. Dirty clothes can lead to skin infections and recurring cystitis. It also increases the spread of contagious diseases and parasites.

<b>Activity 13 : When to change textiles ?</b>
--

An activity conducted with a Powerpoint, poster, or whiteboard in order to collect everyone's opinions on the time limits for using everyday textiles. This activity takes place in plenary and gives everyone the opportunity to express themselves. For each textile, the learners have to guess after how long the item concerned should be washed. A few examples :

- Sheets : It is imperative to change them every 15 days since beds contain a large quantity of mites and other small animals fond of dead skin. The excrement they leave everywhere is the cause of many of our allergies.
- The bath towel : Can be used between 3 and 4 times, but must be hung out and dried to be used again. However, if you come back from the gym, bring your towel directly to the wash.
- The bra : It can be worn 2 or 3 times as long as you do not wear it 2 days in a row in order to preserve its elasticity and not stretch it. On the other hand, sports bras go directly to the wash once worn.
- Jeans can be worn for up to 3 days.



- Socks, like all underwear, need to be cleaned after use.
- For dresses there are no special rules. They can be worn several times depending on the material they are made of and the temperature outside.
- Pyjamas are only worn for 3 or 4 nights. If you take a shower before going to bed, the pyjamas can last one or two more nights.
- Leggings, as well as socks and underwear, should be washed after use. These tight-fitting garments keep you warm and can quickly become a seedbed for germs.
- The dressing gown should be washed regularly. Wearing it after getting out of the shower does not exempt it from going through the washing machine. Once dry, it can be worn 2 to 3 times.

### **Appendix 7 : Food and Domestic Hygiene - Stage 10**

Food safety is also a matter of hygiene at home. Understanding the mechanisms of contamination and knowing a few basic rules is of the utmost importance.

The first rule to remember is that cold does not kill germs. The refrigerator preserves but does not purify food. Microorganisms, toxins and enzymes are resistant to low temperatures. A contaminated product does not improve because it is refrigerated. The multiplication of germs is simply slowed or stopped by the cold.

Second rule to follow, long live cooking and casseroles. Cooking food is an excellent way to limit microbial proliferation. The main sources of food poisoning, salmonella is destroyed at a temperature of 65°C, for a period of 15 minutes. The listeria bacterium, responsible for listeriosis, which multiplies at temperatures between 3 and 8 ° C is destroyed when cooking at 65 ° C. Likewise, tapeworm and toxoplasmosis, transmitted by beef, are destroyed by cooking the meat medium. Caution : fish, shellfish and raw meat are very fashionable but can cause serious intoxication.

The third rule is that you have to be very careful about food preservation. Fresh or vacuum-packed products must be removed from their packaging and protected in stretch film. Similarly, it is necessary to make it a habit to pack and isolate products by categories: cheese, poultry, meat and vegetables ( with no earthy or dirty parts), never keep a cracked egg. Never wash a soiled egg during storage as the shell is permeable. In this case it must be cleaned just before consumption.

Beware, ready-made meals quickly become contaminated. Do not leave them in the open air, but store them in the refrigerator for a maximum of 48 hours. If possible, boil them before serving them again.

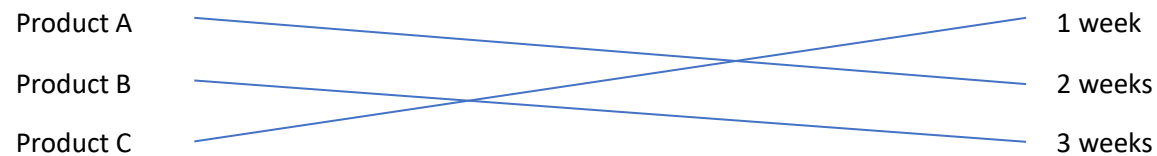
You also have to pay very special attention to poultry. Rotten poultry can contaminate the entire contents of a refrigerator! Also remember to reheat tinned food well before consumption and never refreeze a product that has already been defrosted..

In the kitchen, beware of wooden things! Worktops, cutting boards or wooden spoons are far from offering all the necessary hygiene standards. The porosity of this material makes it difficult to clean perfectly. Microbes get lodged in small scratches... Laminate or plastic cutlery is by far preferable!



#### Activity 14 : What shelf life for which product ?

A whiteboard activity designed to collect everyone's views on the shelf life of certain foods. This activity takes place in plenary and gives everyone an opportunity to express their opinions. For each food, learners have to guess how long the food in question will keep. The game can take the following form :



Below are some storage times in the refrigerator that the trainer can use:

- Eggs : 3 weeks
- Raw vegetables : 3 weeks
- Cooked vegetables : 1 to 2 days
- Raw meat : 4 days, eventually removed from their packaging
- Cooked meat : 1 to 2 days
- Fresh raw fish : 12 to 24 hours when wrapped
- Fresh dairy cream, cream cheeses, butter, yoghurt : according to the expiry date



## **Appendix 8 : Domestic Hygiene - Stage 11**

Beyond the benefits that it can bring to " good health ", hygiene improves well-being both within the body and with respect to the environment. Good hygiene applies to the whole house. For that there are some rules to respect :

First thing, provide at least 10 minutes of daily circulation of air to maintain a healthy atmosphere. This allows for the renewal of the air and the reduction of the concentration of pollutants and volatile organic substances, such as indoor paints. In the same way, do not hesitate to bring plants into your home, they also help to purify your interior.

You should also clean the house once a week, wash your clothes (sheets, pillowcases, towels, carpets...) regularly, remove your shoes before going into your bathroom or bedroom, put away your belongings after use to save time and avoid potential trips.

If possible, limit the number of carpets, rugs, fabrics that are real dust nests. Finally, for safety reasons, have your heating installations checked every year and do not heat your home above 19°C.

The hygiene rules mentioned are not intended to make our living environments sterile, each individual has his or her own degree of tolerance towards cleanliness. However, these are some useful tips for your health and the environment that surrounds you.



## **Appendix 9 : Health: prevention and treatment – Stages 12 to 14**

### **9.1. Microbes, bacteria, viruses... What are they?**

**Microbes** are extremely small living organisms and therefore invisible (only observable under a microscope). They are found everywhere, in the air, on food, on the body, but also inside the body, in the mouth, nose and intestines. Some can cause illnesses such as the flu virus, others are useful such as yeast used to make bread dough rise. There are 3 types of microbes:

**Bacteria** first. Some of them can be useful, for example in the food industry: it is a bacterium that is used in the production of cheese and yoghurt, for example. Others are dangerous and contagious and can cause infections such as those responsible for certain gastroenteritis.

**Viruses** on the other hand cause many human illnesses: mumps, flu, human immunodeficiency virus (HIV, AIDS, etc.). They are generally highly contagious and are spread via the air, saliva and/or blood. A tiny drop of saliva thrown up can be enough to cause a person to become infected with the flu virus.

**Fungi** can be found on the skin, in the air, in the water and on plants. There are different types: moulds, yeasts, but also mycoses, which are extremely contagious skin diseases. Herpes labialis, better known as cold sores, is one of them

### **9.2. Health professionals**

There are many practitioners, each specialized in a particular field. The **general practitioner** is usually consulted first.

**The dermatologist** is the skin specialist. He or she will take care of all skin problems, from acne to moles to more serious things. Moles deserve special attention. It is advisable to show them to your dermatologist for monitoring and control at least once a year.

**The ophthalmologist** takes care of vision problems. If you notice that your eyesight is not as good, either from near or far, don't hesitate to visit one of these specialists. Depending on the individual, it may be necessary to have your eyesight checked and, if necessary, checked once or several times a year. Sight-related problems are intense, mainly migraine headaches and changes in eyesight.

**The dentist** is the specialist in teeth and mouth in general. Ideally, you should see your dentist once a year for a routine check-up to make sure that your teeth are in good condition. The frequency of visits to the dentist will depend on several factors, including your age, your risk factors (smoking, alcohol, diabetes...), and the initial state of your teeth (fragility of the enamel, gingivitis...).

**The gynaecologist** is the specialist in women. Consultations with the gynaecologist are recommended from the beginning of sexual activity. It is then recommended to have one consultation per year to take a smear test to detect any abnormalities and, if necessary, to carry out further examinations. A palpation of the breasts will be done at this time to detect a potential lump. This annual consultation is an opportunity to discuss issues related to menstruation, sex life, desire to have children, etc.



Finally, **the Andrologist**, the specialist in men. He is most often consulted in case of need: erection, ejaculation or fertility problems within the couple.

### **9.3.Focus on the free health check-up**

In France, there is a free health check-up, a preventive health examination (EPS) is an offer proposed to the members of the general social security system. It is fully covered by the Health Insurance. It complements the action of the general practitioner. It is intended primarily for people over the age of 16 who are outside the health system and in a precarious situation (source: ameli.fr). The check-up lasts between two and three hours and generally includes the following examinations, which can be tailored according to the age, sex, history and lifestyle of the individual:

- A blood test: blood count, sedimentation rate, glycemia, cholesterol, triglycerides, transaminases, gamma GT;
- A urine test: to check for the presence of blood, sugars, albumin, etc.
- An oral checkup;
- Visual and hearing tests;
- A biometric check-up: height, weight, calculation of BMI (body mass index);
- An electrocardiogram;
- Blood pressure
- Respiratory monitoring or spirometry: a means of assessing the respiratory system of people with asthma and chronic bronchitis and screening for smoking-related problems.
- A gynaecological examination: cervical smear and screening for breast cancer;
- A "Hemoccult" test: search for blood in the stool to detect colorectal cancer;
- Chest X-ray: screening for tuberculosis and lung cancer ;
- A memory test, mainly for the elderly;
- - An interview with a dietician.
- At the end of this check-up, a visit with a doctor is carried out and, in some cases, it may be decided to carry out additional tests (HIV or hepatitis C screening).

Do not hesitate to mention this to your doctor.

#### **Activity 15 : Open/Check your Shared Medical Record**

An online activity using computer workstations and an internet connection to help learners open their Shared Medical Record (DMP). The Shared Medical Record (DMP) is a digital health record that stores and secures your health information : treatments, test results, allergies, etc. It allows you to share this information with the health professionals of your choice, who need it to treat you. You can access it through the site: <https://www.dmp.fr/>



Learners need to bring their Health Card with them to open their DMP.

For learners with a smartphone, the activity can continue with the installation of the DMP application on the terminal.

### **Appendix 10 : Health : the daily essentials – Stage 15**

Some things are essential at home or even in your car. You may need a mini hygiene kit that contains :

- Mini toothbrush + toothpaste
- Hydroalcoholic gel
- Paper handkerchiefs
- 1 plastic bag
- Eventually: Baby wipes / deodorant type wipes
- Intimate hygiene products & condoms

- Another essential kit at home, the first aid kit (memo card handout). Of course, the composition of a first-aid kit varies according to household use or specific destination. In all cases, it is a question of being able to face the small boo-boos without forgetting in the event of travelling to take your own regular drugs in the case of a chronic daily treatment (contraception, cholesterol, diabetes, hypertension, etc...).

Medicines to be used without water are to be preferred (lyocs, tabs, ready-to-drink sachets). Single doses are very good alternatives and the leaflets should be kept with the medication in its original packaging.

This is an indicative list and undoubtedly very (too) exhaustive, it is to be amended to suit a kit you keep at home for everyday use or according to your destination.

- A medicine against pain and fever: paracetamol is recommended.
- An anti-diarrhoea treatment: several molecules exist: a transit slowing agent such as Loperamide and an intestinal antiseptic: Nifuroxazide (for more details, see the "How to treat diarrhoea" sheet).
- An antiemetic (or an anti-vomiting agent) if necessary: Vogalibs®, Mercalm®, Nausicalm® or homeopathic forms such as Cocculine®.



- An antispasmodic of the Spasfon® type.
- An eye rinsing product in individual pods.
- An antiseptic eye drops.
- A cetirizine-type antiallergy medication.
- Soothing and calming throat lozenges.
- An alcohol-free antiseptic in small sizes or individual pods.
- A soothing cream against insect bites and mosquitoes.
- An anti-scald cream.
- Water disinfection tablets (depending on the destination)
- Sterile pre-cut plasters.
- Sterile adhesive stitched.
- A strip of gauze of small size.
- Sterile compress sachets.
- Haemostatic dressings: Bloxang® or Coalgan® for nosebleeds.
- A roll of tape.
- A pair of disposable gloves.
- Small scissors.
- Splinter tweezers and/or tweezers.
- Safety pins.
- A thermometer.
- An emergency blanket.
- Condoms
- Necessary kit if contact lenses are used.

When necessary, such as during a job interview, spare or emergency clothing can also be prepared.



### **Appendix 11 : Creating a booklet individually or in a group – Stage 16**

To end the course, the learners are asked to create a booklet (or memo card) in order to show the basic rules of hygiene. The trainer can choose if the learners write this booklet individually or in a group. Depending on the modality chosen, it is possible for the teacher to use online collaborative tools and therefore the computer tool (Google Doc, Framapad, word cloud...).



## UNIT 5 : Prevent high risk behaviour and addictive behaviour

Addictive behaviors can put an individual's work and personal life at risk, hence the importance of knowing the characteristic signs of an addictive behavior. As its name suggests, risk behavior is the name given to the conduct of a person who acts on impulse and without considering the consequences, exposing himself to dangerous situations. That is why it is essential that we maintain attention so that risky behavior does not become a constant and results in damage to the physical and emotional integrity of individuals.

Thanks to this module, the trainees will be able to identify and prevent high risks and protective factors associated with addictive behavior and dependencies, to encourage the effectiveness of existing interventions to prevent addiction behaviour, to understand and know about drugs and learn how to reduce consumption of tobacco, alcohol, cannabis or other illicit psychoactive substances through universal or selective approaches.

What are the risk factors? What is the difference between personal influence, social influence and physical influence? Identify risk behaviors. Types of drugs and their consequences. What are the health risks? What does addiction mean? The role of alcohol and the World Health Organization. Key factors for successful treatment? Relapse, and its prevention. These are the issues that will be addressed in this module.

The objective of this unit is that the learner adopts in his/her life, behaviors promoting prevention of addictive risks and ensure health, the social life and the professional inclusion

To do so, we will use various media (Posters, brainstormings, case studies, videos, meeting-style conversations – “World Café”) and with the support of the trainer, will build a “Quiz Cards” about good practices “What factors contribute to drugs addiction?”.

### **Summary :**

<b>Framework of UNIT 5</b>	<b>231</b>
<b>Scenario of UNIT 5</b>	<b>236</b>
<b>Theoretical contents of UNIT 5</b>	<b>241</b>
<b>- Appendix 1 : Activities guidelines</b>	
<b>- Appendix 2 : Powerpoint presentation</b>	



## Framework of UNIT 5

Unit : 5		Title : Prevent high-risk behaviour and addictive behaviour	ECVET credit points :
Learning outcomes correspond to EQF level	3/4		
Key outcome : To identify and prevent high risk and protective factors associated with addictive behavior and dependencies,			
<p>Learning outcomes</p> <ul style="list-style-type: none"><li>- Identify and know the fundamental concepts in the scope of addictive behaviors and dependencies</li><li>- Learn about various drugs (including short and long-term health impacts), and recognize protective and risk factors associated with substance abuse and addiction and learn the importance of resilient factors.</li><li>- Identify and know the types and characteristics of additions and dependencies without substance</li><li>- Identify and know, risk and protection factors in relation to additions and dependencies, with and without substance</li></ul>			
Knowledge		Skills	Competence



Knowledge	Skills	Competence
<p>The learner knows and understands :</p> <ul style="list-style-type: none"> <li>- Fundamental concepts in the scope of addictive Behaviors and dependencies</li> <li>- The tobacco as preventable causal factor of disease and premature death</li> <li>- The immediate and long-term effects of tobacco on health, individual, family, social and environmental</li> <li>- Identify factors that influence the perception of risk in relation to smoking</li> <li>- The alcohol-related problems with illness and premature death</li> <li>- The effects of alcohol on health, immediate and long term</li> <li>- The factors that influence the perception of risk in relation to the consumption of alcoholic beverages</li> <li>- The adequate behaviors in relation to the consumption of alcoholic beverages</li> <li>- The characteristics and types of psychoactive substances</li> </ul>	<p>The learner is able to :</p> <ul style="list-style-type: none"> <li>- Know areas of intervention in the scope of addictive behaviors and dependencies : - Prevention, - Deterrence ; - Treatment ; - Rehabilitation / Social Reinsertion; - Harm Reduction.</li> <li>- Analyze self-knowledge components associated with good group and social integration (empathy, trust, cooperation, group work</li> <li>- Know the main constituents of the chemical composition of tobacco and its carcinogenic, toxic and mutagenic effects</li> <li>-Analyze the consequences of tobacco consumption in terms of cancer development, cardiovascular diseases, respiratory diseases, other diseases</li> <li>- To evaluate the reduction in the life expectancy of people caused by the harmful and / or abusive consumption of alcoholic beverages</li> <li>-To evaluate the impact that the accidents (road, work, ...) caused by the abusive consumption of alcoholic beverages have in the family and the society</li> <li>- To evaluate the main consequences of prolonged consumption of alcoholic beverages, in terms of physical, psychological, family, social and school / work performance.</li> </ul>	<p>The learner :</p> <ul style="list-style-type: none"> <li>- Will be capable of interacting with the various local social and healthcare networks in the community</li> <li>- Effectively promote the necessary actions to be taken in order to preserve a person's health in accordance with his/her lifestyle</li> <li>- Is capable to discuss the meaning of fundamental concepts in addictive behaviors and dependencies</li> <li>- Will be capable to integrate concepts related to consumption risk: - Risk; - Risk perception: - Risk behavior; - Motivation to live the risk</li> <li>- Identify the proportion of patients and deaths associated with tobacco use in the total number of deaths in Portugal, the rest of Europe and the world</li> <li>- Identify nicotine as a toxic substance, potentially lethal to humans by ingestion or absorption through the skin, Characterize additive behavior and dependence on tobacco, Discuss the</li> </ul>



