



Veille documentaire Médecine du travail du personnel hospitalier

Objectif

L'objectif de ce travail est de fournir un outil de veille aux médecins du travail concernant les nouvelles connaissances scientifiques relative à la santé au travail des personnels de soins. La priorité est donnée aux documents en français. Ce travail est réalisé par les documentalistes de l'équipe CISMef et le service de médecine du travail et de pathologie professionnelle du CHU de Rouen, dans le cadre d'un projet financé par la Caisse Nationale de retraites des agents des Collectivités Locales. Les résultats proposées sont issues de la surveillance mensuelle d'une sélection de périodiques, de sites Internet d'organismes spécialisés et des bases de données CISMef, PubMed et BDSP.

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Juillet 2005

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1. Allergies

- *Documents en anglais :*

Contact Dermatitis. 2005 Feb;52(2):108.

Chloracne due to o-dichlorobenzene in a laboratory worker.

Violante FS, Milani S, Malenchini G, Barbieri A.

Occupational Medicine Unit, University of Bologna, Bologna, Italy.francesco.violante@unibo.it

Publication Types: Case Reports

MeSH Terms: Acne Vulgaris - Adult - Allergens/adverse effects* - Chlorobenzenes/adverse effects* - Dermatitis, Allergic Contact/diagnosis* - Dermatitis, Allergic Contact/etiology - Dermatitis, Allergic Contact/pathology - Dermatitis, Occupational/diagnosis* - Dermatitis, Occupational/etiology - Dermatitis, Occupational/pathology - Diagnosis, Differential - Facial Dermatoses/chemically induced - Facial Dermatoses/diagnosis* - Facial Dermatoses/pathology - Humans - Laboratories - Male - Patch Tests

Substances: - Allergens - Chlorobenzenes - 2-dichlorobenzene

Environ Health Perspect. 2005 Jul;113(7):888-93.

Grand rounds: latex-induced occupational asthma in a surgical pathologist.

Green-McKenzie J, Hudes D.

University of Pennsylvania Medical Center, Division of Occupational and Environmental Medicine, Philadelphia, Pennsylvania, USA.

Context: Latex allergy and sensitization have been an important problem facing health care workers. Providing a latex-safe environment is the intervention of choice. Case Presentation: A 46-year-old surgical pathologist presented with increasing shortness of breath for the previous 4 years. Twenty years before presentation, he noted a pruritic, erythematous rash on his hands, associated with latex glove use. Fourteen years before presentation, during pathology residency, he developed a nonproductive cough, wheezing, and an urticarial rash, temporally associated with use of powdered latex gloves. These symptoms improved while away from work. At presentation, he had one-flight dyspnea. His skin prick test was positive for latex, and pulmonary function testing showed mild obstruction, which was reversible with bronchodilator use. Because the patient was at risk for worsening pulmonary function and possible anaphylaxis with continued exposure, he was removed from the workplace because no reasonable accommodation was made for him at that time. Discussion: The patient's presentation is consistent with latex-induced occupational asthma. Initially noting dermal manifestations, consistent with an allergic contact dermatitis secondary to accelerators present in latex gloves, he later developed urticaria, flushing, and respiratory symptoms, consistent with a type I hypersensitivity reaction to latex. He also has reversible airways disease, with significant improvement of peak expiratory flow rate and symptoms when away from work. Relevance to Clinical or Professional Practice: The ideal treatment for latex sensitization is removal from and avoidance of exposure. Clinicians should consider occupational asthma when patients present with new-onset asthma or asthmatic symptoms that worsen at work. Key Words: formaldehyde, health care worker, latex allergy, occupational asthma, pathology, xylene.

Am J Ind Med. 2005 Mar;47(3):265-75.

Work-related asthma among health care workers: surveillance data from California, Massachusetts, Michigan, and New Jersey, 1993-1997.

Pechter E, Davis LK, Tumpowsky C, Flattery J, Harrison R, Reinisch F, Reilly MJ, Rosenman KD, Schill DP, Valiante D, Filios M.

Occupational Health Surveillance Program, Massachusetts Department of Public Health, Boston, Massachusetts 02108, USA. Elise.Pechter@state.ma.us

BACKGROUND: Asthma morbidity has increased, posing a public health burden. Work-related asthma (WRA) accounts for a significant proportion of adult asthma that causes serious personal and economic consequences. METHODS: Cases were identified using physician reports and hospital discharge data, as part of four state-based surveillance systems. We used structured interviews to confirm cases and identify occupations and exposures associated with WRA. RESULTS: Health care workers (HCWs) accounted for 16% (n = 305) of the 1,879 confirmed WRA cases, but only 8% of the

states' workforce. Cases primarily were employed in hospitals and were nurses. The most commonly reported exposures were cleaning products, latex, and poor air quality. **CONCLUSIONS:** Health care workers are at risk for work-related asthma. Health care providers need to recognize this risk of WRA, as early diagnosis will decrease the morbidity associated with WRA. Careful product purchasing and facility maintenance by health care institutions will decrease the risk.

Publication Types: Case Reports

MeSH Terms: Adult - Air Pollutants, Occupational/adverse effects - Asthma/epidemiology* - California/epidemiology - Chi-Square Distribution - Detergents/adverse effects - Female - Formaldehyde/adverse effects - Glutaral/adverse effects - Health Personnel* - Humans - Latex/adverse effects - Male - Massachusetts/epidemiology - Michigan/epidemiology - Middle Aged - New Jersey/epidemiology - Occupational Diseases/epidemiology* - Occupational Exposure/statistics & numerical data* - Research Support, N.I.H., Extramural - Research Support, U.S. Gov't, P.H.S. Substances: Air Pollutants, Occupational - Detergents - Latex - Glutaral - Formaldehyde

2. Bonnes pratiques

- *Documents en anglais :*

N Engl J Med. 2005 Jun 30;352(26):2714-20.

Clinical practice. Lung cancer screening.

Mulshine JL, Sullivan DC.