<ul style="list-style-type: none"> <li>- The immediate short and long-term effects of psychoactive substance use</li> <li>- The factors that influence the perception of risk in relation to the consumption of psychoactive substances</li> <li>- The different patterns of consumption of psychoactive substances and the respective consequences and risks associated with their consumption</li> <li>- The types and characteristics of addictions and dependencies without substance</li> <li>-The immediate, short-term and long-term effects of addictions and dependencies without substance</li> <li>- The risk and protection factors in relation to addictions and dependencies without substance</li> </ul>	<ul style="list-style-type: none"> <li>- To evaluate the individual factors facilitating the consumption of alcoholic beverages, namely the normalization of consumption, beliefs and expectations, contexts</li> <li>- To analyze the risk behaviors associated with the consumption of alcoholic beverages (driving under the influence of alcohol, sexual risk behaviors, violence), Analyze the risks associated with the concomitant consumption of alcohol with other substances: legal (medicines, tobacco, energy drinks) and illegal (cannabis, an others).</li> <li>- Identify the characteristics of Psychoactive Substances according to the effects caused in the Central Nervous System (stimulants, depressants and disturbances)</li> <li>- To evaluate the factors that influence the effect of Psychoactive Substances in the body (Physical / Biological, Psychological, Behavioural, Environmental).</li> <li>- To analyze the cultural and social factors that induce or inhibit the consumption of Psycho Substances (media, marketing, social networks)</li> <li>- To analyze individual factors facilitating the consumption, namely the normalization of the consumption behavior according to the surrounding references - parents,</li> <li>- To analyze the risk behaviors associated with the consumption (driving under the effect of Psychoactive Substances, sexual risk behavior, violence) and analyze the</li> </ul>	<p>neurobiological effects of nicotine, Know the benefits of smoking cessation</p> <ul style="list-style-type: none"> <li>- Is capable to assess the main consequences of prolonged consumption of ABP, at physical, psychological, family, social and school / work performance levels.</li> <li>- To value and promote responsible behavior towards additions and dependencies without substance.</li> <li>- is capable to understand dimensions and factors that influence addictive behaviors and dependencies</li> </ul>
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	<p>risks of concomitant use of these with other substances : legal (alcohol, medicines, tobacco, energy drinks) and illegal.</p> <ul style="list-style-type: none"> <li>- Analyze the most frequent types of addictions and dependencies without substance (game, internet, mobile phone)</li> <li>- Describe and analyze the implications of additions and addictions without substance more frequent (game, internet, mobile phone)</li> <li>- To analyze the immediate and long-term effects of additions and dependencies without substance more frequent (game, internet, mobile phone)</li> <li>- Analyze the main consequences of additions and dependencies without substance, in physical, psychological, family, social and work performance</li> <li>- Analyze cultural and social factors that induce or inhibit risk behaviors (media, marketing, social networks).</li> <li>- Analyze risks associated with the use / consumption of products, goods and activities that can trigger addictive behaviors.</li> </ul>	
Performance criteria for assessment		



The learner is able to :	expected results*:	
<p>Understand the "processes of addition" as behaviors with impulsive-compulsive characteristics in relation to different activities or behaviors.</p> <p>Understand that the most frequent among people are the consumption of Psychoactive Substances, namely alcohol, tobacco and cannabis, gambling and the internet and that the phenomenon of addictive behaviors and dependencies is complex and multidimensional, including genetic, neurobiological, psychological and environmental factors, being transversal to society.</p>	<ul style="list-style-type: none"> <li>- Identifies psychopathology related to addictive behaviors.</li> <li>- Describe the impact and personal and family consequences of addictive behavior and substance use ;</li> <li>- Discusses different approaches and existing programs ;</li> <li>- Describes the main aspects for care planning ;</li> <li>- Identifies several techniques to be used in monitoring individuals and families ;</li> <li>- Identifies the expected results for the person, in a personalized way.</li> <li>- Decrease the consumption of legal and illegal psychoactive substances in adults,</li> <li>- Increase the perception of risk associated with the use of substances. Licit and illicit psychoactive substances in adults.</li> <li>- Increase the perception of risk associated with alcohol, Addictive behavior and dependencies, tobacco, Other psychoactive substances and other additions without substance consumption.</li> <li>- Reduce the prevalence of alcohol consumption alcohol, Addictive behavior and dependencies, tobacco, Other psychoactive substances and other additions without substance consumption.</li> </ul>	
Hours of total learning unit : 50 hours		
Assessment methods		
Oral examination, practical examination, written work and examination		







## Scenario of UNIT 5

### *EASY HEALTH : Prevent high-risk behaviour and addictive behaviour*

**Objective(s) :** *To identify and prevent high risk and protective factors associated with addictive behavior and dependencies*

*Synthetic presentation of the pedagogical scenario: method, interest, target audience...*

- *In this unit the learners will reflect on comprehensive social influence about basic knowledge, concerning risk and addictive behaviour and its related consequences in general.*
- *Learners will identify and know the specific life skills and resources that they need to resist or prevent social influences and to support knowledge about prevent risk and addictive behaviour and the elements that influence the ability to change (including strengthening psychological skills as early as possible).*
- *Identify, learn and know the fundamental concepts about characteristics of additions behaviours and dependencies and recognize risk factors associated with substance abuse and addiction*

Collective and/or individual scenario

Duration :approximately 25h00

Targeted skill(s): at the end of the scenario, the trainee will be able to...

- Understand that substance use is a learned behaviour that can be modified according to principles of conditioning and learn the necessary life skills used on the comprehensive social influence model.

*Evaluation Criteria and Expected Results :*

*Teachers will evaluate the worth of lessons and programmes by using their professional judgement and monitoring their own feelings and reactions, as well as seeking feedback from students. For specific part of the module, the trainer can be made aware on the subject or be supported by professionals of addiction's prevention."*  
*The expected results will be measured through a checklist for evaluating unit skills-based Prevent high-risk behaviour and addictive behaviour*

Evaluation and validation procedure :

*The Evaluation must relate directly to the stated learning outcomes or objectives of the unit.*  
*The school can influence skills, knowledge, values and attitudes that may, in turn, influence and prevent high-risk and addictive behaviour. Evaluation of the programme should focus on the*



classroom level of knowledge, attitudes, values and skills that represent the immediate impact of the Unit.

Is also important to focus the confidentiality rules: Allow individual times to discuss, give self-administered questionnaires or present the resources of the structure or the territory.

<b>Stages</b>	<b>Time</b>	<b>Step title</b>	<b>Trainer's task</b>	<b>Trainee's tasks</b>	<b>Guidelines</b>	<b>Documents/ material</b>
1	30 mn	<i>Presentation of the Unit</i>	Explain the objectives of the module Present the course of the sessions, the expectations and the work to be Alcohol risk behaviour. Explain assessment and validation of learning outcomes Pass on the information sheets to the candidates, encourage them to complete the course material by taking notes. Allow time for questions.	The trainee writes down the objectives of the physical agenda of the day, and asks questions if he or she needs clarification.	Respect the rules for writing and note-taking Organize your work Read the fact sheets	Whiteboard, markers for whiteboard. Trainer information sheets PC / overhead projector.
2	60 mn	<i>Brainstorming</i>	Brainstorming session to place the learners into context, recap the work done on the first 4 units. The aim is to highlight the main themes addressed without going into further detail The trainer lists the main points given by the learners on the board.	Be attentive and take notes on the different points covered during the brainstorming.	List the learners' knowledge. Respect the rules for writing and note taking.	Whiteboard, markers for whiteboard. Sheets of paper to document the brainstorming, the expectations and the rules the class agreed on.
3	2,00 H	<i>Choices – Addictive and risk behaviors</i>	The take-home message of this lesson is that there are some factors influencing the addictive and risk behavior. The trainer will explain that risk and protective factors are not absolute predictors of any behaviour. The overall objective is to lead and motivate pupils to think about models of social behaviour. Trainers will introduce three basic groups of influence on the use of any drug : Personal Influence ; Social Influence ; Physical Influence.	The trainees will answer, based on what they have read, seen or experienced, some statements about addictive and risks behaviors. Trainees will be in groups of Three and after discussion they will summarize the three influences and make clear that there can be a risk and a protection within each group.	Respect the rules for writing and note-taking organize your work Read the fact sheets	Whiteboard, markers for whiteboard. Sheets of paper to document the working group.
4	4,00 H	<i>Drugs, Drug Use and</i>	Trainers will provide learners with basic knowledge	Trainees will participate in discussion	The trainer organizes slide	PowerPoint slides



		<i>Its Consequences</i>	about drugs, psychoactive drugs, drug use and its related consequences in general, Facilitate a 30-minute discussion and a 30-minute report-back session based using the instructions of the trainer. Divide the participants into 3 groups and in different blood alcohol concentration slide. Then reconvene the exercises to report back. The other 2 groups should provide additional insights after the report-out to fill potential gaps. Trainer will organize a quiz contest about the theme.	handouts (provided to incite questions before the session) and will make a report back of the session. Trainees will answer to the questions in the slides and participate in small exercises group. Trainers will answer if they have doubts. Drugs and psychoactive drugs.	session, exercises and summarize group to help them in working groups. The trainer synthesizes what the learners have said and write on the paper's.	LCD projector Flipchart and papers Markers
5	3,00 H	<i>Risk and Protective Factors</i>	The trainer will explain and identify risk taking behaviour and protective factors as also the characteristics of additions and dependencies without substance The trainer will explain the health risks in objective and simple terms, and explore some of the health and social consequences of the risk-taking behaviours in an interactive way. Introduces the participants into 4 groups and in discussed they will summarize the session and present the overall risk factors.	Be attentive and take notes on the different points covered during the session. Trainees will participate in work groups handouts and will make a report back of the session, through a presentation of the theme expressed in the session. Trainees will answer to the questions.	The trainer organizes the session and the working groups and goes round each group to help them in working groups. The trainer synthesizes what the learners have said and write on the paper's.	PowerPoint slides LCD projector Flipchart and papers Markers.
6	3,00 H	<i>Basis of drug addiction</i>	The trainer will present and explain the basis of addiction and describe the patterns of psychoactive drug use and avoid misunderstandings about drug users Provide understanding of biological basis of addiction and identify physical and psychological addiction. Trainer breaks the class into small groups of 4 to 5 people.	Answer to the quiz made by the trainer. Trainees will be in groups of 4 or 5 and after discussion they will present the results of discussion. Trainees be attentive and take notes on the different points covered during the session.	The trainer organize the session and the working groups and goes round each group to help them in working groups. Ask each group to appoint someone to report back on the group discussion and ask them to spend 15 minutes discussing the statements in the slide. Once all groups have reported back, proceed with the suggested wording below.	PowerPoint slides LCD projector Whiteboard, markers for whiteboard
7	2,50 H	<i>Alcohol risk behavior</i>	Trainer introduce the theme by explaining that you will discuss alcoholism, and problems related to	Learners describe alcohol use, by	Guide the participants through a large-group exercise. Draw	PowerPoint slides



			<p>alcohol abuse and intoxication. Provide participants with basic trainer use and its participants consequences in general, Describe the levels of use their knowledge as the basis for filling missing components and organize a large group exercises.</p>	<p>explaining the concept of standard drinks and their relationship to blood alcohol level. Trainees describe the effects of alcohol And list 6 risk factors related to high-risk drinking.</p>	<p>three columns on trainees and label them: Low, Moderate, and Severe. Proceed with the questions below, and fill in participant responses based on where they belong on the chart</p>	<p>LCD projector Whiteboard, markers for whiteboard</p>
8	2,00 H	<i>Basic Treatment Principles</i>	<p>Trainer introduce the theme by explaining what you will discuss the basic principles and practices of drug addiction treatment. Review the key points of this unit and answer participants' questions. Identify the key principles in providing high quality drug addiction treatment and goals of treatment. Develop scenarios about issues related to the basic principles of drug treatment and describe the settings where treatment occurs. Describe the relationship between different types of treatment.</p>	<p>Trainees are attentive and take notes on the different points organizes the session. Trainees ask questions about this session.</p>	<p>Presentation of the slides Review the key messages of this unit. Ask if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.</p>	<p>PowerPoint slides LCD projector Flipchart and paper Markers</p>
9	3,00 H	<i>Important Factors for Successful Treatment</i>	<p>Trainer introduces the theme by explaining what will be discussed, the factors that influence the success of drug addiction treatment. Brainstorming. Describe the factors that influence “star of change” treatment. Describe how to link these factors to different contexts Reemphasize that program-related factors have a greater influence on treatment outcomes than individual factors. Trainer breaks the class into small groups of 4 to 5 people.</p>	<p>Trainees are attentive and take notes on the different points covered during the session Trainees ask questions about this session and answer to the trainer's questions Trainees participate in the brainstorming and discuss different statements posted by the trainer. Trainees present the results of discussion/ brainstorming</p>	<p>Presentation of the slides. Review the key messages of this unit. Ask if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.</p>	<p>PowerPoint slides LCD projector</p>



10	60 mn	<i>Relapse prevention Revision, addictive behaviours and skills</i>	<p>Trainer will make revision of lessons from previous sessions by asking probing questions to the trainees This session will be interactive and draw on trainees' previous learning.</p> <p>Trainer will encourage participants to reflect on their understanding around these issues and use their knowledge as the basis for filling missing components.</p> <p>Organizes; any of the exercises from the previous sessions</p>	<p>Get the trainees to reflect on an example so that they can appropriate the approach. Each trainee fills out his or her “star of change”.</p> <p>Discuss what the learner is going to do to facilitate and preserve his or her professional integration.</p> <p>At the same time, through interviews, learners complete a final questionnaire on all the modules.</p> <p>Exchange with the learners on the benefits of this type of module, on what they have learnt from it, what they are going to put in place.</p>	<p>Presentation of slides Guide the participants to provide answers. Write their answers on flipchart paper and categorize them as either presentation or program factors.</p> <p>Allow some time to discuss some statement. Encourage them to challenge the statement and come up with reasons why they might disagree</p>	<p>PowerPoint slides LCD projector</p> <p>Scrap paper if needed.</p> <p>An office, if possible, to carry out interviews.</p> <p>Assessment document for the day, document for the final assessment of the module.</p>
11	2,00 H	<i>Unit Written Exam</i>	Trainer gives the exam of the Unit and help the trainees if they have doubts.	Trainees will do the exam	<p>Presentation of slides Ask if they statements. Guide the participants to provide answers.</p>	Exam on paper
12	60 mn	<i>Written Exam results and evaluation</i>	<p>Trainer will release exam results, questions/answers any of the left over contents from the previous sessions</p> <p>Evaluation process</p> <p>Closing Remarks</p>	Trainees will do their own evaluation and evaluate the unit and the trainer.		Whiteboard, markers for whiteboard and papers



## Theoretical contents of UNIT 5

### **Appendix 1 : Activities guidelines**

#### ➤ **Activity nº 1: Fabulous Flags Activity**

Pass out a sheet of paper, pens, and colored pencils, crayons, and/or markers to each person. Explain the activity: “We’re now going to draw flags that represent or symbolize us. Please design your own flag of you – include some symbols or objects that symbolize who you are or what you find enjoyable or important.” You can show your own sample flag if you like. For example, you could draw:

- a guitar (representing your passion for music)
- a tennis racket (someone who enjoys sports)
- a country like India (representing your affiliation with a country)
- a cross and a heart (representing Jesus and His love for the world)

Give everyone a set amount of time to draw (e.g. 15-20 minutes or so) and then reconvene. Ask for volunteers to share their flags and explain the meaning of what they drew. If it is a large group, you can divide everyone into smaller groups and ask them to share their flags with each other, or you can just ask a small number of volunteers to share

#### ➤ **Activity nº 2: Brainstorming**

The trainer explains the purpose of the brainstorming, announces the rules, and writes the subject on a large blackboard/flipchart.

- The trainer then invites ideas and suggestions which are recorded on the blackboard/flipchart immediately as they are offered. Members remain seated and call out ideas as fast as possible to the trainer. Criticism is forbidden at this stage, and free-wheeling is encouraged.
- The brainstorming continues for 1-3 minutes or more until the ideas stop flowing.
- The trainer thanks the participants and proceeds to the next step: evaluation.