Intervention Section, Cell and Cancer Biology Branch, Lung Cancer and Aerodigestive Chemoprevention Faculty, Center for Cancer Research, National Cancer Institute, Bethesda, Md 20892, USA. mulshinj@mail.nih.gov

3. Conditions de travail et santé psychologique

- *Documents en français :*

Krankenpfl Soins Infirm. 2005;98(4):10-3, 40-3, 62-5.

[Lowering stress levels in the workplace]

[Article in French, German, Italian]

Shaha M, Rabenschlag F, Holzer R.

Abteilung des Forschungs-und Dienstleistungszentrums der Hochschule Gesundheit Freiburg, Schweiz. shaham@fr.ch

MeSH Terms: Humans - Nursing Staff, Hospital* - Occupational Diseases/prevention & control - Occupational Diseases/psychology - Stress, Psychological/prevention & control*

In : Travail et santé, juin 2005

Prévenir l'épuisement professionnel: quelques balises

Jacques Lafleur

Le succès du dépistage et de la prévention de l'épuisement professionnel requiert des interventions éclairées et courageuses de la part de l'individu et de son milieu de travail

Rech Soins Infirm. 2005 Mar;(80):76-86.

[Psychodynamic analysis of nurses' work in long term care units: between pleasure and suffering]

[Article in French]

Alderson M.

Faculte des sciences infirmieres de Montreal.

Motivated by the constant increase in nurses' mental health problems, the study of Alderson (2001)--

using the psychodynamic approach of work ("Psychodynamique du travail")--looks at the subjective and collective experience of nursing in a chronic care facility. The results of the study show that the major source of suffering in the nurses'work experience is their perceived lack of recognition, of autonomy and of professional power, deficits that are largely maintained by an inadequate organization of the nurses'work. Suggested solutions, according to the nurse subjects, include a necessary transformation of work and its context.

MeSH Terms: Adult - Attitude of Health Personnel* - Burnout, Professional/etiology - Burnout, Professional/prevention & control - Burnout, Professional/psychology* - Chronic Disease - English Abstract - Female - Health Services Needs and Demand - Humans - Job Satisfaction* - Long-Term Care/organization & administration* - Middle Aged - Models, Psychological - Nurse's Role* - Nursing Methodology Research - Nursing Staff/organization & administration - Nursing Staff/psychology* - Power (Psychology) - Professional Autonomy - Psychology, Industrial - Qualitative Research - Quebec - Questionnaires - Research Support, Non-U.S. Gov't - Risk Factors - Skilled Nursing Facilities/organization & administration* - Social Support - Workplace/organization & administration - Workplace/psychology

- Documents en anglais :

Dimens Crit Care Nurs. 2005 Mar-Apr;24(2):97-100.

A pilot qualitative study relating to hardiness in ICU nurses: hardiness in ICU nurses.

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Staff turnover in critical care units is a persistent problem. This very brief, pilot study examines the effects of hardiness and its impact on critical care nurses.

MeSH Terms: - Adaptation, Psychological* - Adult - Anthropology, Cultural - Attitude of Health Personnel* - Avoidance Learning - Burnout, Professional/prevention & control* - Burnout, Professional/psychology - Exploratory Behavior - Female - Hospitals, Teaching - Humans - Intensive Care Units*/organization & administration - Internal-External Control - Interprofessional Relations - Job Satisfaction - Male - Middle Aged - Models, Psychological - Motivation - Nursing Methodology Research - Nursing Staff, Hospital/psychology* - Organizational Culture - Personality* - Personnel Loyalty - Pilot Projects - Problem Solving - Qualitative Research - Questionnaires - Southwestern United States

Am J Hosp Palliat Care. 2005 Mar-Apr;22(2):125-8.

A self-care plan for hospice workers.

Jones SH.

School of Social Work, Texas State University, San Marcos, Texas, USA.

Caring for dying patients and their families is a fulfilling, enriching, and meaningful experience. It can also be extremely stressful. Maintaining the balance between the output and input of energy in a caregiver's professional and personal life is an ongoing process. Clinical staff members often formulate plans of care for patients. To prevent worker burnout, hospice caregivers must develop a plan of self-care to balance their own needs with the needs of their patients. The goal of this article is to provide an overview of ways for hospice caregivers to relieve stress and develop an individualized self-care plan within the context of their work.

Publication Types: Review - Review, Tutorial

MeSH Terms: Adaptation, Psychological* - Burnout, Professional/prevention & control* - Caregivers/psychology* - Empathy - Hospice Care/methods* - Hospice Care/psychology - Hospices/manpower - Hospices/organization & administration* - Humans - Patient Care Team/organization & administration - Program Evaluation - Self Care/methods*

Med Econ. 2005 May 6;82(9):78-82.

Burnout. Are you at risk? Did you just yell at that patient? Slam that Door? Step back--you may be on a slippery slope toward burnout. We can help.

Pennachio DL.

MeSH Terms: Burnout, Professional/diagnosis* - Burnout, Professional/therapy* - Humans - Physicians* - United States

Womens Health (Larchmt). 2005 Mar;14(2):146-53.

Career satisfaction and retention of a sample of women physicians who work reduced hours.

Barnett RC, Gareis KC, Carr PL.

Women's Studies Research Center, Brandeis University, Waltham, Massachusetts, USA.

OBJECTIVE: To better understand the career satisfaction and factors related to retention of women physicians who work reduced hours and are in dual-earner couples in comparison to their full-time counterparts. METHODS: Survey of a random sample of female physicians between 25 and 50 years of age working within 25 miles of Boston, whose names were obtained from the Board of Registration in Medicine in Massachusetts. Interviewers conducted a 60-minute face-to-face closed-ended interview after interviewees completed a 20-minute mailed questionnaire. RESULTS: Fifty-one full-time physicians and 47 reduced hours physicians completed the study; the completion rate was 49.5%. The two groups were similar in age, years as a physician, mean household income, number of children, and presence of an infant in the home. Reduced hours physicians in this sample had a different relationship to experiences in the family than full-time physicians. (1) When reduced hours physicians had low marital role quality, there was an associated lower career satisfaction; full-time physicians report high career satisfaction regardless of their marital role quality. (2) When reduced hours physicians had low marital role or parental role quality, there was an associated higher intention to leave their jobs than for full-time physicians; when marital role or parental role quality was high, there was an associated lower intention to leave their jobs than for full-time physicians. (3) When reduced hours physicians perceived that work interfering with family was high, there was an associated greater intention to leave their jobs that was not apparent for full-time physicians. CONCLUSIONS: Women physicians in this sample who worked reduced hours had stronger relationships between family experiences (marital and parental role quality and work interference with family) and professional outcomes than had their full-time counterparts. Both career satisfaction and intention to leave their employment are correlated with the quality of home life for reduced hours physicians.