- The group then examines all suggestions in terms of their suitability or may break into sub-groups for this purpose.

### ➤ **Activity nº 3: Buzz Group**

- Frame a very clear, precise question stating exactly what you want the participants to achieve.
- Divide the plenary group into smaller sub-groups of 2 or 3 people each (with a maximum of 4 or 5 groups in total)
- Ask the groups to nominate a lead person to record. Ask the lead person to have the members examine the questions/task and agree that they understand it.
- Give the group instructions on how feedback is to be given/taken and clearly indicate the time allocated to the activity. Monitor the group performances and listen for points of difficulty/ambiguity or any other factors that may make the discussion difficult. Observe the degree of involvement of each of the participants.

#### Collecting feedback:

The participants will be sitting in groups of 2 or 3 people each. Ask the first person in the first group for the first response. Record it on the board. Ask the first person in the second group for their first response. Continue with all the first members of each group.

When finished with all the first members, commence with the second person in the first group and proceed as per the first round of responses. Continue until everybody has spoken.

### ➤ **Activity nº 4: CATEGORIES OF RISKS**

Divide the participants into three groups. Explain that you have a number of clue cards in your hand with descriptions of effects of criminal or violent behaviour and drug use, including drinking alcohol.

There are three categories of effects of these behaviours: physical, mental and social. Examples are:

- Physical: loss of balance, feeling sick, getting injured
- Mental: decrease of memory capacity, difficulty concentrating or taking complex decisions



- Social: getting involved in violence, losing friends

Next to each tape line on the wall and on the floor, mark which category each line corresponds to (physical, mental or social). The same goes for the three buckets placed next to each other.

Each group receives six cards but does not look at them at first. On your signal each group carefully reads the cards together and decides which of the above three categories they belong to. Once they have reached a consensus, they place the cards in the correct place, as follows:

- Team A: one player jumps with stretched arms to stick the cards to a piece of the double-sided tape 2.5 m high on the wall in the right zone.
- Team B: one player sits down with his or her legs almost stretched out and sticks the cards on the right double-sided tape on the floor at full stretch (while doing crunches).
- Team C: from a distance, each player throws a card in one of three baskets, one for each of the three categories.

Regroup the players, have them look at the risk cards in each location and lead a discussion on the allocation of risks to physical, mental and social factors. Some cards can fit in more than one category. Focus on mental and social risks and ask for examples affecting sport performance.

#### ➤ **Activity nº 5: Case Study + World Café – Addiction Risk Behaviour**

Set up like a café, with paper-covered tables for four supplied with refreshments.

1. Seat four to maximum six people at small cafe-style tables.
2. Prepare rounds of conversations of approximately 20-30 minutes each (and pre-define the questions). The questions or issues should matter to peoples' lives, work or community.
3. Encourage both table hosts and members to write, doodle and draw key ideas on their tablecloths or to note key ideas on large index cards or placemats in the centre of the group.



4. Upon completing the initial round of conversation, ask one person to remain at the table as the host while the others serve as travellers. The travellers carry key ideas, themes and questions into their new conversations.

Ask the table host to welcome the new guests and briefly share the main ideas, themes and questions of the initial conversation. Encourage guests to link and connect ideas coming from their previous table conversations, listening carefully and building on each other's contributions.

By providing opportunities for people to move in several rounds of conversation, ideas, questions, and themes begin to link and connect. As a result, at the end of the second round, all of the tables or conversation clusters in the room will be cross-pollinated with insights from prior conversations brought by travellers.

5. In the third round of conversation, people can return to their home (original) tables to synthesize their discoveries, or they may continue traveling to new tables, leaving the same or a new host at the table. Sometimes a new question that helps deepen the exploration is posed for the third round of conversation.

6. After several rounds of conversation, initiate a period of sharing discoveries and insights in a whole group conversation. It is in these town meeting-style conversations that patterns can be identified, collective knowledge grows, and possibilities for action emerge.

Or

**Case Study :** Division of participants into groups. Each group choose a country for data analysis (*Alcohol risk behavior* ).

Example: **World Health Organization - Global status report on alcohol and health 2018**

#### ➤ Activity nº 6: Quiz Cards

Divide the players into four teams. The goal of this activity is to discuss drug or alcohol abuse, criminality and violent behaviour. Explain the procedure of the quiz game:

- Each team has four cards with multiple-choice questions lying on the other side of the field.



- Taking turns, one member of the team runs to get one of the cards. One member of the team records the running time there and back. When back, the player that made the run reads the card to the other players (don't look at the correct answer on the back).
- The team discusses what the answer could be. Once they decide, one of them runs to get a paper with that answer (A, B or C).
- Running time is recorded again.
- The team that got the quiz card reads out the explanation and the answer.
- Note down the score (pass or fail / 1 or 0).
- Another player runs to get the next card, so the whole procedure is repeated four times for four cards. Sum up the running times.

While the groups are working, monitor and encourage the players to discuss not only the answer they will give but also their views on the final answer provided. When finished, collect the scores (correct answers and running times) and applaud the winning team, which is the one that has the most correct answers (four max.) and has run fastest. Also point out the groups you saw actively discussing the questions and answers, to illustrate that the activity is intended to trigger discussion and critical thinking.



## Appendix 2 : Powerpoint presentation



# EASY HEALTH

## Unit 5:


### Prevent high-risk behaviour and addictive behaviour



Co-funded by the  
Erasmus+ Programme  
of the European Union


### Unit 5 - Objective:

*Identify and prevent high risk and protective factors associated with addictive behavior and dependencies*



### Activities of the day :

- Icebreaker dynamics Guide construction
- Brainstorming
- Discussion based on pictures
- Addictive and risk behaviors Videos (Real life stories)
- Case Study
- Create a Quiz and play a game



### Activity 1:

### Promote presentation and icebreaker dynamics





## FABULOUS FLAGS GAME

1. Explain the activity: "We're now going to draw flags that represent or symbolize us. Please design your own flag of you – include some symbols or objects that symbolize who you are or what you find enjoyable or important."

Give an example:

- a guitar (representing your passion for music)
- a tennis racket (someone who enjoys sports)
- a country like India (representing your affiliation with a country)
- a cross and a heart (representing Jesus and his love for the world)

Pass out a sheet of paper, pens, and colored pencils, crayons, and/or markers to each person.

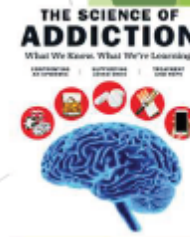
2. Give everyone a set amount of time to draw (e.g., 15-20 minutes or so) and then reconvene. Ask for volunteers to share their flags and explain the meaning of what they draw. If it is a large group, you can divide everyone into smaller groups and ask them to share their flags with each other, or you can just ask a small number of volunteers to share.

3. After everyone has finished sharing the individual flags, as a big group you can ask everyone to brainstorm ideas on what to draw for a large class-wide flag. Alternatively, you can collect the individual flags and paste them onto a board to create a "quilt" of individual flags, representing unity.



## Activity 2: Addictive and risk behaviors

### Brainstorming



## Activity 3: Drugs, Drug Use and Its Consequences Positive effects and negative impacts



## According to you...

What is drug addiction?

Why do people take drugs?

Why is adolescence a critical time for preventing drug addiction?

Why do some people become addicted to drugs, while others do not?

How do drugs work in the brain?

What environmental factors increase the risk of addiction?





According to you, what is the  
*Consequences of drug abuse??*



*The consequences of drug abuse are vast and varied  
and affect people of all ages.*



## Buzz Group

Dialogues and exchanges with the  
group:



## Activity 4: CATEGORIES OF RISKS

- **Physical:** loss of balance, feeling sick, getting injured
- **Mental:** decrease of memory capacity, difficulty concentrating or taking complex decisions
- **Social:** getting involved in violence, losing friends



## Activity 4: CATEGORIES OF RISKS





### Activity 5: Alcohol risk behavior Case Study

Figure 3.3 Total alcohol per capita consumption (APC) (15+ years; in litres of pure alcohol), 2016





## Construction of the Quiz :

*First step: key topics to be included in the quiz*

- ▶ Step 1: Genetics
- ▶ Step 2: Lack of Options
- ▶ Step 3: Mental Health Disorders;
- ▶ Step 4: Peer Pressure
- ▶ Step 5: Anxiety and Depression;
- ▶ Step 6: Loneliness
- ▶ Step 7: Prescription Drugs



## How are we going to build the first part of this quiz?

- ▶ Individual work, identification of advice.



- ▶ Work in sub-groups to discuss the advice identified individually.
- ▶ Pooling, writing the guide.



## In the end of the session (Game):

- 1) Trainees will participate in work groups;
- 2) Each group presents their quiz; →
- 3) Wins the group that answers more correct questions;





## UNIT 6 : Prevent risk linked to psychological risks

Psychological risks affect not only people's health through emotional, cognitive, behavioral and physiological mechanisms, but also have a strong impact on organizations by increasing absenteeism and low productivity.

Thanks to this module, the trainees will be able to identify psychological risk behaviors and implement preventive and organizational support measures that facilitate life balance. This scenario will be based on the students' daily practices, posters, case studies, videos, brainstormings and with the support of the trainer, will build a questionnaire about good practices and an action plan that can be used to identify and prevent psychological risks behaviors.

Identify and manage psychological risks in the workplace (physical and psychological, behavioral, psychological and emotional, cognitive risks), assess psychological risks, assess occupational psychological risks. Manage psychological risks, take preventive or organizational measures, develop and implement an action plan (in order to solve the identified problems and reduce the risk), identify exposed workers. These are the issues that will be addressed in this module.

The objective of this unit is that the learners adopts in his/her life, behaviors promoting prevention of psychological risks and ensure health and safety in the workplace.

To conclude, the trainees will be able to identify and evaluate psychological risks (physical and psychological, behavioral, psychological and emotional, cognitive), learn to take measures of prevention, evaluation and control of psychological risks, discuss how psychological risks can influence employee productivity and, consequently, a company's profitability and know different determinants to mental health and well-being: Individual attributes and behaviours, social and economic circumstances, environmental factors.

### Summary

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## Framework of UNIT 6

Unit 6:	Title : Prevent risks linked to psychological risks	ECVET credit points :
Learning outcomes correspond to EQF level		3/4
Key outcome : To identify and prevent factors associated with psychological risks (stress, conflicts, postures, ...) and their consequences.		
<p>Learning outcomes</p> <p>- Students will learn to identify and evaluate psychosocial risks (physical and physiological, behavioral, psychological and emotional, cognitive). They will learn to take measures of prevention, evaluation and control of psychosocial risks.</p> <p>Students will discuss how psychological risks can influence employee productivity and, consequently, a company's profitability.</p>		
Knowledge	Skills	Competence
<p>The learner knows and understands:</p> <p>-the definition of psychosocial risks and the different types : excessive workloads, lack of clarity on the roles, job insecurity, lack of involvement in decision-making processes concerning workers and lack of influence on the way the work is carried out, ineffective communication, lack of supports from colleagues and superiors, psychological harassment, violence by third parties, conflict ...</p> <p>- The importance of preventing psychosocial risks in the workplace.</p> <p>- Foster investment in preventive education and information policies, organizational support measures, prevention and rehabilitation.</p>	<p>The learner is able to:</p> <p>-Identify the relevant stakeholders within the company and solicit them.</p> <p>- Identify and manage the psychosocial risks in the workplace (physical and physiological risks, behavioral, psychological and emotional, cognitive).</p> <p>- Evaluation of psychosocial risks.</p> <p>- Estimation of professional psychosocial risk (probability of exposure to professional psychosocial risk factor + severity of risk or professional psychosocial harm).</p> <p>- Assessment of professional psychosocial risk.</p> <p>- Actions to manage psychosocial risks.</p> <p>- Adoption of preventive or organizational measures.</p> <p>- Development and implementation of an action plan (with the objective of solving identified problems and reducing risk)</p> <p>- Identification of workers exposed.</p>	<p>The learner:</p> <p>- Risk assessment: identify the problem and assess the risk it represents.</p> <p>- Training in stress management and postures.</p> <p>- Reorganization of functional contents.</p> <p>- Actions to manage psychosocial risks: Conflict mediation, Social support, Counseling, Reintegration.</p> <p>Psychological follow-up (individual or group therapy). Change in working hours and work schedules. Ergonomic change of jobs.</p>



Performance criteria for assessment		
The learner is able to:	expected results*:	
<p>Identify and evaluate psychosocial risks, taking into account the use of specific methodologies, techniques, instruments and models of analysis (questionnaires, individual and group interviews, data on absenteeism and health, etc.), with the collaboration of the workers and the employer.</p>	<ul style="list-style-type: none"><li>- Identify psychosocial risks in the workplace: Occupational Stress, Harassment, Sexual Harassment, Violence at Work) and adoption of appropriate supportive behaviour.</li><li>- Reducing Factors that induce psychosocial risks: associated to the work context (organizational culture and function, role in organization and responsibilities, professional development, autonomy / Decision control, Interpersonal relations at work, reconciliation of work and family life) and the content of the work (Physical environment, Work equipment, Organization of tasks and content of work, Workload / Work pace, Working hours).</li><li>- Foster investment in preventive policies through education and information programs, organizational support measures, prevention and rehabilitation.</li><li>- Evaluate the action plan.</li><li>-Encourage the importance of participation of the organization and workers in the development of effective strategies for the control of psychosocial risks.</li><li>- Demonstrate knowledge about Hygiene, Health and Safety at Work - Work Organization Legal Context.</li></ul>	
Hours of total learning unit : 50h		
Assessment methods		
<p>The following methodology will be based on the analysis of a case study. The objective will be to elaborate an action plan that should contemplate the following aspects: identification of the problem and how it appeared; to which this problem is due; who should be involved in the plan; timing of actions to be implemented and necessary means; expected results, measurement of these results and evaluation of the action plan.</p> <p>To this end, the most varied information should be collected, preferably from different points of view: workers, managers, customers, suppliers, among others.</p>		







## Scenario of UNIT 6

### *EASY HEALTH : Prevent risk linked to psychological risks*

**Objective(s) :** *To identify and prevent factors associated with psychological risks (stress, conflicts, postures, ...) and their consequences.*

*Synthetic presentation of the pedagogical scenario: method, interest, target audience...*

- *In this unit, students will reflect about the importance of preventing psychological risks in the workplace.*
- *Learners will identify and evaluate psychosocial risks. They will learn to take measures of prevention, evaluation and control of psychosocial risks.*
- *The trainees, with the support of the trainer, will draw up a questionnaire about Psychological risks and one Action plan, with the objective of solve problems and reduce risk.in workplace.*

Collective and/or individual scenario

Duration : 25 h

Created by : AFN

Targeted skill(s): at the end of the scenario, the trainee will be able to...

- Identify psychosocial risks in the workplace and adoption of appropriate supportive behaviour.
- Identify and reduce factors that induce psychosocial risks:
- Explain the importance of the investment in preventive policies through education and information programs, organizational support measures, prevention and rehabilitation.
- Make an action plan.
- Encourage the importance of participation of the organization and workers in the development of effective strategies for the control of psychosocial risks.
- Demonstrate knowledge about Hygiene, Health and Safety at Work - Work Organization Legal Context.

*Evaluation Criteria and Expected Results :* *with the objective of solving identified problems and reducing risk)*

➤ *The learner is able to :*



- Identify and manage the psychosocial risks in the workplace (physical and physiological risks, behavioral, psychological and emotional, cognitive).
- Evaluate psychosocial risks.
- Assess professional psychosocial risks.
- Implement actions to manage psychosocial risks
- Adopt preventive or organizational measures.
- Develop and implement of an action plan (with the objective of solving identified problems and reducing risk)
- Identify workers exposed

➤ *Expected outcomes :*

- Identify psychosocial risks in the workplace: Occupational Stress, Harassment, Sexual Harassment, Violence at Work) and adoption of appropriate supportive behaviour.
- Reduce factors that induce psychosocial risks: associated to the work context (organizational culture and function, role in organization and responsibilities, professional development, autonomy / Decision control, Interpersonal relations at work, reconciliation of work and family life) and the content of the work (Physical environment, Work equipment, Organization of tasks and content of work, Workload / Work pace, Working hours).
- Foster investment in preventive policies through education and information programs, organizational support measures, prevention and rehabilitation.
- Evaluate the action plan.
- Encourage the importance of participation of the organization and workers in the development of effective strategies for the control of psychosocial risks.
- Demonstrate knowledge about Hygiene, Health and Safety at Work - Work Organization Legal Context.

*Evaluation and validation procedure :*

The Evaluation must relate directly to the stated learning outcomes or objectives of the unit.

Evaluation of the programme should focus on the classroom level of knowledge, attitudes, values and skills that represent the immediate impact of the Unit.

Assessment of the individual and collective module (What did you learn from it?/ What are you going to put in place?/ Positive points of the module/Areas for improvement, comments..)?

- Theoretical part : Trainees will be assessed for their ability to acquire theoretical knowledge during the training course
- Practical part : Create a questionnaire about Psychological risks + Action plan, co-elaborated in groups



<i>Stages</i>	<i>Time</i>	<i>Step Title</i>	<i>Trainer's tasks</i>	<i>Trainee's tasks</i>	<i>Guidelines</i>	<i>Documents/matériel</i>
1	30 mn	<i>Presentation of Unit 6</i>	<p>Explain the objectives of the module. Present the course of the sessions, the expectations and the work to be carried out. Explain assessment and validation of learning outcomes. Pass on the information sheets to the candidates, encourage them to complete the course material by taking notes. Allow time for questions Promote presentation and icebreaker dynamics (Activity n°1, attach). The objective is to initiate dialogue with the group. List on the board the learners' expectations regarding the training course.</p>	<p>The trainee writes down the objectives of the module, the agenda of the day, and asks questions if he or she needs clarification.</p> <p>Be attentive and take notes on the various points covered ( read the information sheets).</p>	<p>Respect the rules for writing and note-taking Organize your work Read the fact sheets</p>	<p>White board, markers for whiteboard. Trainee/trainer information sheets PC / overhead projector</p>
2	60 mn	<i>Brainstorming</i>	<p>Brainstorming session to place the learners into context, recap the work done on the first 5 units. The aim is to highlight the main themes addressed without going into further detail The trainer list the learners' expectations regarding the training course (write the main points given by the learners on the board.) Sort all the answers according to their essence in order to exploit them</p>	<p>The trainees will be attentive, participate actively, give ideas and words connected with the theme of the module.</p>	<p>List the learners' knowledge. Respect the rules for writing and note taking. Refer to fact sheets if needed</p>	<p>Whiteboard, markers for whiteboard. Sheets of paper to document the brainstorming, the expectations and the rules the class agreed on.</p>



3	3 hours	<i>Introduce the learners to the psychological risks in a power point presentation</i>	<p>Explain the difference between healthy ( positive work teams, Positive leadership and communication, safety and health culture, engagement, optimism, satisfaction, trust, psychological capital) and unhealthy work environments (stress, burnout as a consequence of Harassment (moral and sexual), Violence (physical and verbal), Discrimination, Inequality)</p> <p>Explain that companies have to reflect on psychosocial risks and be on the lookout for signs of work-related stress.</p> <p>The objective is to initiate dialogue with the group. In the same way, the trainer lists the topics covered by the learners and writes down the key words</p> <p>Allow time for questions.</p>	The trainees will answer, based on what they have read, seen or experienced, some statements about psychological risks behaviors.	<p>Respect the rules for writing and note-taking organize your work</p> <p>Read the fact sheets</p>	<p>Activity sheets</p> <p>Trainee/trainer information sheets</p> <p>PC / overhead projector</p>
4	3 hours	<i>Psychological Risks : Consequences</i>	<p>Trainer with provide learners with basic knowledge about :</p> <p>1) Individual consequences (smoking, alcoholism or drug addiction, violence, intimidation or harassment. Sleep disturbances, anxiety, depression, inability to concentrate, irritability, family problems, exhaustion. back problems, heart problems, ulcers, etc. hypertension, immune system deficiencies, etc)</p> <p>2) Absenteeism, high staff turnover, disciplinary problems, intimidation, aggressive communication, isolation. Decreased quantity or quality of products or service,</p>	<p>Trainees describe what they see on the different posters and then give their impressions, observations and ideas to enrich the rest of the module.</p> <p>Trainees will answer to the questions in the slides and participate in small exercices group.</p>	<p>The trainer organize slide session, exercices and goes round each group to help them in working groups.</p> <p>Trainees will have to reread notes at home for the next session.</p>	<p>PowerPoint slides</p> <p>LCD projector</p> <p>Flipchart and papers</p> <p>Markers</p>



			<p>accidents, bad decisions, errors. Increased costs resulting from compensation or increased expenses with health care and resources for health services.</p> <p>Facilitate a 30 minutes discussion and 30 minutes report-back session based using the instructions of the trainer.</p> <p>Divide the participants into 2 groups and their groups answering the questions in the slide.</p>			
5	3 hours	<i>Psychological Risks : Prevention</i>	<p>Trainer introduce the theme by explaining the risks prevention levels :</p> <ul style="list-style-type: none"> <li>- Collective protection measures</li> <li>- Individual measures</li> </ul> <p>Brainstorming</p> <p>Trainer explain the importance of the mitigation measures</p> <p>Allow time for questions.</p>	<p>Trainees be attentive and take notes on the different points covered during the session</p> <p>Trainees ask questions about this session and answer to the trainers questions</p>	<p>Presentation of slides</p> <p>Guide the participants to provide answers.</p> <p>Write their answers on flipchart paper and categorize them as either individual factors or program factors.</p>	<p>PowerPoint slides</p> <p>LCD projector</p> <p>Whiteboard, markers for whiteboard.</p> <p>Sheets of paper to document the brainstorming, the expectations and the rules the class agreed on.</p>
6	3 hours	<i>Psychological Risks Videos: Diagnosis and the problems in organizations</i>	<p>Watch the videos (40m) : <a href="https://www.napofilm.net/en/about-napo/the-napo-story">https://www.napofilm.net/en/about-napo/the-napo-story</a> (Source: NAPO)</p> <p>The trainer will explain and identify what can be done to identify and frame the problem in organizations (absenteeism, work accidents, productivity, turn over, conflicts) and explain the importance of the diagnosis.</p> <p>Allow time for questions.</p>	<p>Watch the videos</p> <p>Work in small groups to synthesize the information collected.</p> <p>Ask questions for better understanding</p>	<p>List the learners' knowledge.</p> <p>Respect the rules for writing and note taking.</p> <p>Refer to fact sheets if needed</p> <p>Allow some time to discuss some statement.</p>	



7	2,5 hours	<i>Recap previous session. Psychological Risks Videos Investment in preventive policies</i>	<p>Watch the videos (40m) : <a href="https://www.napofilm.net/en/about-napo/the-napo-story">https://www.napofilm.net/en/about-napo/the-napo-story</a> (Source: NAPO)</p> <p>The trainer will present and explain the activities to promote a healthy and positive workplace. Allow time for questions.</p>	<p>Watch the videos Work in small groups to synthesize the information collected. Ask questions for better understanding</p>	<p>List the learners' knowledge. Respect the rules for writing and note taking. Refer to fact sheets if needed Allow some time to discuss some statement.</p>	<p>PowerPoint slides LCD projector Whiteboard, markers for whiteboard. Sheets of paper to document the brainstorming, the expectations and the rules the class agreed on.</p>
8	3 hours	<i>Prevent psychological risk : Action Plan</i>	<p>The trainer gives instructions for the activity. The aim is develop an action plan with the objective of solving identified problems and reducing risks for better management. To help learners the trainer gives an example (Activity n° 3 attach) : Ten Platinum Rules for better Management.</p>	<p>First step, working individually, then work in small groups of 3 or 5 trainees to exchange and enhance the list of advice. Finally collective pooling to compile the second part of the guide</p>	<p>Be attentive to the presentation of your colleagues in order to be able to give your opinion at the end</p>	<p>PC / overhead projector Internet Video links LCD projector Whiteboard, markers for whiteboard</p>
9	3 hours	<i>Create a psychological risk questionnaire</i>	<p>Thanks to the work carried out previously, all the advice for writing the guide of good practices will be listed. To help learners the trainer gives an example (Activity n° 2 attach). Divide the participants into small groups.</p>	<p>The learners help the trainer in writing the guide based on their personal notes and their work in small groups. Take part to the discussion with the participants,</p>	<p>Presentation of slides Ask if they have any questions. Guide the participants to provide answers.</p>	<p>PC / overhead projector Internet Video links LCD projector Whiteboard, markers for whiteboard</p>



10	2 hours	<i>Unit Written Exam</i>	Trainer gives the exam of the Unit and help the trainees in any doubt that they have	Trainees will do the exam		PowerPoint slides LCD projector Whiteboard, markers for whiteboard. Activity sheets Information sheets
11	2 hours	<i>Written Exam results and evaluation</i>	Trainer will release exam results, questions/answers any of the left over contents from the previous sessions Evaluation process Closing Remarks	Trainees will do their own evaluation and evaluate the unit and the trainer		PowerPoint slides LCD projector Whiteboard, markers for whiteboard. Activity sheets Information sheets  Exam on paper



## Theoretical contents of UNIT 6

### **Appendix 1 : Activities guidelines**

#### ➤ **Activity nº 1: Ball Game**

The trainer explain to the participants that everyone stands in a circle and bounces a ball to somebody else, and has a five second limit to do so. But before bouncing the ball they must say a name of a movie. When somebody repeats a movie name, they are out of the game. It eventually ends up being a competition between two people, and then there's a winner. As a prize, you can give them a chocolate bar, or something else.

#### ➤ **Activity nº 2: Brainstorming**

The trainer explains the purpose of the brainstorming, announces the rules, and writes the subject on a large blackboard/flipchart.

- The trainer then invites ideas and suggestions which are recorded on the blackboard/flipchart immediately as they are offered. Members remain seated and call out ideas as fast as possible to the trainer. Criticism is forbidden at this stage, and free-wheeling is encouraged.
- The brainstorming continues for 1-3 minutes or more until the ideas stop flowing.
- The trainer thanks the participants and proceeds to the next step: evaluation.
- The group then examines all suggestions in terms of their suitability or may break into sub-groups for this purpose.

#### ➤ **Activity nº 3: Reflexion Groups**

Participants are split in small groups according to the number of trainers (1 trainer per subgroup). The smaller groups should be "balanced" as much as possible (gender, age, language etc.). Or alternatively you might opt to put people from a similar background organisation together to reflect on how they could use the elements of the programme in their specific work or with their specific target group.

Each group meets regularly during the training and it is part of the official programme. Each trainer should be clear about his/her role in the group and find out about the way to work together with the group. Confidentiality is a must, although the trainer will probably share the feedback from the group in the team.



It may be useful to start the meeting of the reflection groups with a group-building or get-to-know activity of some kind. It is also possible to ask participants to take over the facilitation of the reflection groups (trying out different evaluation techniques) or to set for each meeting a primary topic for the discussion. Be creative!

#### ➤ **Activity nº 4: Video Watch**

- The trainer tell learners they are going to watch/listen NAPO Videos about the issue they are studying and tell them what do they expect to hear and see?
- Class discussion about video topic.
- Learners do quiz on topic of video. The quiz could be True/False or open-ended questions.
- Give learners two minutes to brainstorm vocabulary connected to topic Learners put written summary of video in order.
- Learners read story/news article connected to video topic
- Students will consider what they watch, related to psicological risks and work-related stress and discuss the causes of, and solutions for, loss of income due to stress-related issues. Students will also look at business vocabulary used in the talk and look at how the suggestions offered to improve conditions could be used in their own professional situations.

#### ➤ **Activity nº 5: Buzz Group**

- Frame a very clear, precise question stating exactly what you want the participants to achieve.
- Divide the plenary group into smaller sub-groups of 2 or 3 people each (with a maximum of 4 or 5 groups in total)
- Ask the groups to nominate a lead person to record. Ask the lead person to have the members examine the questions/task and agree that they understand it.
- Give the group instructions on how feedback is to be given/taken and clearly indicate the time allocated to the activity. Monitor the group performances and listen for points of difficulty/ambiguity or any other factors that may make the discussion difficult. Observe the degree of involvement of each of the participants.



### Collecting feedback:


The participants will be sitting in groups of 2 or 3 people each. Ask the first person in the first group for the first response. Record it on the board. Ask the first person in the second group for their first response. Continue with all the first members of each group. When finished with all the first members, commence with the second person in the first group and proceed as per the first round of responses. Continue until everybody has spoken.

### ➤ **Activity nº 6: Quick writes**

The learners will be divided in small groups. Give participants questions about the material and its application. Allow time for them to create the quiz and write answers independently. Invite them to share their answers in a small group (or with the larger group). While the groups are working, monitor encourage the players to discuss not only the answer they will give but also their views on the final answer provided. When finished, collect the scores (correct answers and running times) and applaud the winning team, which is the one that has the most correct answers (four max.) and has run fastest. Also point out the groups you saw actively discussing the questions and answers, to illustrate that the activity is intended to trigger discussion and critical thinking




## Appendix 2: Powerpoint presentation



# EASY HEALTH

## Unit 6: Preventing psychological risks in the workplace



Co-funded by the  
Erasmus+ Programme  
of the European Union

### Unit 6 - Objective :

*To identify and prevent factors associated with psychological risks (stress, conflicts, postures, ...) and their consequences.*



### Activities of the day :

- ▶ Icebreaker dynamics Guide construction
- ▶ Brainstorming
- ▶ Discussion based on pictures
- ▶ Psychological Videos
- ▶ Collective assessment of the day and the unit
- ▶ Psychological Risks assessment Questionnaire



### Activity 1:

## Promote presentation and icebreaker dynamics





## Ball Dynamics

1. You will need a ball. It can be tennis, ping pong or similar.
2. Gather the group in a circle and hand the ball at random to someone.
3. The person with the ball should introduce himself briefly. The shared information can be directed before the dynamics start, according to the expected objective. For example: presentations on professional experiences in a selection process, or more personal questions, if you want to bring team members together.
4. After introducing himself, the participant must throw the ball to another person, who will repeat the process.
5. At the end, when the last person makes the presentation, he must return the ball to the member of the recipient.
6. At that time, you should repeat the information that the colleague had said and, thus, continue with the activity in reverse order.



## Activity 2: Psychological Risks

### Brainstorming



*Introduce the learners to the psychological risks and consequences*

## Activity 3: Reflection Groups



## According to you, what is right and wrong?





## 7 Signs of a toxic work environment

### 1 EMPLOYEES AREN'T TAKING VACATION DAYS



of employees only take their official vacation days.<sup>11</sup>



of employees reported strong work-related attitudes on their vacation days.<sup>12</sup>



### 2 LACK OF BONUSES AND INCENTIVES



of employees are paid less than expected.<sup>13</sup>



of senior managers think it's unlikely for employees to get what they want.<sup>14</sup>



## 7 Signs of a toxic work environment

### 3 EMPLOYEES STUCK BEHIND A DESK ALL DAY



The average person spends 9 hours a day sitting down.<sup>15</sup>



Sitting it is a 15-hour a day increase in the risk of premature death by 14 years.<sup>16</sup>



### 4 LACK OF PROPER TRAINING



of workers who don't receive proper training quit within one year.<sup>17</sup>



Companies with properly trained employees perform 202 percent better than those without trained workers.<sup>18</sup>



## 7 Signs of a toxic work environment

### 5 NO BREAK ROOM



of employees who don't have a break room are less productive than those who do.<sup>19</sup>



### 6 EVERYONE'S GOSSIPING



of gossip is related to workplace challenges.<sup>20</sup>



a year are attributed to workplace gossip.<sup>21</sup>



### 7 WEAK FOUNDATION



workplace discrimination charges were filed in 2017.<sup>22</sup>



of employees who don't have a weak foundation are less productive than those who do.<sup>23</sup>



WORKSHEET  
1. What is the most common type of discrimination charge filed?  
2. What is the most common type of workplace challenge?  
3. What is the most common type of workplace challenge?  
4. What is the most common type of workplace challenge?  
5. What is the most common type of workplace challenge?  
6. What is the most common type of workplace challenge?  
7. What is the most common type of workplace challenge?

POINT PARK  
UNIVERSITY  
ONLINE



## How to create a positive workplace?

- Build trust
- Open communication
- Set expectations
- Team building
- Recognition
- Give credit and take responsibility
- Be approachable
- Positive physical environment
- Good performance management process
- Have fun



### 5 Ways to Create a POSITIVE WORKPLACE



## Dialogues and exchanges about:



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ONLINE

## Activity 4: Psychological Videos (NAPO FILMS)

These resources are to enable organisations to use Napo films to raise awareness about health and safety topics within groups of their own staff. They are suitable for use on vocational training courses. "Safety with a smile" is Napo's contribution to safer, healthier and better workplaces: <https://www.napofilm.net/pt/napos-films/films>.





### Activity 4: Ten Platinum Rules for better Management

**1. Remember you are working with people :**

- Do not exhaust them
- People are not machines
- Treat them with dignity and respect

**2. Listen to and talk with your people**

- Be Inclusive
- Do it frequently
- Value and develop people skills in supervisors and managers

**3. Fix things promptly**

- Don not let issues fester
- Keep people informed of progress

**4. Make sure your paper work is worth having**

- Keep it current
- Make sure it is meaningful

**5. Improve competency in OSH**

- Particularly at management level



### Activity 5: Ten Platinum Rules for better Management

**6. Encourage people to give you bad news**

**7. Fix your workplace first**

- 8. Measure and monitor risks, that people are exposed to**
- Don not just react to incidents: fix things before they happen
  - Control risks at their source

**9. Keep checking that what you are doing is working effectively**

- Are you achieving what you think you are?

**10. Apply adequate resources in time and money**



### Activity 6: Create a psychological risk questionnaire

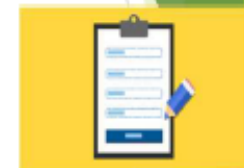
How are we going to build the questionnaire?