MeSH Terms: Adult - Attitude of Health Personnel - Burnout, Professional/epidemiology - Burnout, Professional/etiology* - Female - Humans - Massachusetts/epidemiology - Middle Aged - Personal Satisfaction - Physicians, Women/psychology* - Physicians, Women/statistics & numerical data - Questionnaires - Research Support, N.I.H., Extramural - Research Support, U.S. Gov't, P.H.S. - Women, Working/psychology* - Women, Working/statistics & numerical data - Work Schedule Tolerance/psychology* - Workload/psychology* - Workload/statistics & numerical data

Nurs Outlook. 2005 Mar-Apr;53(2):66-72.

Health and safety of older nurses.

Letvak S.

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The nursing workforce is aging at an unprecedented rate yet little is known about the health and safety of older registered nurses (RNs). The survey reported here examined the relationships between demographic variables, job attributes (job satisfaction, control over practice, and job demands) and the physical and mental health and job-related injuries and health disorders of 308 nurses over the age of 50. Findings indicate that nurses with higher job satisfaction, higher control over practice, and lower job demands experienced increased physical health. Increasing age was positively correlated with mental health. Almost a quarter of older RNs experienced a job-related injury within the past 5 years, and over a third experienced job-related health problems. Nurses with higher job demands and those employed in hospital settings were more likely to have an injury. Overall, older RNs reported higher levels of physical and mental health than the national norm. Efforts must be made to keep older RNs healthy so we can retain them in the workforce.

MeSH Terms: Accidents, Occupational/statistics & numerical data - Age Distribution - Age Factors -

Attitude of Health Personnel - Female - Health Status* - Health Surveys - Humans - Internal-External Control - Job Satisfaction - Linear Models - Logistic Models - Male - Mental Health - Middle Aged - Nursing Staff/organization & administration* - Nursing Staff/psychology - Occupational Diseases/epidemiology* - Occupational Diseases/etiology - Occupational Health/statistics & numerical data* - Personnel Selection - Questionnaires - Research Support, Non-U.S. Gov't - Risk Factors - Southeastern United States/epidemiology - Workload/psychology - Workload/statistics & numerical data - Workplace/organization & administration - Workplace/psychology - Wounds and Injuries/epidemiology* - Wounds and Injuries/etiology

J Nurs Manag. 2005 May;13(3):221-30.

Nurses' satisfaction with their work environment and the outcomes of clinical nursing supervision on nurses' experiences of well-being -- a Norwegian study.

Begat I, Ellefsen B, Severinsson E.

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BACKGROUND: Various studies have demonstrated that nursing is stressful and that the incidence of occupational stress-related burnout in the profession is high. AIM: This descriptive-correlational study examined nurses' satisfaction with their psychosocial work environment, their moral sensitivity and differences in outcomes of clinical nursing supervision in relation to nurses' well-being by systematically comparing supervised and unsupervised nurses. METHODS: Nurses were selected from two hospitals (n = 71). Data collection was by means of questionnaires and analysed by descriptive and inferential statistics. RESULTS: The nurses' satisfaction with their psychosocial work environment was reflected in six factors: 'job stress and anxiety', 'relationship with colleagues', 'collaboration and good communication', 'job motivation', 'work demands' and 'professional development'. The nurses' perceptions of moral sensitivity comprised seven factors: 'grounds for actions', 'ethical conflicts', 'values in care', 'independence patient-oriented care', 'the desire to provide high-quality care' and 'the desire to provide high-quality care creates ethical dilemmas'. Nurses well-being were reflected in four factors 'physical symptom and anxiety', 'feelings of not being in control', 'engagement and motivation' and 'eye strain sleep disturbance'. The moral sensitivity 'ethical conflicts' were found to have mild negative correlations with psychosocial work environment 'job stress and anxiety professional development' and with 'total score' psychosocial work, moral sensitivity factor 'independence were correlated with psychosocial work factor 'relationships with colleagues' and 'total score', moral sensitivity were mildly correlated with 'collaboration and good communication and had a negative correlation to psychosocial work factor 'work demands'. In addition, significant correlations were found between the nurses' well-being profile and demographic variables, between 'engagement and motivation' and 'absence due to illness' and between 'time allocation for tasks', 'physical symptoms and anxiety' and 'age'. Mild significant differences were found between nurses attending and not attending group supervision and between 'physical symptoms and anxiety' and 'feelings of not being in control'. CONCLUSIONS: We conclude that ethical conflicts in nursing are a source of job-related stress and anxiety. The outcome of supporting nurses by clinical nursing supervision may have a positive influence on their perceptions of well-being. clinical nursing supervision have a positive effect on nurses physical symptoms and their feeling of anxiety as well as having a sense of being in control of the situation. We also conclude that psychosocial work have an influence on nurses experience of having or not having control and their engagement and motivation.

MeSH Terms: - Adult - Attitude of Health Personnel* - Burnout, Professional/psychology - Clinical Competence* - Communication - Comparative Study - Conflict (Psychology) - Cooperative Behavior - Factor Analysis, Statistical - Health Facility Environment/organization & administration - Health Knowledge, Attitudes, Practice - Humans - Interprofessional Relations - Job Satisfaction* - Morals - Motivation - Norway - Nursing Methodology Research - Nursing Staff, Hospital/education - Nursing Staff, Hospital/ethics - Nursing Staff, Hospital/organization & administration - Nursing Staff, Hospital/psychology* - Nursing, Supervisory/organization & administration* - Professional Autonomy - Questionnaires - Social Support - Time Management - Workload - Workplace/organization & administration - Workplace/psychology*

Prehospital Disaster Med. 2005 Mar-Apr;20(2):115-21.

Occupational stress among Japanese emergency medical technicians: Hyogo Prefecture.

Okada N, Ishii N, Nakata M, Nakayama S.

Department of Disaster and Emergency Medicine, Kobe University Graduate School of Medicine, Japan. naoki@med.kobe-u.ac.jp

INTRODUCTION: As prehospital care became emphasized in emergency medical services in Japan, qualification as a "paramedic" was established in 1991 as a requirement for national qualification as an emergency medical technician (EMT). With recent increases in emergency transportation, the responsibilities of paramedics have become more complex and demand a higher level of competency; however, no method of evaluating occupational stress among Japanese EMTs currently exists. **METHODS:** A questionnaire survey of the working conditions and health of 2,017 EMTs in Hyogo Prefecture was conducted. To analyze stress levels among these EMTs, the survey was divided into two categories: (1) physical stress; and (2) mental stress. **RESULTS:** The number of responses was 1,551 (76.9%) and the average age of the respondents was 35.4 years. The lower back, neck, and shoulders were most frequently subjected to physical stress, which was related to the daily operations as an EMT. Mental stress was reported more frequently by those who were older or qualified paramedics. **DISCUSSION:** The high frequency of lower back pain suggests the need for improvement in the work environment and periodic education. **CONCLUSIONS:** Although job satisfaction among paramedics was high, they were exposed to greater mental stress. Therefore, systematic management of stress must be developed and established.

MeSH Terms: Data Collection - Emergency Medical Services* - Emergency Medical Technicians/psychology* - Humans - Japan/epidemiology - Occupational Diseases/epidemiology* - Stress, Psychological/epidemiology*

Rech Soins Infirm. 2005 Mar;(80):76-86.

[Psychodynamic analysis of nurses' work in long term care units: between pleasure and suffering]

[Article in French]

Alderson M.

Faculte des sciences infirmieres de Montreal.

Motivated by the constant increase in nurses' mental health problems, the study of Alderson (2001)--using the psychodynamic approach of work ("Psychodynamique du travail")--looks at the subjective and collective experience of nursing in a chronic care facility. The results of the study show that the major source of suffering in the nurses' work experience is their perceived lack of recognition, of autonomy and of professional power, deficits that are largely maintained by an inadequate organization of the nurses' work. Suggested solutions, according to the nurse subjects, include a necessary transformation of work and its context.

MeSH Terms: Adult - Attitude of Health Personnel* - Burnout, Professional/etiology - Burnout, Professional/prevention & control - Burnout, Professional/psychology* - Chronic Disease - English Abstract - Female - Health Services Needs and Demand - Humans - Job Satisfaction* - Long-Term Care/organization & administration* - Middle Aged - Models, Psychological - Nurse's Role* - Nursing Methodology Research - Nursing Staff/organization & administration - Nursing Staff/psychology* - Power (Psychology) - Professional Autonomy - Psychology, Industrial - Qualitative Research - Quebec - Questionnaires - Research Support, Non-U.S. Gov't - Risk Factors - Skilled Nursing Facilities/organization & administration* - Social Support - Workplace/organization & administration - Workplace/psychology

Holist Nurs Pract. 2005 Mar-Apr;19(2):78-86.

The effects of mindfulness-based stress reduction on nurse stress and burnout: a qualitative and quantitative study, part III.

Cohen-Katz J, Wiley S, Capuano T, Baker DM, Deitrick L, Shapiro S.

Lehigh Valley Hospital and Health Network, Department of Family Medicine, Allentown, PA 18105, USA. cohen-katz@lvh.com

Part III of the study on mindfulness-based stress reduction (MBSR) describes qualitative data and discusses the implications of the findings. Study analysis revealed that nurses found MBSR helpful. Greater relaxation and self-care and improvement in work and family relationships were among reported benefits. Challenges included restlessness, physical pain, and dealing with difficult emotions. **Publication Types:** Clinical Trial - Randomized Controlled Trial

MeSH Terms: Adult - Burnout, Professional/prevention & control* - Burnout, Professional/psychology - Cognitive Therapy* - Female - Holistic Health* - Humans - Middle Aged - Nurse's Role* - Nurse-

Patient Relations - Nursing Staff, Hospital/psychology* - Occupational Diseases/prevention & control* - Occupational Diseases/psychology - Pennsylvania - Professional-Family Relations - Program Evaluation - Qualitative Research - Questionnaires - Risk Factors - Self Care/methods - Self Care/psychology - Social Support - Time Factors - Workload

Nurs Econ. 2005 Mar-Apr;23(2):91-6, 55.

Work excitement in nursing: an examination of the relationship between work excitement and burnout.

Sadovich JM.

Department of Homeland Security, Washington, DC, USA.

The results of this study found a significant relationship between burnout and the Work Excitement Model. This suggests that utilization of the Work Excitement Model by health care organizations may reduce nursing burnout and improve productivity and quality of care.

MeSH Terms: Adaptation, Psychological - Adult - Attitude of Health Personnel* - Burnout, Professional/etiology - Burnout, Professional/psychology* - Female - Humans - Job Satisfaction* - Male - Middle Aged - Models, Nursing - Models, Psychological - Morale - Motivation - Nurse's Role - Nursing Methodology Research - Nursing Staff/education - Nursing Staff/organization & administration - Nursing Staff/psychology* - Organizational Culture - Personnel Staffing and Scheduling/organization & administration - Questionnaires - Regression Analysis - Social Support - United States - Workload - Workplace/organization & administration - Workplace/psychology

Health Serv J. 2005 Apr 21;115(5952):36.

Work-related stress. Pressure group.

McLaughlin J.