#### Construction of the questionnaire :

*First step: key topics to be included in the questionnaire*

- Quantitative requirements
- Work rates
- Cognitive requirements
- Emotional requirements
- Development possibilities
- Predictability
- Transparency of the work role played
- Rewards
- Labor conflicts
- Social support from colleagues
- Social community at work
- Leadership quality. Regarding your direct leadership to what extent

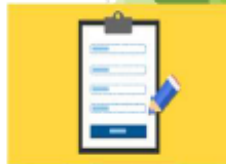




## Construction of the questionnaire :

First step: key topics to be included in the questionnaire

- ▶ Vertical trust
- ▶ Justice and respect
- ▶ General health
- ▶ Job satisfaction in relation to your work, in general, how satisfied are you with ...
- ▶ Self-efficacy
- ▶ Work / family conflict
- ▶ Sleeping problems
- ▶ Burnout
- ▶ Stress
- ▶ Offensive behaviors



## Example

Key topics for the questionnaire	Example
- Quantitative requirements	Does the workload accumulate because it is poorly distributed? How often do you not have time to complete all of your job tasks?
- Work rates	Do you need to work very quickly?
- Cognitive requirements	Does your job require constant attention? Does your job require you to be good at proposing new ideas? Does your job require you to make difficult decisions?
- Emotional requirements	Does your job demand emotionally from you? Influence at work Do you have a high degree of influence on your work? Do you participate in choosing the people you work with? Can it influence the amount of work that is up to you? Does it have any influence on the types of tasks you do?
- Development possibilities	Does your job require initiative? Does your job allow you to learn new things? Does your job allow you to use your skills or expertise?

## Example

Key topics for the questionnaire	Example
- Predictability	At your workplace, are you informed in advance about important decisions, changes or plans for the future? Do you receive all the information you need to do your job well?
- Transparency of the work role played	Does your work have clear objectives? Do you know exactly what your responsibilities are? Do you know exactly what is expected of you?
- Rewards	Is your work recognized and appreciated by the hierarchy? Does the hierarchy in your location respect you? Are you treated fairly at your workplace?
- Labor conflicts	Do you do things in your workplace that some agree with but others don't? Do you sometimes have to do things that should be done differently? Do you sometimes have to do things that you think are unnecessary?
- Social support from colleagues	How often do you have support and help from your co-workers? How often are your colleagues willing to listen to you about your work problems? How often does your superior talk to you about your job performance?

## Example

Key topics for the questionnaire	Example
- Social community at work	Is there a good working environment between you and your colleagues? Is there good cooperation between co-workers? In your workplace do you feel part of a community?
- Leadership quality. Regarding your direct leadership to what extent	Does it offer individuals and groups good opportunities for development? Do you give priority to job satisfaction? Are you good at work planning? Is it good to resolve conflicts? Horizontal trust Do workers hide information from each other? Do workers hide information from the hierarchy? Do workers trust each other in general?
- Vertical trust	Does the hierarchy trust their workers to do their job? Do you trust the information that is transmitted by the hierarchy? Does the hierarchy hide information from its workers?
- Justice and respect	Are conflicts resolved fairly? Are the employees' suggestions treated seriously by management? Is work evenly distributed among workers?
- General health	General health Great Very good Reasonable Deficit



## Example

Key topics for the questionnaire	Example
- Job satisfaction in relation to your work, in general, how satisfied are you with	Your job prospects? The physical conditions of your workplace (equipment, space, air quality, temperature, lighting, noise, etc.)? How are your skills used? Your work in a global way? Job insecurity Do you feel worried about being unemployed?
- Self-efficacy	I am always able to solve problems if I try hard enough It is easy for me to follow my plans and achieve my goals Meaning of work Does your work have any meaning for you? Do you feel that your work is important? Do you feel motivated and involved with your work? Commitment to the workplace Do you like talking to others about your workplace?
- Work / family conflict	Do you feel that your job requires a lot of energy that ends up negatively affecting your private life? Do you feel that your job requires a lot of time that ends up negatively affecting your private life? Do your family and friends say you work too hard?
- Sleeping problems	Did you find it difficult to fall asleep? Woke up several times during the night and then couldn't fall asleep again?

## Example

Key topics for the questionnaire	Example
- Burnout	Did you feel physically exhausted? Did you feel emotionally exhausted?
- Stress	Did you feel angry? Did you feel anxious? Depressive symptoms Did you feel sad? Did you miss interest in everyday things?
- Offensive behaviors	Have you been the target of verbal insults or provocations? Have you been exposed to unwanted sexual harassment? Have you been exposed to threats of violence? Have you been exposed to physical violence?

## How are we going to build the first part of this questionnaire?

- Individual work, identification of advice.
- Work in sub-groups to discuss the advice identified individually.
- Pooling, writing the guide.



## Writing, reading and finalisation the questionnaire

- Pooling all advice.
- Computer input of the guide.
- Printing and distribution of the guide.
- In group, reading and discussion about the guide.
- Validation by learners of the final document.





## UNIT 7 : Prevent risk linked to occupational activity

Professional risks are defined as the possibility that a worker will suffer damage caused by the work he / she does. Safety at work is only guaranteed when all risks are known and all workers are adequately protected against them until they are eliminated. All types of work, such as laboratory work, electrical work, with machinery, occasional civil construction work or others, present risks to the health of workers, so their prevention results from a systematic analysis of all aspects of developed activity.

Thanks to this module, the trainees will be able to identify and assess workplace risks in order to design an effective prevention and safety program.

The difference between danger and risk. Identify and evaluate occupational risks (chemical, physical, ergonomic, biological risks). What are the general principles of prevention (individual / collective protection)? Risk assessment methodologies. The importance of companies in the safety message and in the use of machinery and work equipment; What are the duties of the employer and the employee. What are the protection and risk control measures? Identify the duties of the employer and the employee. Work Organization - Legal Context. What action plan should companies adopt? These are the issues that will be addressed in this module.

The objective of this unit is that the learner adopts behaviors promoting prevention occupational activity risks and ensure health and safety in the workplace.

To do so, we will use various media (Posters, case studies, videos, brainstormings) and with the support of the trainer, will write an action plan about good practices in order to secure good health at work.

Thanks to this module, trainees will be able to identify and evaluate occupational risks, be aware of occupational risk prevention in the workplace safety, health and hygiene policy, learn to take measures of prevention and control of occupational risks and identify that occupational health care is related with a healthy and safe working environment.

### Summary :

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## Framework of UNIT 7

Unit 7:	Title : Prevent risks linked to the occupational activity	ECVET credit points :
Learning outcomes correspond to EQF level		3/4
Key outcome : Identify and prevent high-risk professional (chemical, electrical, ergonomic, biological) factors and their consequences.		
Learning outcomes : <ul style="list-style-type: none"><li>- Students will learn to identify and evaluate occupational risks (chemical, ergonomic, biological)*</li><li>- They also will learn to take measures of prevention and control* of occupational risks.</li><li>- Students will be aware of occupational risk prevention in the workplace safety, health and hygiene policy.</li></ul>		
Knowledge	Skills	Competence
<p>The learner knows and understands :</p> <ul style="list-style-type: none"><li>- The legal and regulatory framework* for the control and evaluation of occupational risks.</li><li>- The specific legislation, in the scope of Hygiene and Safety at Work</li><li>- Risk prevention and protection measures (different types of protective equipment and proper use).</li><li>- Risk assessment methodologies.</li><li>- The various professional risks.</li><li>- The actors of corporate security as well as their rights and duties.</li></ul>	<p>The learner is able to :</p> <ul style="list-style-type: none"><li>- Determine and identify general Principles of Prevention.</li><li>- Assess risks and take risk control measures.*</li><li>- Determine the duties of the employer (related to health and safety of workers in the company)</li><li>- Identify hazards (what can happen, where and when?, why and how it might happen?, what methods and techniques for risk identification?) and risk assessment</li><li>- Use personal protective equipment (hearing protection, respiratory protection, hands, feet). Know about pictograms.</li></ul>	<p>The learner :</p> <ul style="list-style-type: none"><li>- Define a safety, hygiene and health at work policy.</li><li>- Have competence to carry out technical evaluations.</li><li>- Accompaniment and investigation of occupational accidents.</li><li>- Evaluate occupational risks (chemical hazards; ergonomic risks; biological risks).</li><li>- Elaborate and organize a documentary dossier with the mandatory records, based on safety, hygiene and health at work.</li><li>- To elaborate manuals of welcome and of seg, health and hygiene in the work.</li><li>- Participation in occupational safety and health meetings.</li><li>- Accompaniment in the placement of safety signs.</li></ul>



Performance criteria for assessment	
<p>The learner is able to :</p> <p>through the acquired technical knowledge and skills, to identify hazards in the workplace, defining methods for controlling and eliminating occupational hazards.</p>	<p>Expected results*:</p> <ul style="list-style-type: none"> <li>- Identify and evaluation of various occupational risks (chemical, physical, ergonomic, biological risks). Differentiate the 2 concepts: danger and risk.</li> <li>- General principles of prevention (individual / group protection) and their monitoring.</li> <li>- Identify the duties of the Employer.</li> <li>- Demonstrate knowledge about the Organization of Work - Legal Context.</li> <li>- Describe measures of risk control and action plans.</li> <li>- Importance of companies in the message of safety and health in the use of machinery and work equipment;</li> <li>- Discuss the options on employment opportunities for a business reform.</li> <li>- Strengthening of the company's hygiene, health and safety structure in the exercise of planning, supervision, supervision and control of the company.</li> </ul>
Hours of total learning unit : 50h	
<p>Assessment methods :</p> <p>Analysis of a case study, taking into account the observation of the work place, through space visits, photographic collection and interviews with workers. The methodology to be followed will be the identification and analysis of the hazards to which the worker is subjected, as well as to evaluate the risks inherent to the process.</p>	



## Scenario of UNIT 7

### *EASY HEALTH : Preventing risks linked to occupational activities*

**Objective(s) :** *To identify and prevent factors associated with occupational activities risks (risks associated with work environment / risks associated with work accidents).*

*Synthetic presentation of the pedagogical scenario: method, interest, target audience...*

- *In this unit, students will reflect about the importance of preventing risks linked to occupational activities.*
- *Learners will identify and evaluate occupational activities risks. They will learn to take measures of prevention, evaluation and control of occupational activities risks..*
- *The trainees, with the support of the trainer, will draw up one Action plan, with the objective of prevent problems and reduce risk.in workplace.*

Collective and/or individual scenario

Duration : 25 h

Created by : AFN

Targeted skill(s): at the end of the scenario, the trainee will be able to...

- Identify the risks inherent to their activities and workplaces.
- Implement the best security management practices, betting on a proactive attitude;
- Identify ways of preventing, acting and assessing professional risks;
- Create an action plan, with risk control measures ;
- Encourage the importance of participation of the organization and workers in the development of prevent strategies for risks linked to occupational activities.
- Demonstrate knowledge about Hygiene, Health and Safety at Work - Work Organization Legal Context.

*Evaluation Criteria and Expected Results :* with the objective of solving identified problems and reducing risk.

- *The learner is able to :*



- Identify and determine general Principles of Prevention
- Assess risks and take risk control measures.
- Determine the duties of the employer (related to health and safety of workers in the company)
- Identify hazards (what can happen, where and when?, why and how it might happen?, what methods and techniques for risk identification?) and risk assessment
- Use personal protective equipment (hearing protection, respiratory protection, hands, feet). Know about pictograms.

➤ *Expected outcomes :*

- Identify and evaluation occupational risks (chemical, physical, ergonomic, biological risks).
- Differentiate the 2 concepts: danger and risk.
- General principles of prevention (individual / group protection) and their monitoring.
- Identify the duties of the Employer and employee.
- Demonstrate knowledge about the Organization of Work - Legal Context.
- Describe measures of risk control and action plans.
- Importance of companies in the message of safety and health in the use of machinery and work equipment;
- Discuss the options on employment opportunities for a business reform.
- Strengthening of the company's hygiene, health and safety structure in the exercise of planning, supervision, supervision and control of the company.

*Evaluation and validation procedure :*

The Evaluation must relate directly to the stated learning outcomes or objectives of the unit.

Evaluation of the programme should focus on the classroom level of knowledge, attitudes, values and skills that represent the immediate impact of the Unit.

Assessment of the individually and collective module (What did you learn from it?/ What are you going to put in place?/ Positive points of the module/Areas for improvement, comments..)?

- Theoretical part : Trainees will be assessed for their ability to acquire theoretical knowledge during the training course
- Practical part : Create an Action plan with medidas de controlo do risco, co-elaborated in groups



<b>Stages</b>	<b>Time</b>	<b>Step Title</b>	<b>Trainer's tasks</b>	<b>Trainee's tasks</b>	<b>Guidelines</b>	<b>Documents/matériel</b>
1	20 mn	<i>Presentation of Unit 7</i>	<p>Explain the objectives of the module.  Present the course of the sessions, the expectations and the work to be carried out.  Explain assessment and validation of learning outcomes.  Pass on the information sheets to the candidates, encourage them to complete the course material by taking notes.  Allow time for questions  Promote presentation and icebreaker dynamics (Activity n°1, attach). The objective is to initiate dialogue with the group.  List on the board the learners' expectations regarding the training course.</p>	<p>The trainee writes down the objectives of the module, the agenda of the day, and asks questions if he or she needs clarification.</p> <p>Be attentive and take notes on the various points covered (read the information sheets).</p>	<p>Respect the rules for writing and note-taking  Organize your work  Read the fact sheets</p>	<p>White board, markers for whiteboard.  Trainee/trainer information sheets  PC / overhead projector</p>
2	40 min	<i>Brainstorming</i>	<p>Brainstorming session to place the learners into context, recap the work done on the first 6 units. The aim is to highlight the main themes addressed without going into further detail  The trainer list the learners' expectations regarding the training course (write the main points given by the learners on the board.)  Sort all the answers according to their essence in order to exploit them</p>	<p>The trainees will be attentive, participate actively, give ideas and words connected with the theme of the module.</p>	<p>List the learners' knowledge.  Respect the rules for writing and note taking.  Refer to fact sheets if needed</p>	<p>Whiteboard, markers for whiteboard.  Sheets of paper to document the brainstorming, the expectations and the rules the class agreed on.</p>
3	3 hours	<i>Introduce to the learners (in a presentation powerpoint) :</i> - the risks linked to occupational activities ; - Define the general concepts of safety, health and hygiene at work	<p>Trainers will provide learners with basic knowledge about :</p> <ul style="list-style-type: none"> <li>- Hygiene, Health and Safety at work (general concepts)</li> <li>- Explain the difference between Danger and Risk ;</li> <li>- Risks associated with the work environment (fire, chemical, biological, physical, ergonomic, psychosocial).</li> <li>- Risks associated with accidents at work (falls from a height, cuts, explosions, electricity,</li> </ul>	<p>The trainees will answer, based on what they have read, seen or experienced, some statements about risks linked to occupational activities.</p>	<p>Respect the rules for writing and note-taking organize your work  Read the fact sheets</p>	<p>Activity sheets  Trainee/trainer information sheets  PC / overhead projector</p>



			<p>slips, etc.). Game find out what's wrong!(Activity 2)</p> <p>The objective is to dialogue with the group. In the same way, the trainer lists the topics covered by the learners and writes down the key words Allow time for questions.</p>			
4	3 hours	<i>Work accidents</i>	<p>Trainers with provide leaners with basic knowledge about :</p> <ul style="list-style-type: none"> <li>- Definition of Work Accident;</li> <li>- Legal framework</li> </ul> <p>Proposed resolution of a practical case: «Work accidents» Facilitate a 30 minutes discussion and 30 minutes report-back session based using the instructions of the trainer. Divide the participants into 2 groups and their groups answering the questions in the slide. Allow time for questions.</p>	<p>Trainees will answer to the questions in the slides and participate in small exercices group.</p>	<p>The trainer organize slide session, exercices and goes round each group to help them in working groups.</p> <p>Be attentive to the presentation of your colleagues in order to be able to give your opinion at the end</p>	<p>PowerPoint slides LCD projector Flipchart and papers Markers</p>
5	3 hours	<i>Work accidents : Causes and consequences (powerpoint + posts)</i>	<p>The trainer will present and explain the <u>causes</u> of the work accidents :</p> <ul style="list-style-type: none"> <li>- <b>Organizational</b> (Lack of safety signs; Lack of information and training for workers, Work disorganization, etc.);</li> <li>- <b>Materials</b> (poor condition, maintenance of equipment, machinery, lack of maintenance);</li> <li>- <b>Human</b> (stress; demotivation; alcohol and drugs, non-compliance with safety rules);</li> </ul> <p>Trainer explaine the <u>consequences</u> of work accidents :</p> <ul style="list-style-type: none"> <li>- <b>Worker</b> (incapacity to work, suffering, pain, loss of financial capacity, etc.)</li> <li>- <b>Family</b> (family loss; absenteeism, loss of purchasing power, etc.).</li> <li>- <b>Company</b> (bad reputation, demotivation of</li> </ul>	<p>Trainees describe what they see on the different posters and then give their impressions, observations and ideas to enrich the rest of the module.</p>	<p>Presentation of slides Guide the participants to provide answers. Write their answers on flipchart paper and categorize them as either individual factors or program factors.</p>	<p>PowerPoint slides LCD projector Whiteboard, markers for whiteboard. Sheets of paper to document the brainstorming, the expectations and the rules the class agreed on.</p>