MeSH Terms: - Great Britain - Health Personnel/psychology* - Humans - Job Satisfaction* - State Medicine - Stress, Psychological*

Acta Anaesthesiol Scand. 2005 Apr;49(4):593.

Working conditions in America—learning from the Europeans (?).

Kuczkowski KM.

Publication Types: Letter

MeSH Terms: Europe - Foreign Medical Graduates* - Life Style - United States - Work Schedule Tolerance*

J Clin Nurs. 2005 May;14(5):587-93.

Working in long-term care settings for older people with dementia: nurses' aides.

Sung HC, Chang SM, Tsai CS.

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AIM: This paper reports a study exploring the reasons for continuing to work among nurse aides who cared for older people with dementia in long-term care settings in Taiwan. BACKGROUND: High nurse aide turnover has been a major problem for many managers of long-term care facilities in Taiwan. Most studies on nurse aide turnover have focused on the factors on why they left, but little is known about their reasons for continuing to work in long-term care settings in Taiwan. METHODS: A qualitative research design was used. Sixteen nurse aides were interviewed individually using a semi-structured interview guide and content analysis was used to identify the major themes in the data. RESULTS: Five major themes emerged from interview data: monetary needs, relationships with residents, working environment, training opportunities and gratification (listed in order of frequency of occurrence). CONCLUSION: Nurse aides face challenges in caring for the increased number of older people with cognitive impairment and it is important to assess their perspectives towards their work in the changing environment. The findings suggest that it is essential for nursing managers to assess nurse aides' needs to increase job retention and to improve the quality of resident care in long-term care settings. RELEVANCE TO CLINICAL PRACTICE: Careful appraisal of prospective nurse aides' attitudes, regular training programmes in dementia care, adequate staffing and equipment,

performance-based pay rises and subsidized training are practical retention strategies for these nurse aides.

MeSH Terms: - Adult - Aged - Attitude of Health Personnel* - Burnout, Professional/etiology - Burnout, Professional/prevention & control - Burnout, Professional/psychology - Dementia/nursing* - Employment/organization & administration - Employment/psychology - Female - Health Services Needs and Demand - Humans - Job Satisfaction* - Long-Term Care/organization & administration - Long-Term Care/psychology - Male - Motivation - Nurses' Aides/organization & administration - Nurses' Aides/psychology* - Nursing Homes*/organization & administration - Nursing Methodology Research - Occupational Health - Personnel Selection - Personnel Turnover - Qualitative Research - Questionnaires - Salaries and Fringe Benefits - Taiwan - Workload

4. Hygiène et gestion des risques

- *Documents en anglais :*

Infect Control Hosp Epidemiol. 2005 Jan;26(1):105-8.

Assessment of knowledge, attitudes, and practices regarding isolation precautions among Iranian healthcare workers.

Askarian M, Mirzaei K, Mundy LM, McLaws ML.

Community Medicine Department, Shiraz Medical School, Shiraz, Islamic Republic of Iran. askariam@sums.ac.ir

We conducted a survey of 1,048 healthcare workers (HCWs) at 8 Iranian hospitals regarding knowledge, attitudes, and practices related to isolation precautions. We found 75% below acceptable safety levels. Routine handwashing before and after glove use was reported by fewer than half of the HCWs.

MeSH Terms: Adult - Attitude of Health Personnel - Clinical Competence* - Cross Infection/prevention & control - Dentists - Disease Transmission, Professional-to-Patient/prevention & control* - Education, Professional - Handwashing/standards - Health Care Surveys - Health Knowledge, Attitudes, Practice - Hospitals, University - Humans - Iran - Nurses - Patient Isolation/standards* - Physicians

Pediatr Infect Dis J. 2005 May;24(5):397-403.

Decreasing hospital-associated rotavirus infection: a multidisciplinary hand hygiene campaign in a children's hospital.

Zerr DM, Allpress AL, Heath J, Bornemann R, Bennett E.

Department of Pediatrics, University of Washington, and the Children's Hospital and Regional Medical Center, Seattle WA, USA.

OBJECTIVE: Hand hygiene is an effective means of preventing hospital-associated infection, but compliance among health care workers is poor. Few studies aimed at increasing hand hygiene in the hospital setting have shown sustained improvement and concurrent decreases in hospital-associated infections, and even fewer have been performed in the pediatric setting. METHODS: We implemented a hand hygiene program with the hopes of improving hand hygiene and decreasing hospital-associated rotavirus infection rates. A multidisciplinary group developed a hospital supported, house-wide campaign. Opportunities for hand hygiene were observed during 5 periods. The frequency of hospital-associated rotavirus infection was tracked over time by review of laboratory records.

Correlates of hand hygiene were investigated with the use of multivariate logistic regression.

RESULTS: Overall hand hygiene compliance improved from 62% in period 1 to 81% in period 5 ($P < 0.001$). Soap and water was the most common method for practicing hand hygiene, and alcohol hand gel use increased from 4% to 29% between the first and last observation periods ($P < 0.001$). The rate of hospital-associated rotavirus infection decreased from 5.9 episodes per 1000 discharged patients in 2001 to 2.2 episodes per 1000 discharged patients in 2004 ($P = 0.01$). Period of observation, hospital ward, type of care provider and type of care performed were all independently associated with hand hygiene (adjusted $P < \text{or} = 0.02$ for all). CONCLUSION: Improving hand hygiene is an important goal for health care institutions. These data can be useful for development of interventions aimed at improving hand hygiene.

MeSH Terms: Age Distribution - Analysis of Variance - Child - Child, Preschool - Cohort Studies - Communicable Disease Control/organization & administration* - Cross Infection/epidemiology - Cross

Infection/prevention & control* - Female - Handwashing/standards* - Hospitals, Pediatric - Humans - Hygiene - Incidence - Infant - Logistic Models - Male - Practice Guidelines - Probability - Program Development - Program Evaluation - Risk Factors - Rotavirus Infections/epidemiology - Rotavirus Infections/prevention & control* - Sex Distribution - Washington

Hosp Health Netw. 2005 May;79(5):81-2.

Hospital computer keyboards and keyboard covers harbor potentially harmful bacteria.

Publication Types: Congresses - News

MeSH Terms: Computer Systems* - Cross Infection/etiology* - Cross Infection/microbiology - Cross Infection/transmission - Disinfectants - Drug Resistance, Bacterial - Equipment Contamination* - Equipment and Supplies, Hospital/microbiology* - Handwashing - Humans

Substances: Disinfectants

Director. 2005 Spring;13(2):75-8, 80-1.

Working together for success.

Haney LL.

Administrators and Directors of Nursing usually believe they are doing the right thing when they begin to implement an ergonomic program such as safe resident handling. However, as time goes by, and the program fades, they may wonder where they went wrong. The commitment, planning, and follow through between "management" and "employees" when a safe resident handling/minimal lift program is implemented is an essential, but often overlooked, part of an effective ergonomic program. The best of programs can fail unless there is an ongoing effort by both to insure that the following goals are achieved: (1) safety for the caregivers, (2) safety for the residents, and (3) improvement or maintenance of mobility of the residents.

MeSH Terms: Accidents, Occupational/prevention & control - Activities of Daily Living - Aged - Back Injuries/etiology - Back Injuries/prevention & control - Geriatric Assessment - Geriatric Nursing - Guideline Adherence/standards - Guidelines - Human Engineering/standards* - Humans - Lifting/adverse effects - Needs Assessment - Nursing Administration Research/methods - Nursing Assessment - Nursing Homes/standards* - Occupational Health Services/organization & administration* - Organizational Case Studies - Professional Staff Committees/organization & administration - Shoulder/injuries - United States - United States Occupational Safety and Health Administration

5. Infections nosocomiales

- *Documents en français* :

In : Hygiènes, volume XIII, n°3, 2005

Voies veineuses périphériques : stop à la banalisation. Audit sur la pose et la traçabilité

R. Girard, P. Ferrarèse, E. Laprugne Garcia, L. Morandat, M. Roule, N. Santoro, R. Béal, A. Pitiot
Résumé. À la suite de cas de bactériémies nosocomiales en relation avec des voies veineuses périphériques, plusieurs établissements des Hospices Civils de Lyon (HCL) ont souhaité évaluer l'observance de la procédure harmonisée de pose, de soins, de surveillance et de traçabilité pour les cathéters veineux périphériques. Un projet collaboratif HCL, regroupant les UHE de plusieurs hôpitaux et un institut de formation en soins infirmiers, a été lancé. La qualité de la pose a été évaluée au moyen d'une enquête par observation de soignants et la qualité de la traçabilité par révision des dossiers de soins et des dossiers médicaux dans les unités d'hospitalisation. Trois cent quatre-vingt-onze poses et la traçabilité relative à 580 cathéters ont été évaluées. De nombreux points pouvant entraîner un risque de bactériémie accru ont été identifiés: la faible observance (53 %) des temps de lavage, rinçage, séchage du site de pose avant l'application de l'antiseptique, le rinçage du cathéter effectué avec la perfusion et non à la seringue (15 %), l'insuffisance de la désinfection des mains et du recours à la désinfection hygiénique des mains par friction, et enfin la durée excessive du cathétérisme. Pour les soignants, le risque d'accident d'exposition au sang (AES) était majoré par un port de gants insuffisant et une médiocre observance de l'élimination immédiate du mandrin. La

traçabilité était médiocre, notamment en cas de dossier de soins informatisé. Un réajustement du protocole, une campagne sur les AES et une réflexion sur le dossier de soins informatisé ont donc été programmés. À long terme, la surveillance des bactériémies permettra de vérifier l'efficacité du travail réalisé.

Mots-clés. Cathétérisme Périphérique – Audit Soins Infirmiers – Évaluation Méthodes Santé – Qualité Soins – Bactériémie – Hôpital

- Documents en anglais :

Infect Control Hosp Epidemiol. 2005 Jan;26(1):13-20.

Nosocomial infection and multidrug-resistant bacteria surveillance in intensive care units: a survey in France.

L'Heriteau F, Alberti C, Cohen Y, Troche G, Moine P, Timsit JF.

C-CLIN Paris Nord, Paris VI University.

OBJECTIVES: To evaluate nosocomial infection (NI) surveillance strategies in French ICUs and to identify similar patterns defining subsets within which comparisons can be made. DESIGN: A questionnaire was sent to all French ICUs, and a random sample of nonresponders was interviewed. PARTICIPANTS: Three hundred ninety-five responder ICUs (69%) in France. RESULTS: In 282 ICUs (71%), a dedicated ICU staff member was responsible for infection control activities. The microbiology laboratory was usually in the hospital (90%) and computerized (94%) but issued regular hospital microbiology records in only 48% of cases. Patients receiving mechanical ventilation, central venous catheterization, and urinary catheterization were 90%, 79%, and 60%, respectively. Patients were screened for carriage of multidrug-resistant bacteria on admission and during the stay in 70% and 60% of ICUs, respectively, most often targeting MRSA. Quantitative cultures were used to diagnose ventilator-associated pneumonia (VAP) in 90% of ICUs, including distal specimens in 80% and bronchoscopy specimens in 60%. Quantitative central venous catheter (CVC)-segment cultures were used in 70% of ICUs. All CVCs were cultured routinely in 53% of the ICUs. Despite wide variations in infection control and surveillance strategies, multiple correspondence analysis identified 13 key points (4 structural variables and 9 variables concerning the diagnosis of VAP, the surveillance and diagnosis of catheter-related and urinary tract infections, and the mode of screening of MRSA carriers) that categorize the variability of French ICUs' approaches to NIs. CONCLUSION: This study revealed profound differences in NI surveillance strategies across ICUs, indicating a need for caution when using NI surveillance data for comparisons and benchmarking.