			<p>employees, loss of production, higher insurance premiums, etc.).</p> <p>- <b>Country</b> (production losses, early retirements, etc.)</p> <p>Answer any potential questions.</p>			
6	3 hours	<i>Occupational Safety and Health: Legal Obligations of the Employer and the Worker</i>	<p>Trainer introduce the theme by explaining the importance of the:</p> <ul style="list-style-type: none"> <li>- Legal Framework;</li> <li>- Legal obligations of the employer. Adoption of prevention policies by companies;</li> <li>- Duties of workers. The active role of employees in prevention ;</li> </ul> <p>Watch a video on «Work accidents».</p> <p>Debate</p> <p>Raising issues</p>	<p>Watch the video</p> <p>Trainees describe what they see on the video and then give their impressions, observations and ideas to enrich the rest of the module</p>	<p>List the learners' knowledge. Respect the rules for writing and note taking. Refer to fact sheets if needed</p> <p>Allow some time to discuss some statement.</p>	<p>PC / overhead projector</p> <p>Internet</p> <p>Video links</p> <p>LCD projector</p> <p>Whiteboard, markers for whiteboard</p>
7	3 hours	<i>Recognize risks in the Workplace: Physical and Ergonomic</i>	<p>Trainer explain Physical Risks and their consequences for workers;</p> <p>Ergonomic risks and their consequences for workers;</p> <p>Identify preventive measures;</p> <p>Implement prevention policies</p> <p>Watch the videos about the theme (Source: NAPO)</p> <p>Debate</p> <p>Allow time for questions</p>	<p>Watch the videos</p> <p>Work in small groups to synthesize the information collected.</p> <p>Ask questions for better understanding</p>	<p>Presentation of slides</p> <p>Ask if they have any questions. Guide the participants to provide answers.</p>	<p>PC / overhead projector</p> <p>Internet</p> <p>Video links</p> <p>LCD projector</p> <p>Whiteboard, markers for whiteboard</p>



8	3 hours	<i>Recap previous session. Recognize risks in the Workplace: Chemical and Biological</i>	Trainer also explains the definition of chemical and biological risk. Danger signs; Label information; Safe storage; Infections; Prevention; Watch the videos about the theme (Source: NAPO) Debate Allow time for questions	Watch the videos Work in small groups to synthesize the information collected. Ask questions for better understanding	Presentation of slides Ask if they have any questions. Guide the participants to provide answers	PowerPoint slides LCD projector Whiteboard, markers for whiteboard. Activity sheets Information sheets
9	3 hours	<i>The importance of using individual and collective equipment and risk control measures</i>	Trainer reiterate the importance of the Protective measures - Equipments for individual safety: (respiratory protection, upper and lower limbs, ear protection, and head, eye protection). - Collective protection equipment: safety signs, means of fighting fires, etc.) Brainstorming Trainer explain the importance of the risk mitigation measures. Medidas de controlo do risco : Action Plan Allow time for questions.	The trainees will be attentive, participate actively, give ideas and words connected with the theme of the module.  First step, working individually, then work in small groups of 3 or 5 trainees to exchange and enhance the list of actions.	Presentation of slides Ask if they have any questions. Guide the participants to provide answers	PowerPoint slides LCD projector Whiteboard, markers for whiteboard. Activity sheets Information sheets
10	2 hours	<i>Unit Written Exam</i>	Trainer gives the exam of the Unit and help the trainees in any doubt that they have	Trainees will do the exam		Exam on paper



11	60 mn	<i>Written Exam results and evaluation</i>	Trainer will release exam results, questions/answers any of the left over contents from the previous sessions Evaluation process. Closing Remarks.	Trainees will do their own evaluation and evaluate the unit and the trainer		Whiteboard, markers for whiteboard and papers
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## Theoretical contents of UNIT 7

### **Appendix 1 : Activities guidelines**

#### ➤ **Activity nº 1: Dynamics hand in hand**

The trainer put the participants stand in a circle. The leader tosses a ball to the person across the circle saying his/her name, and then puts their hands behind their back. This repeats until everyone has been tossed the ball and had their name said. The leader throws the ball again to the same person, and everyone must throw the ball in the same pattern as the first time, calling out the person's name and throwing the ball. Each time the ball returns to the leader another ball is added in. Continue adding balls and see how far the group can get without messing up. This can be tried nonverbally if everyone knows each other's names, and other objects in addition to balls may be used.

#### ➤ **Activity nº 2: Brainstorming**

The trainer explains the purpose of the brainstorming, announces the rules, and writes the subject on a large blackboard/flipchart.

- The trainer then invites ideas and suggestions which are recorded on the blackboard/flipchart immediately as they are offered. Members remain seated and call out ideas as fast as possible to the trainer. Criticism is forbidden at this stage, and free-wheeling is encouraged.
- The brainstorming continues for 1-3 minutes or more until the ideas stop flowing.
- The trainer thanks the participants and proceeds to the next step: evaluation.
- The group then examines all suggestions in terms of their suitability or may break into sub-groups for this purpose.

#### ➤ **Activity nº 3: Reflexion Groups**



Participants are split in small groups according to the number of trainers (1 trainer per subgroup). The smaller groups should be "balanced" as much as possible (gender, age, language etc.). Or alternatively you might opt to put people from a similar background organisation together to reflect on how they could use the elements of the programme in their specific work or with their specific target group.

Each group meets regularly during the training and it is part of the official programme. Each trainer should be clear about his/her role in the group and find out about the way to work together with the group. Confidentiality is a must, although the trainer will probably share the feedback from the group in the team.

It may be useful to start the meeting of the reflection groups with a group-building or get-to-know activity of some kind.

It is also possible to ask participants to take over the facilitation of the reflection groups (trying out different evaluation techniques) or to set for each meeting a primary topic for the discussion. Be creative!

#### ➤ **Activity nº 4: Video Watch**

- The trainer tell learners they are going to watch/listen NAPO Videos about the issue they are studying and tell them what do they expect to hear and see?
- Class discussion about video topic.
- Learners do quiz on topic of video. The quiz could be True/False or open-ended questions.
- Give learners two minutes to brainstorm vocabulary connected to topic Learners put written summary of video in order.
- Learners read story/news article connected to video topic



- Students will consider what they watch, related to psychological risks and work-related stress and discuss the causes of, and solutions for, loss of income due to stress-related issues. Students will also look at business vocabulary used in the talk and look at how the suggestions offered to improve conditions could be used in their own professional situations.

#### ➤ **Activity nº 5: Group Report**

The trainer support students in writing a group report by providing guidelines for structuring the report and dividing the workload — who will write what sections and take responsibility for editing, proofreading, publishing.

The Trainer divid the participants in groups of 5 and students use bullet points or an outline form to ensure your notes are easily digestible. If the purpose of the report is to simply cover the entire presentation, the essential task is to map out key points and then make an outline to connect them in a neatly-written fashion.

During the process students, make notes during the discussion and then decide who should do what. If only small changes are required, this might be best done by the editor for your group. As a final step, it can be useful to put yourselves in the role of the marker—make comments, give the report a mark for various sections and overall, and check it against the marking criteria. Alternatively, you could ask another group to adopt the role of marker and provide feedback on your report.

#### ➤ **Activity nº 6: Think-pair-share - Creation of a security action plan.**

This strategy has three steps. First, students think individually about a particular question or scenario. Then they pair up to discuss and compare their ideas. Finally, they are given the chance to share their ideas in a large class discussion.



The students attempt an initial response to the question, which they can then clarify and expand as they collaborate. It also gives them a chance to validate their ideas in groups.

The trainer will help students to Identify all hazards; Establish who is responsible for eliminating any danger; Plan a course of action to remove the hazards; take the necessary corrective actions to eliminate the hazards;; Establish a system to prevent the danger from returning.

After this tasks the trainer will help students, writting down all the common ideas for the computer.



## Appendix 2 : Powerpoint presentations



# EASY HEALTH

## Unit 7:


### Preventing risks linked to occupational activities



Co-funded by the  
Erasmus+ Programme  
of the European Union


### Unit 7 - Objective:

*Identify and prevent factors associated with occupational activities risks (risks associated with work environment /work accidents).*



### Activities of the day :

- Icebreaker dynamics Guide construction
- Brainstorming
- Discussion based on pictures
- Occupation Risks Videos
- Collective assessment of the day and the unit
- Create a Safety Action Plan



### Activity 1:

### Promote presentation and icebreaker dynamics





## Activity 1:

### *Dynamics of Holding Hands*

This exercise is quite quick.

First, bring the team together in one room.

In the second step, ask everyone to form a circle, hand in hand.

Then, each participant must memorize who is on his right side and who is on his left side.

Then, tell the group to disperse, get distracted and walk around the room.

After a few minutes, place a large, colorful card on the floor in the center of the room, and ask everyone to "get in" on that card.

After settling in, ask them to remember the initial formation of the circle, who were their "neighbors", and ask them to form the original circle again, without leaving the cardboard.

In doing this task, team members learn that they can do more when they combine their skills and work in alignment.



### Activity 2: Occupational activities risks

### Brainstorming

## Activity 3:

*Danger and Risk*  
*Risks associated with the work environment*

Discussion based on pictures  
Identify what is right and wrong



According to you, what is the difference between hazards and risks?

What is the difference between a 'hazard' and a 'risk'?



According to you, what is the difference between hazards and risks?



According to you, what is right and wrong?



Dialogues and exchanges with the group:



#### Activity 4: Occupational Risks Videos (NAPO FILMS)

These resources are to enable organizations to use Napo films to raise awareness about health and safety topics within groups of their own staff.

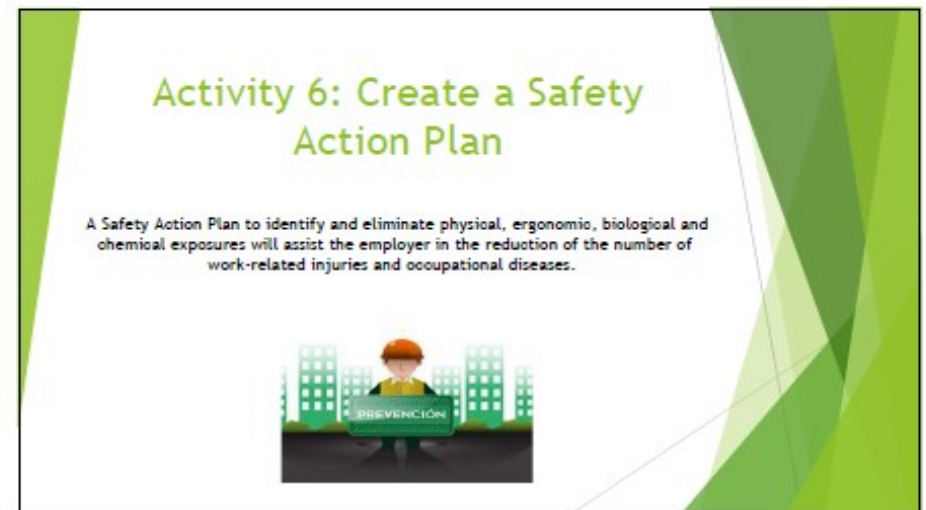
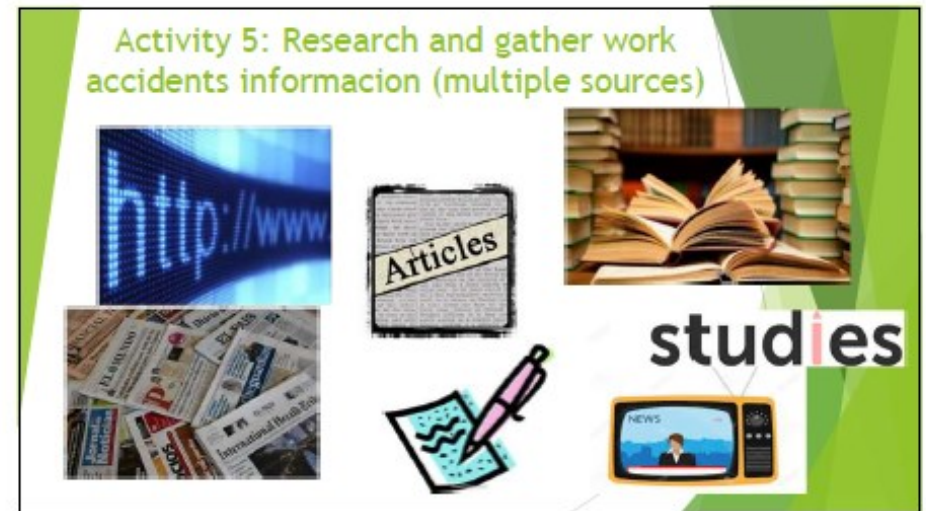
They are suitable for use on vocational training courses.

"Safety with a smile" is Napo's contribution to safer, healthier and better workplaces:

<https://www.napofilm.net/pt/napos-films/films>.









## Activity 6: Create a Safety action plan

How are we going to build the action plan?



## Construction of the Safety Action Plan :

- Step 1: Identify all the hazards;
- Step 2: Establish who is responsible for eliminating each hazard;
- Step 3: Plan a course of action to remove the hazards;
- Step 4: Take the necessary corrective actions to eliminate the hazards;
- Step 5: Establish a system to prevent the hazard from returning;



## How are we going to build the Safety Action plan?

- Individual work, identification of advice.
- Work in sub-groups to discuss the advice identified individually.
- Pooling, writing the guide.



## Writing, reading and finalisation the action plan

- Pooling all advice.
- Computer input of the guide.
- Printing and distribution of the guide.
- In group, reading and discussion about the guide.
- Validation by learners of the final document.





## UNIT 8 : Employers' expectations

To increase and foster one's chances of integration and job retention, health plays an undeniable role. This 7-hour unit helps learners to understand and get to know the expectations of employers and the professional environment with regard to the behaviors and achievements of employees concerning health.

The purpose of this module is to support the learner in the implementation of good health-related practices ; practices that he must invariably apply in a professional context in order to secure his/her inclusion and job retention. Indeed, thanks to this module, the learner will be made aware of these issues so that he can adopt the appropriate behaviors to meet the expectations of employers and the professional environment regarding occupational health.

In this unit, learners will therefore discuss about the expectations of employers concerning their behavior and their achievements in relation to health at work. To do so, we will use various media (Posters, case studies, video, etc.) and we will talk about the professional interview. This last module on occupational health will provide an opportunity to summarize what has been discussed in the previous ones.

To conclude, the trainees, with the support of the trainer, will write a guide about good practices in order to secure good health at work.

Thanks to this guide and the tool: "star of change" trainees will be able to review their own practices and define areas of improvements and changes in their daily behavior with regard to health at work.