Publication Types: Multicenter Study

MeSH Terms: Carrier State/diagnosis* - Carrier State/microbiology - Cross Infection/prevention & control* - Drug Resistance, Multiple, Bacterial* - France - Health Surveys - Humans - Infection Control* - Intensive Care Units/standards - Prospective Studies - Safety Management/standards

6. Risques biologiques

- Documents en français :

Recommandation R410 : Risque biologique en milieux de soins

Recommandation adoptée par le Comité technique national des activités de services 1 (CTN H), lors de sa réunion du 4 novembre 2004, et le Comité technique national des activités de services 2 et travail temporaire (CTN I), lors de sa réunion du 30 novembre 2004.

Le Comité technique national I «Activités de services 2 et travail temporaire » et le Comité technique national H «Activités de service 1 » ont souhaité élaborer des recommandations concernant le risque biologique infectieux pour les professions de santé.

Accès au texte intégral : [http://www.dmt-prevention.fr/inrs-pub/inrs01.nsf/IntranetObject-accesParReference/Pdf%20R410/\\$File/R410.pdf](http://www.dmt-prevention.fr/inrs-pub/inrs01.nsf/IntranetObject-accesParReference/Pdf%20R410/$File/R410.pdf)

Autre accès : http://www.risquesprofessionnels.ameli.fr/atmp_media/R410.pdf

6.1 Accident d'exposition au sang

- Documents en français :

In : Hygiènes, volume XIII, n°3, 2005

Évaluation des connaissances et pratiques des infirmières vis-à-vis du risque d'accident d'exposition au sang : résultats d'une enquête multicentrique en Picardie (2002)

P. Saint-Laurent, D. Sarrazin, J.-J. Pik, Z. Kadi

Résumé. Une enquête par auto-questionnaire a été réalisée en octobre 2002 dans les huit établissements publics et privés adhérents au réseau sectoriel d'hygiène hospitalière regroupés autour du centre hospitalier de Creil (Picardie) pour évaluer le niveau de connaissance des infirmières sur le risque d'accident d'exposition au sang (AES) et identifier les pratiques à risque. Parmi les 305 infirmières ayant répondu, 24,6 % déclaraient avoir reçu une formation sur les AES. Le risque de contamination par les trois principaux virus hématogènes (VIH, VHB, VHC) était connu par 90 % des infirmières et 75,4 % ont dit penser à ce risque au cours de leur pratique quotidienne. 98 % des infirmières se savaient vaccinées contre l'hépatite B mais seulement 21,3 % connaissaient leur taux d'anticorps protecteurs post-vaccinal contre l'hépatite B. L'existence d'un protocole institutionnel relatif à la conduite à tenir en cas d'AES était connu par 70 % d'entre elles mais 37 % ne connaissaient pas son emplacement. Les pratiques à risque restaient assez nombreuses, même parmi les infirmières déclarant avoir reçu une formation: 21,3 % recapuchonnaient les aiguilles, 18,7 % ne portaient pas de gants pour les prélèvements sanguins, 6,6 % n'apportaient jamais le conteneur à objets piquants/coupants à portée de mains lors des soins et 30,7 % déclaraient forcer sur l'ouverture de ce conteneur en cas de difficulté lors de l'introduction d'objets souillés. En cas d'AES, 50,5 % des infirmières connaissaient la nécessité d'un nettoyage de la plaie et 63,3 % d'une antiseptie avec un produit chloré. De façon générale, les résultats ont montré une connaissance insuffisante des mesures de prévention et de la conduite à tenir en cas d'AES.

Mots-clés. Personnel Infirmier Hôpital – Sang – Accident Travail – Prévention Accident – Connaissance, Attitude, Pratique

- Documents en anglais :

AORN J. 2005 Mar;81(3):662, 665-6, 669-71.

AORN guidance statement: sharps injury prevention in the perioperative setting.

Association of periOperative Registered Nurses.

Occupational exposure to bloodborne pathogens via percutaneous injuries is one of the most serious dangers perioperative team members face on a daily basis. The risk of sustaining a percutaneous injury can be decreased through employee education, clear communication, device engineering, and focused work practice controls. Risk reduction strategies should include specific practices aimed at reducing the unique risks of percutaneous injuries encountered in the perioperative environment. AORN recognizes the various settings in which perioperative RNs practice, and the suggested risk reduction strategies in this guidance statement are intended to be adaptable to any setting where surgical or other invasive procedures are performed.

Publication Types: Guideline - Practice Guideline

MeSH Terms: Blood-Borne Pathogens - Humans - Occupational Exposure/prevention & control* - Operating Rooms/standards* - Organizational Innovation - Perioperative Nursing/standards* - Risk Reduction Behavior - Safety Management/methods - Safety Management/standards* - United States - Wounds, Penetrating/etiology - Wounds, Penetrating/prevention & control*

J Gen Intern Med. 2005 May;20(5):419-21.

BRIEF REPORT: Needlestick Injury and Inadequate Post-Exposure Practice in Medical Students.

Cervini P, Bell C.

Department of Medical Imaging, University of Toronto, Toronto, ON, Canada.

Background: Medical students are at a particularly high risk for needlestick injury and its consequences because of their relative inexperience and lack of disability insurance. Objective: To determine the risk of needlestick injury and the use of post-exposure prophylaxis among medical

students. Design: Internet-based survey. Participants: The 2003 graduating medical school class at the University of Toronto. Measurements: Number of needlestick injuries, circumstances surrounding those incidents, and post-exposure actions. Results: The response rate was 88% (157/178). Over one third (55/157) of respondents suffered at least 1 needlestick injury. In more than half the high-risk injuries, the students continued working and did not seek medical advice. Six students who suffered a needlestick injury began prophylactic human immunodeficiency virus medications. Of those students who suffered an injury, 15% had purchased disability insurance prior to the incident. Conclusions: Poor use of post-exposure procedures and a lack of disability insurance leave medical students at high risk for career and life-altering consequences from a needlestick injury.