### **Summary :**

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- <b>Appendix 2 : Star of change</b>	
- <b>Appendix 3 : Powerpoint Presentations</b>	



## Framework of UNIT 8

Unit 8:	<p>Title :</p> <p>Understand and grasp the expectations of employers and the professional environment regarding employees' health-related behaviours and achievements.</p> <p>Main objective of the full module : To facilitate and maintain successful professional inclusion</p>	ECVET credit points :
Learning outcomes correspond to EQF level		
<p>Learning outcome : Integrate and adopt good health-related practices and working practices to meet the expectations of employers and the professional environment regarding health.</p> <p>➤ To do this, we will make learners reflect on this matter, first by addressing the professional interview situation, then in a second phase, we will address it in its day-to-day aspect, namely, health at work. To promote the module to learners, INRS posters can be used to raise awareness on the question.</p>		
<p>This module can be addressed as a final (summative) evaluation.</p> <p>Used in conjunction with the other learning outcomes units, this unit summarises all the outcomes addressed at an earlier stage ( Health Capital, health system, life-balance, balanced diet, hygiene rules, sleep, risky behaviour, occupational health, stress management, risk prevention, etc.).</p>		
Knowledge	Skills	Competence



Knowledge	Skills	Competence
<p>The learner knows and understands :</p> <ol style="list-style-type: none"> <li>1. The intimate link between one's health and future chances of integration.</li> <li>2. The intimate link between his/her health and his or her retention in the job.</li> </ol> <p>That is why :</p> <ul style="list-style-type: none"> <li>- He/She understands the concept of « Health Capital », he/she knows the importance of prevention, he/she has a regular check-up.</li> <li>- He/She knows the healthcare system of his/her country and is able to identify the different actors, he/she understands how it works, the procedures, the rules, the rights and the financial system.</li> <li>- He/she identifies the structures to which s/he can turn if necessary.</li> <li>- He/She has knowledge of biological rhythms (link between physical activity and sleep).</li> <li>- He/She identifies the principles of a balanced diet, he/she knows how to adapt his diet according to his activity.</li> <li>- He/She is aware of the principles of personal hygiene. He/She understands its social and professional value.</li> <li>- He/She is able to identify risky behaviour, dangerous behaviour and a case of dependence, addiction.</li> <li>- He/She is able to identify work related risks.</li> </ul>	<p>The learner is able to :</p> <ul style="list-style-type: none"> <li>- Manage his/her « Health Capital »</li> <li>- To stay in good health, s/he is able to call on the right interlocutor if necessary (Social Security, Occupational Medicine, Mutual Insurance, General Practitioner, CM specialist, health check-up, etc)</li> <li>- The learner is able to manage his/her life balance depending on his/her professional and personal activity (sleep management, physical activity, including sports, effort management, etc.).</li> <li>- The learner is able to adapt his/her diet according to his/her needs, his/her activity. (Quantity of food, dietary balance, frequency of meals...)</li> <li>- The learner is able to implement the rules of personal hygiene essential to a professional and social activity (care of the body, face, hands, feet, hair... oral dental care dermatological care... clothing hygiene, laundry management clothing, PPE if necessary ...)</li> <li>- The learner is able to prevent risky behaviours at work (mental and physical) and addictive behaviours.</li> <li>- The learner is able to manage his/her level of stress, anxiety.</li> <li>- He/She anticipates the strenuousness of a task, manages his/her effort, is in control of him/herself and knows what to do to be effective at work.</li> <li>- The learner is able to respect the safety rules.</li> <li>- He/She is able to identify and wear the necessary PPE according to the activity to be carried out. (Shoes, helmets, gloves, glasses, earplugs ...)</li> </ul>	<p>The learner :</p> <p>The learner is able to adopt appropriate behaviour to meet employers' expectations regarding health in order to be able to achieve his/her vocational missions adequately and he is able to adapt his/her behaviour depending on his professional environment.</p> <ul style="list-style-type: none"> <li>-without putting at risk his/her own safety,</li> <li>- striving to limit conflicts with colleagues, customers, partners ... caused by an inappropriate health-related personal behavior</li> <li>-striving to limit the financial consequences for the employer (sick leaves, delays, loss of turnover because of a lack of efficiency, ...)</li> <li>-without putting at risk the organizational balance of the business</li> </ul>



<ul style="list-style-type: none"> <li>- He/She has the knowledge of the company's rules and regulations.</li> <li>- He/She knows the safety rules of the environment in which s/he works or will work.</li> <li>- He/She knows the emergency contact numbers.</li> <li>- He/She is aware of the procedure to follow in the event of a work-related accident.</li> <li>- He/She is able to identify risky behaviour in the workplace.</li> <li>- The learner has knowledge on how to identify situations of stress, conflict, fatigue, anxiety...</li>   <li>- The learner is aware of workplace safety, s/he understands the economic consequences that a workplace accident can have for the company and his/her colleagues.</li> <li>- He/She has knowledge of the behaviours that can put him/her in difficulty at work (fatigue, poor sleep management, addiction, absences, delays, poor nutrition, lack of fitness, inadequate clothing, drunkenness, drug use...)</li>   <li>-He/She knows the health related behaviours which can have consequences on his/her work – the potential consequences on the working atmosphere and situations (relationship with colleagues, customers ...)</li> </ul>	<ul style="list-style-type: none"> <li>- The learner is able to identify the link between his/h fitness level and his/her safety at work. He knows that s/h must be attentive, focused and serene to work in good conditions.</li>   <li>- The learner is able to identify the link between his/h health level and health-related behaviours and their potential consequences in the vocational environment (relationship with colleagues, customers, employer ...)</li> </ul>	
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<p>-He/she is aware of the organizational and financial consequences caused by poor health related inadequate behaviours as well as damages incurred (poor hygiene or aggressivity because of a lack of sleep can give a bad image of the business and a loss of turnover, frequent sick-leaves, ...)</p>		
Performance criteria for the evaluation		
<p>The learner is able to :</p> <p>The learner is able to highlight the major categories covered in this module, namely, notions on "health capital", life balance, nutrition, prevention of risks related to occupational activity and prevention of high-risk behaviors.</p> <p>And explain the impact his/her behavior can have on the business activities and staff.</p>	<p>Expected outcomes*:</p> <ul style="list-style-type: none"> <li>- The learner will elaborate a practical guide, a memento, to identify the expectations of professionals regarding. - The criteria for success are:</li> </ul> <p>The learner may or may not list the main themes in the memento.</p> <p>For example the learner lists these points of vigilance (non-exhaustive list) :</p> <ul style="list-style-type: none"> <li>● <b>For the job interview :</b></li> </ul> <p>For the job interview I make sure I wear a correct, clean and appropriate outfit for the work environment.  My clothes are carefully chosen for the occasion, I must be comfortable to work in this outfit.  I take care of my appearance for the interview in order to look professional (clothing, hygiene, hairdressing, shaving, posture...)  I make sure I don't wear too much perfume or make up.  For the interview I make sure I have fresh breath (Brushing teeth, not having smoked before, or consumed alcohol...)  On the day, I have impeccable hygiene (hands, nails, face, hair, clean clothes and shoes)  I show control by being calm and relaxed.  I manage my stress beforehand, by being on time, having had a good night's sleep, relaxing through simple techniques.  I rest well beforehand to be a receptive, attentive and dynamic person during the interview.  I make sure I am up to date in my care procedures (health card, vaccination, medical check-up if necessary, up-to-date health insurance...).</p>	



	<p>During the interview, I do not hesitate to highlight my knowledge of occupational safety and the prevention of risks related to the PRAP occupational activity (PPE, gesture and posture, OHS, emergency numbers, knowledge of hazard pictograms, mandatory display of information...).</p> <p>I am careful about my image, my posture (I stand up straight, I am attentive, responsive, focused in order to be efficient on the day...).</p> <p>During the interview, I highlight, if possible, my physical activity or even sports activities.</p> <p>I am punctual in order to show that I know how to manage my time, I show that I anticipate things.</p> <p>I respect the rules of savoir-être (politeness, punctuality, company conduct rules, I turn off my phone...).</p> <p>I am stable, I try to demonstrate to the employer that I lead a "stable" life (a healthy lifestyle, assiduity, availability).</p> <p>During the interview I manage my emotions, I keep control of myself, I convey a professional image.</p> <p>I have eaten well beforehand to be well balanced during the interview.</p> <p>I plan my journey in advance not to rush on the road.</p> <p>I get organised beforehand to be relaxed for the interview (Childcare, itinerary, preparation of the interview and documents useful for the interview...).</p> <ul style="list-style-type: none"> <li>● <b>To keep me in employment :</b></li> </ul> <p>I have regular medical check-ups.</p> <p>I have a balanced diet in order to be operational at work.</p> <p>I take care of my personal hygiene on a daily basis.</p> <p>I manage my fatigue, my sleep so as not to impact the company's activity.</p> <p>I am alert at work to reduce the risk of accidents</p> <p>I wear my PPE.</p> <p>I respect the company's rules.</p> <p>I regularly maintain and renew my work clothes.</p> <p>I do not consume any illegal substance.</p> <p>I opt for a life-cycle rhythm in line with my schedules</p> <p>I am always punctual.</p> <p>I always give a professional image of myself.</p> <p>I listen to my body to manage the balance between activity and rest time</p> <p>I am not absent.</p> <p>I perform the right gestures, I take the right postures at work.</p>
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	<p>I know the evacuation plan, I know where the emergency exits are, where the assembly points are, where the fire alarms are, where the fire extinguishers are, where the medicine kit is, where the emergency stops are.</p> <p>I apply the rules in case of Special safety plan</p>
<p>Number of hours : 7 hours = The learner elaborates <i>a practical guide</i> about <i>the expectations of professionals regarding occupational health</i>. Therefore, we will ask the learners, with the help of the instructor, to list, what the employer will be interested in during a job interview and then during a period of work in health-related matters.</p> <p>Individual census work then shared with the aim of designing the most complete memento possible.</p>	
<p>Evaluation methods :</p> <ul style="list-style-type: none"> <li>• The assessment will take place at the time of the pooling where each trainee will be able to complement his or her guide to good practice, a final version will be produced and given to the group of learners.</li> <li>• The assessment can also be carried out over a longer period of time during periods of immersion in a company or technical platform.</li> </ul>	



## Scenario of UNIT 8

### *EASY HEALTH : Facilitating and maintaining professional integration*

**Objective(s) :** *Understanding and grasping the expectations of employers and the professional environment with regard to employees' health-related behaviour and skills.*

#### *Synthetic presentation of the pedagogical scenario: method, interest, target audience...*

- *In this unit the learners will reflect and exchange on employers' expectations regarding their behaviour and knowledge in relation to health at work..*
- *In order to do so, we are going to address the job interview and occupational health, with regard to the previous modules. The trainees, with the support of the trainer, will draw up a guide of good practices for keeping themselves in good health at work.*
- *Thanks to this guide and to the resource, the "star of change", trainees will be able to reflect on their own practices and define areas for change in their daily behaviour with regard to health at work.*

Collective and/or individual scenario

Duration :approximately 7h00

Targeted skill(s): at the end of the scenario, the trainee will be able to...

- integrate and adopt good practices to meet the expectations of employers and the professional environment regarding occupational health.

#### *Evaluation Criteria and Expected Results :*

The objective being that each trainee applies the recommendations listed in the guide, which is produced in groups, self-positioning via the guide and the use of the "change star" will enable trainees to define their strengths and areas for improvement in their occupational health behaviours.

Evaluation and validation procedure : Who validates? How? Personal interview for each learner, collective assessment of the module, Where is it recorded? The guide is available to all.

- *The resulting guide will be given to all learners within the group.*
- *Each learner will position him/herself in relation to his/her practices; he/she will be led to define the axes of change in his/her practices by using the "star of change".*
- *Assessment of the collective module (What did you learn from it? What are you going to put in place? Positive points of the module? Areas for improvement, comments....)?*



<b>Stages</b>	<b>Time</b>	<b>Step title</b>	<b>Trainer's tasks</b>	<b>Trainee's tasks</b>	<b>Guidelines</b>	<b>Documents/material</b>
1	20 mn	<i>Presentation of the course ( unit 8)</i>	<p>Presentation of the pedagogical scenario :</p> <ul style="list-style-type: none"> <li>- Write the objectives on the board, place Unit 8 in context, i.e. the final unit that captures all the work done beforehand.</li> <li>- Present the progress, the different stages of the day (Brainstorming, INRS poster, Creation of the guide, "star of change", assessment), present the expectations, the work to be carried out.( Collectively, for the first steps, group discussion, elaboration of the guide then time alone while using the "change star" resource in order to list the axes of change).</li> <li>- Explain how the skills acquired will be validated (one-on-one time with the trainer to discuss the "star of change" with each learner).</li> <li>- Go through the questions that the trainees have, agree with the trainees on the modalities, rephrase if necessary.</li> </ul>	The trainee writes down the objectives of the module, the agenda of the day, and asks questions if he or she needs clarification.	No special guidelines, simple presentation of the module.	Whiteboard, markers for whiteboard.
2	20 mn	<i>Brainstorming</i>	Start the day with a Brainstorming session to place the learners into context, recap the work done on the first 7 units. The aim is to highlight the main themes addressed without going into further detail. (Health system, Balanced diet, Biological rhythm, Life balance and sleep, Personal hygiene, Risky behaviour, Addictive behaviour, Psychological risk, Stress management, Occupational health, Occupational risk, Employers expectations, Risk prevention...). The trainer lists the main points given by the learners on the board.	Learners give ideas and words connected with the theme of the module.	Brainstorming : What are the health-related behaviours to adopt in order to maintain and facilitate professional integration?	<p>Whiteboard, markers for whiteboard.</p> <p>Storyboards can be used during this stage to guide learners' reflections and highlight the main themes.</p>
3	40 mn	<i>INRS poster</i>	Once the main themes have been listed, and in order to provide trainees with tools and supplement previous exchanges, presentation of the INRS factsheets. The objective is to initiate dialogue with the group. In the same way, the trainer lists the topics covered by the learners and writes down the key words (e.g. sleep, drugs, alcohol, risky behaviours, stress, safety at work, hygiene, danger...).	Learners describe what they see on the different posters and then give their impressions, observations and ideas to enrich the rest of the module.	<p>What can you see on this poster?</p> <p>What message does the INRS want to convey? Why is that?</p>	Overhead projector, computer, INRS poster in digital version. Source: <a href="http://www.inrs.fr/">http://www.inrs.fr/</a> Whiteboard, markers for whiteboard



4	105 mn	<p><i>Break</i></p> <p><b><i>Creation of the guide (work in two stages)</i></b></p> <p><i>4. Job interview</i></p> <p><i>Individual time- 15 mn</i></p> <p><i>In groups - 20 mn</i></p> <p><i>Pooling - 30 mn</i></p>	<p>Your friend has a job interview in 48 hours to get a job. ( Starting from an example, a job as a forklift driver, driver, pre-school assistant, carpenter, cook...)</p> <p>To help him/her, you are going to give him/her advice on how to best prepare for his/her job interview, focusing on health-related issues, take into account the health-related matters we have seen previously.</p> <p>This work provides a means of a summarizing the themes covered, and shows what the trainees have learnt.</p> <p>Possible questions to help trainees: What should he or she do to be in good health when the interview takes place? To help you, refer to what is listed on the board, i.e. the main themes of the units and the topics covered by the INRS posters. (Diet, Health, Sleep, Hygiene, Addictions, Stress...)</p> <p>The trainer records the answers given by the learners.</p>	<p>First stage, working individually, the trainee lists the advice he/she is going to give to his/her friend. Then work in smaller groups of 3 or 5 trainees to exchange and enhance the list of advice. Finally, they work collectively to put together the first part of the guide.</p>	<p>You will think about what your friend needs to put in place to be in shape for his/her interview. Actually, you will have to create a good practice guide to help your friend find a job.</p>	<p>Give scrap paper to learners if needed for the individual and small group activities.</p> <p>For pooling, whiteboard, markers for whiteboard.</p> <p>For the stages that follow, the trainer can use the sample document as a guide.</p>
	105 mn	<p><i>Lunch break</i></p> <p><i>4.2 Occupational Health</i></p> <p><i>Individual time- 15 mn</i></p> <p><i>In groups - 20 mn</i></p> <p><i>Pooling - 30 mn</i></p>	<p>Your friend, thanks to your advice, has been hired! Now, the real things begin, to assist him/her you will list the conduct he/she must adopt to keep this job over the long term.</p> <p><i>Same as before, individual work, then group work and pooling. The trainer records the answers given by the learners.</i></p>	<p>First step, working individually, the trainee lists the advice he/she is going to give to his/her friend. Then work in small groups of 3 or 5 trainees to exchange and enhance the list of advice. Finally collective pooling to compile the second part of the guide.</p>	<p>Expected outcome: Production of the good practice guide: Be in shape on the day of your job interview and keep this dynamic throughout your employment.</p>	<p>Give scrap paper to learners if needed for the individual and small group activities.</p> <p>For pooling, whiteboard, markers for whiteboard.</p> <p>Overhead projector, computer, word processor, printer, photocopier.</p>



5	60 mn	<i>Break</i>  <i>Redaction of the guide of good practice</i>	Thanks to the work carried out previously, all the advice for writing the guide of good practices will be listed. This will be the assessment of the work carried out initially, each trainee will leave with the guide compiled by the group. The trainer with the help of the learners produces the digital document live, he/she writes the guide.	The learners help the trainer in writing the guide based on their personal notes and their work in small groups.	. Re-read the guide to complete and optimize it.	If any changes are required, overhead projector, computer, word processor, printer, photocopier.
6	10 mn	<i>Handout of the guide, reading of the guide.</i>	The trainees check the guide, they have the opportunity to add to or amend the guide after reading it and exchanging with the group.	Each learner reads the guide and can suggest changes and new additions.	After you have read it, you should position yourself in relation to this advice.	If any changes are required, overhead projector, computer, word processor, printer, photocopier.
7	10 mn	<i>Self-positioning</i>	Based on this good practice guide, the trainer formats the guide into a self-assessment tool. He/she therefore invites the learner to do his/her auto-evaluation, his/her self-criticism, how do you feel about this advice? The learner will thus identify what he/she needs to change and improve his/her behaviour. What are you going to put in place based on this advice? Why? What do I have to do to stay in shape? To formalize this work, we're going to use the "Star of Change"...	Once learners have re-read the guide, they go through each piece of advice again, asking themselves whether or not they are following the advice in their daily lives.	Suggested example: Complete the "star of change" to be a better environmental friendly citizen, to manage your time better, to be more organized in your work....	Computer, word processor, printer, photocopier, for formatting the self-assessment.
8	20 mn	<i>Presentation of the resource the, star of change</i>	Draw "the star of change on the board", write down in front of the 6 summits, the tracks of change, namely, Create/Initiate, Maintain/Protect, Amplify, Magnify, Reduce/Diminish, Cease/Eliminate and Implement (What I will actually put into place  To help the learners, the trainer presents the individual resource "the star of change" based on an example. To make it easy for learners to grasp the resource, they can also be made to reflect based on case studies	Get the trainees to reflect on an example so that they can appropriate the approach.	Fill in the "star of change", what should I change in my day-to-day behaviour to facilitate and maintain my professional integration?	Whiteboard, markers for whiteboard.



9	20 à 40 mn depending on the size of the group	<i>The learner independently completes his/her star of change</i>	Once the trainee understands how the star works, he or she is invited to use the star from his or her own circumstances. The trainer goes to see each learner to assist them in the process.	Each trainee fills out his or her "star of change.	What have you identified as areas of change? What are you going to put in place?	Scrap paper if needed.
10	10 mn	<i>Individual assessment from the star, 5 to 10 mn per learner</i>	Exchange with the trainer on the star. The idea is to make practices evolve, change habits or maintain certain efforts, reinforce certain behaviours.	Discuss what the learner is going to do to facilitate and preserve his or her professional integration. At the same time, through interviews, learners complete a final questionnaire on all the modules	How would you evaluate the day? All the modules	An office, if possible, to carry out interviews.
11		Collective assessment of the unit and the module	Collective assessment of the module, exchange with the group. What did you think? What did you learn from it? What are you going to put in place? Learners, if they wish, can present an outline of their star of change. The trainer records the learners' remarks.	Exchange with the learners on the benefits of this type of module, on what they have learnt from it, what they are going to put in place.		Assessment document for the day, document for the final assessment of the module.



## Theoretical contents of UNIT 8

### **Appendix 1 : Self evaluation**

#### **1.1.Possible tips for the job interview**

- I make sure that I have a decent, clean and appropriate outfit adapted to the working environment.
- My clothes are carefully chosen for the occasion, I must be comfortable to work in this outfit.
- I take care of my image for the interview in order to look professional (outfit, hygiene, hairstyle, shaving, posture...).
- I'm careful not to wear too much perfume or too much makeup.
- For the interview I make sure I have fresh breath (Teeth brushed, not having smoked before, or consumed any alcohol).
- On the day, I have impeccable hygiene (clean hands, nails, face, hair, clothes and shoes).
- I show control by being calm and relaxed.
- I manage my stress by being on time, getting a good night's sleep, relaxing with simple techniques.
- I rest well before the interview in order to be receptive, attentive and dynamic during the interview.
- I make sure that I am up to date in my health procedures (health card, vaccination, medical check-up if necessary, up-to-date health insurance...).
- During the interview, I do not hesitate to put forward my knowledge regarding safety at work and the prevention of risks related to the PRAP professional activity (PPE, gesture and posture, OHS, emergency numbers, knowledge of danger pictograms, compulsory notices...).
- I am careful about my image, my posture (I stand upright, I am attentive, I listen, I concentrate in order to be efficient on the day...).
- I highlight, if possible during the interview, my practice of physical or even sporting activity.
- I am punctual in order to show that I know how to manage my time, I show that I can anticipate things.
- I respect the rules of good manners (politeness, punctuality, company rules, I turn off my phone...).
- I give off stability, I try to show the employer that I have a " stable " life (lifestyle, assiduity, availability).
- During the interview I manage my emotions, I keep control of myself, I give a professional image.
- I ate well beforehand in order to arrive in good shape at the interview.
- I plan my trip in advance so I don't rush on the road.
- I organize myself in advance to be relaxed on the day of the interview (childcare, journey, preparation of the interview and documents useful for the interview...) ...



### **1.2.Tips to keep my job**

- I have regular medical checkups.
- I eat a balanced diet in order to be operational at work.
- I pay attention to my personal hygiene on a daily basis.
- I manage my fatigue and sleep so as not to impact the company's performance.
- I'm vigilant at work to reduce the risk of accidents.
- I wear my PPE.
- I respect the company's regulations.
- I regularly wash and change my work clothes.
- I don't consume any illicit substances.
- I choose a pace of life that is in line with my schedule.
- I am always punctual.
- I always give a professional image of myself.
- I listen to my body to regulate the balance between activity and rest time.
- I'm not absent.
- I use the right gestures and postures at work.
- I know the evacuation plan, I know where the emergency exits are, the assembly points, the fire alarms, the fire extinguishers, the first-aid kit, the emergency exits.
- I follow the rules in case of special security plan...

Note : For the self-evaluation, each trainee can position himself, on each tip, by answering the following question : Do I or do I not follow this advice ? Why or why not

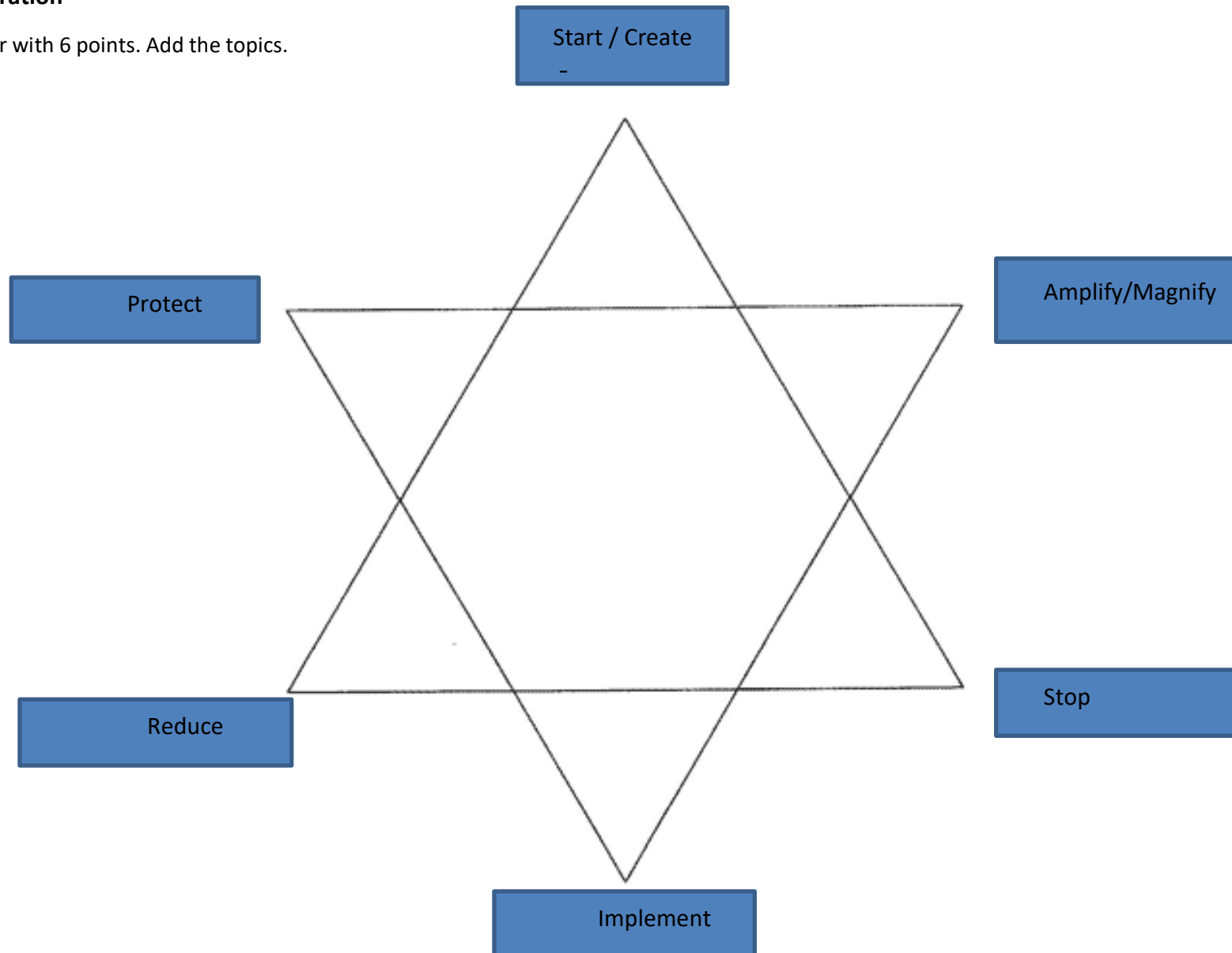
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## Appendix 2 : Star of change

- **Preparation**

Make a star with 6 points. Add the topics.





- **STEPS**

#### 1. Explanation (5min)

- Introduce the goal of the exercise – Introduce each topic (corresponding to the 6 points of the star).
- Create/Start (what has to be created/invented or implement ? Which new actions/activities ?
- Protect (what works well now and needs to be kept ?
- Amplify/magnify (what works well and deserves to be amplified, reworked for improvements)
- Reduce (what is there and is relevant but would need less energy, time or resources from you)
- Stop (What was relevant in the past and is not relevant anymore)
- Implement (What will be the first step towards a change) – participants do not fill in this part of the star individually, but it is done while sharing works in groups.

#### 2. Explain the rules for the individual work (or work in small groups) – about 10/15 minutes

- Each person writes his/her answer on the post-it and places them at the right place around the star.

#### 3. Group work and sharing of works (from 15 to 20 minutes)

- Validate the proposals made for each point of the star.
- Ask one participant to read all the proposals made for one point
- Ask the group if there any questions and if there are some, answer together.
- Ask the group if they validate the ideas presented.
- Only keep what is common to most of the group/all the group.
- Validate the content of the stars according to discussions.

#### 4. Defining what has to be implemented at short notice (from 5 to 10 minutes)

- As a group, ask for proposals regarding what has to be implemented in order to initiate a change (among proposals validated before) – 2 or 3 main ideas.
- Validate the follow-up activities to be undertaken.



### Appendix 3 : Powerpoint presentations



# EASY HEALTH

## UNIT 8 Employers' expectations

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## Activities of the day :

- ▶ Brainstorming
- ▶ Reflection via INRS posters
- ▶ Guide construction
- ▶ Presentation of the "Star of Change"
- ▶ Self-positioning
- ▶ Collective assessment of the day and the unit
- ▶ Final assessment Questionnaire




Brainstorming, tour de table, use of post-it

What topics did you cover earlier in the other EASY HEALTH units ?

Why were these topics covered ?

What did you learn from them?





Brainstorming, utilité de l'unité 8  
Today, we're going to work on employers' expectations.

According to you, what are we going to talk about?

Why should we talk about this ?



## Dialogues and exchanges about INRS' posters








## Construction of the guide :

### First step:

**Guide des Bonnes  
Pratiques**

- ▶ One of your friends has a job interview in 48 hours to get a job.
- ▶ To help him, you provide him with advice focusing on health-related issues, so that he can best prepare for his job interview.
- ▶ To help you, consider the health-related elements we considered earlier.



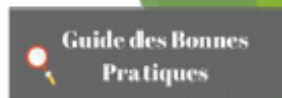


## How are we going to build the first part of this guide?

- Individual work, identification of advice.
- Work in sub-groups to discuss the advice identified individually.
- Pooling, writing the guide.



## Building the guide : Second step:



- Congratulations, your friend got this job thanks to your advice!
- Things are getting serious now!
- To accompany him, you will list the behaviour he needs to adopt to keep this job in the long term.

### How ?



- Same steps as before, individual work, then group work, then pooling.

## Writing, reading and finalisation of the good practice guide

- Pooling all advice.
- Computer input of the guide.
- Printing and distribution of the guide.
- In group, reading and discussion about the guide.
- Validation by learners of the final document.



## Self-positioning

- We are going to use the good practice guide as a self-assessment tool.
- You are going to do your self-positioning, you are going to situate yourself regarding the advice we have listed.
- So you will identify what you need to improve in your behavior.





## Exemple d'auto-positionnement - partie 1

Advice for the interview	Do I follow this advice or not? why?
- I make sure to wear a correct, clean and appropriate clothing for the professional environment.	
- My clothes are carefully chosen for the occasion, I must be comfortable to work in this outfit.	
- I am attentive to my image for the interview in order to appear professional (outfit, hygiene, hairstyle, shaving, posture...).	
- I am careful not to put too much perfume or too much makeup.	
- For the interview I make sure I have fresh breath (Tooth brushing, not to have smoked before, nor consumed alcohol ...).	



## Example of self-positioning

Advice for the interview	Do I follow this advice or not? why?
- The D day, I have impeccable hygiene (clean hands, nails, face, hair, clothes and shoes).	
- I show control by being calm and relaxed.	
- I manage my stress by being on time, getting a good night's sleep, relaxing through simple techniques.	
- I rest well before the interview in order to listen, be attentive and dynamic during the interview.	
- I make sure that I am up to date in my health procedures (social security card, vaccination, medical check-up if necessary, up to date health insurance...).	



## Example of self-positioning

Advice for the interview	Do I follow this advice or not? why?
- During the interview, I do not hesitate to put forward my knowledge concerning safety at work and the prevention of risks linked to the PRAP professional activity. (PPE, movement and posture, OHS, emergency numbers, knowledge of hazard pictograms, mandatory signage, etc.).	
- I am attentive to my image, my posture (I stand straight, I am attentive, listening, focused in order to be efficient on D-Day ...).	
- I highlight, if possible during the interview, my practice of physical activity, even sports.	
- I am punctual in order to show that I know how to manage my time, I show that I anticipate things.	



## Example of self-positioning

Advice for the interview	Do I follow this advice or not? why?
- I respect the rules of good manners (politeness, punctuality, company rules, I turn off my phone...).	
- I give off stability, I try to demonstrate to the employer that I lead a "stable" life (lifestyle, assiduity, availability).	
- During the interview I manage my emotions, I keep control of myself, I give a professional image.	
- I had a good meal ahead of time so I could get to the interview in good shape.	
- I plan my trip in advance so I don't rush on the road.	
- I organize myself in advance to be relaxed on the day of the interview (childcare, itinerary, preparation of the interview and documents useful for the interview...).	





## Example of self-positioning- part 2

Advice to keep my job	Do I follow this advice or not? why ?
- I have regular medical follow-up.	
- I eat a balanced diet to be operational at work.	
- I take care of my personal hygiene every day.	
- I manage my fatigue, my sleep so as not to impact the company's activity.	
- I'm alert at work to reduce the risk of accidents.	
- I wear my PPE.	
- I respect the rules of the company.	
- I regularly maintain and renew my work clothes.	

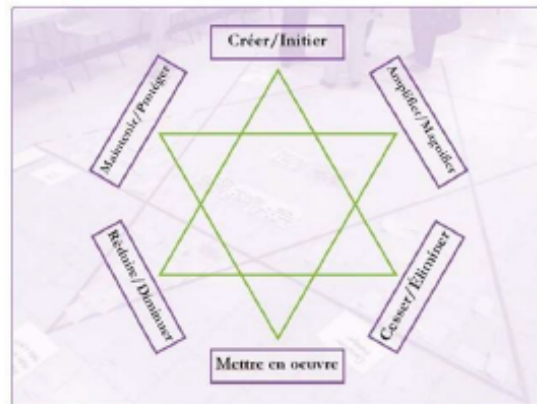


## Example of self-positioning

Advice to keep my job	Do I follow this advice or not? why ?
- I do not consume illegal products.	
- I opt for a rhythm of life in line with my schedules.	
- I am always on time.	
- I always give a professional image of myself.	
- I listen to my body to manage the relationship between activity and rest time.	
- I am not absent.	
- I apply the right gestures, I take the right postures at work.	
- I know the evacuation plan, I know where the emergency exits are, the assembly points, the fire alarms, the fire extinguishers, the first aid kit, the emergency stops.	
- I apply the rules in case of a Special	



## « Star of change »



## It's your turn!

- Fill in individually the « star of change ».
- What do I need to change in my daily behaviour to facilitate and maintain my professional integration?

CHANGEMENT  
EN COURS ...



## Individual assessment

- ▶ Individual exchange time with the trainer based on the "star of change".



## Collective assessment of the day

- ▶ Collective assessment of the day, you will take it in turns to roll a dice.
- ▶ Depending on the face of the dice, you will answer the question that corresponds to the number.
- ▶ 1, give a word to illustrate your state of mind after that day?
- ▶ 2, what are you going to put in place in your daily life?
- ▶ 3, roll the dice again.
- ▶ 4, give a mark from one to ten on this day?
- ▶ 5, give an axis of progression for this day?
- ▶ 6, what have you learned today?



## Global assessment of the 8 units of EASY HEALTH

- ▶ Collective assessment of the EASY HEALTH module, you are going to throw in turn a dice, according to the face of the dice, you are going to answer the question which corresponds to the number.
- ▶ 1, give a word to illustrate your state of mind after that day?
- ▶ 2, what are you going to put in place in your daily life?
- ▶ 3, roll the dice again.
- ▶ 4, give a mark from one to ten on this day?
- ▶ 5, give an axis of progression for this day?
- ▶ 6, what have you learned today?





## - 4.ADDITONAL RESOURCES

### 4.1. Resources to go further

For more information on the project, please, do not hesitate to contact us. We will be happy to have your interest and/or to receive your suggestions.

[contact@easyhealthproject.eu](mailto:contact@easyhealthproject.eu)

Stay tuned for updates on the project...

<http://www.easyhealthproject.eu/site/>



<https://www.facebook.com/easyhealthproject/>



<https://twitter.com/EasyHealthEU>



<https://www.youtube.com/channel/UC2wELRruS5PChXpYXDMNtrA>

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