Health Protection Agency, January 2005

Eye Of the needle - Surveillance of Significant Occupational Exposure to Bloodborne Viruses in Healthcare Workers. Centre for Infections; England, Wales and Northern Ireland. Seven-year Report: January 2005

Key points : http://www.phls.co.uk/infections/topics_az/bbv/s_report.htm

Full report : http://www.hpa.org.uk/infections/topics_az/bbv/pdf/eye_of_the_needle.pdf

Nurs Manage. 2005 May;36(5):52-4.

Get a hold on costs and safety with securement devices.

Rosenthal K.

ResourceNurse.Com, a division of Nurses-Station.Com, LLC, Oceanside, N.Y., USA. Evidence shows that commercially available catheter securement devices both reduce accidental needlesticks to healthcare workers and prevent catheter-related bloodstream infections by limiting catheter movement.

Publication Types: Review - Review, Tutorial

MeSH Terms: - Catheterization, Peripheral/economics* - Catheterization, Peripheral/instrumentation* - Catheters, Indwelling*/economics - Cost-Benefit Analysis - Equipment Design - Humans - Needlestick Injuries/economics - Needlestick Injuries/prevention & control - Septicemia/economics - Septicemia/prevention & control

Clin Otolaryngol. 2005 Feb;30(1):71-2.

How we do it: blood contamination during management of epistaxis—awareness, utilization and availability of barrier protection.

Ho EC, Patiar S, Corbridge R.

There is a significant risk of blood contamination during the non-surgical management of epistaxis. Contamination beyond gloves happens in 55% of cases and the contamination risk to eyes as high as 18%. There is a lack of awareness and a majority of ENT doctors underestimate this risk. Protective barrier equipment and eye protection in particular are suboptimally available in all clinical areas where epistaxis is dealt with. Consequently, there is poor utilization of protective barrier equipment.

Publication Types: Letter

MeSH Terms: Awareness - Blood-Borne Pathogens - Conjunctival Diseases/epidemiology - Conjunctival Diseases/etiology* - Conjunctival Diseases/prevention & control - Disease Transmission, Patient-to-Professional/prevention & control* - Disease Transmission, Patient-to-Professional/statistics & numerical data - Epistaxis/therapy* - Eye Protective Devices/utilization* - Health Knowledge, Attitudes, Practice* - Humans - Medical Staff, Hospital/statistics & numerical data - Otolaryngology - Questionnaires - Risk Factors - Virus Diseases/epidemiology - Virus Diseases/prevention & control* - Virus Diseases/transmission*

J Travel Med. 2005 Jan-Feb;12(1):14-8.

Postexposure chemoprophylaxis for occupational exposure to human immunodeficiency virus in traveling health care workers.

Uslan DZ, Virk A.

Background: There has been little research on the use of human immunodeficiency virus (HIV)

postexposure prophylaxis (PEP) for occupational exposure in traveling health care workers (HCWs). Although PEP is the standard of care for occupational exposure to HIV in the United States, in third-world countries such medications are often unavailable and risks to the HCW may be higher. The aims of this study were to assess the incidence and types of blood and body fluid exposure and subsequent use of PEP in traveling HCWs seen at a large travel clinic prior to travel. Methods: To determine the utility of PEP, we retrospectively evaluated all HCWs presenting for counseling prior to travel for health care delivery. All employees who were seen at the Mayo Travel and Tropical Medicine Clinic from 1999 until July 2002 were included. Analysis was conducted via a chart review as well as an approved questionnaire mailed to all employees still at the Mayo Clinic. Results: Eighty-six HCWs were included in the analysis, and 58 responded to the questionnaire. Of the 86 HCWs reviewed, 55 (64%) were determined to be at high risk for occupational exposure to HIV. Seventy-eight percent of the high-risk HCWs were documented to have been counseled about needlestick avoidance, and 55% brought PEP with them. In the 58 HCWs who returned the questionnaire, there were no reported deep needlesticks. One of the 39 high-risk HCWs who returned the questionnaire (2.6%) had a superficial needle exposure, but the source patient had pretested negative for HIV and therefore the HCW did not use PEP. Nine of the 39 (23%) had a blood splash onto intact skin, and one of these involved a large volume. This source patient also had pretested negative for HIV. None of the HCWs exposed to blood splash took PEP. Two HCWs (5.1%) at high risk had an exposure that would have required PEP if the source patient had not been pretested. Conclusions: Needlestick exposure and HIV PEP counseling is important for HCWs traveling for health care delivery. Exposure risks appear low but high enough to warrant supplying high-risk HCWs with PEP. HCWs are able to use the recommendations appropriately. Pretesting of surgical patients decreases the likelihood of starting PEP. Carrying a common supply of PEP for a larger group can decrease the cost of PEP.

Gen Dent. 2005 May-Jun;53(3):188-93.

Preventing sharps, splash, and needlestick injuries in dentistry: a comprehensive overview.

Mamoun JS, Ahmed SM.

This article presents a comprehensive collection of precautions and suggestions for preventing sharps, splash, and needlestick injuries in dentistry. The authors looked at studies of sharps and splash injuries in dentistry to determine which of these injuries are most common. They then assembled a set of precautions to prevent these injuries based on published literature, tips learned from other dentists, and their own clinical observations. Dentists must remember and apply many precautions to prevent the broad spectrum of sharps and splash injuries that could occur during the delivery of dental care.

J Hosp Infect. 2005 Jun 13; [Epub ahead of print]

Needlestick injuries in a tertiary care centre in Mumbai, India.

Mehta A, Rodrigues C, Ghag S, Bawi P, Shenai S, Dastur F.

P.D. Hinduja National Hospital and Medical Research Centre, Veer Savarkar Marg, Mahim (West), Mumbai 400 016, India.

Accidental exposure from blood/body fluid of patients is a risk to healthcare workers (HCWs). Percutaneous injury is the most common method of exposure to blood-borne pathogens. A policy was formulated at our institute, a tertiary care centre in central Mumbai, and we report a six-year (1998-2003) ongoing surveillance of needlestick injuries. Of the 380 HCWs who reported needlestick injuries, 45% were nurses, 33% were attendants, 11% were doctors and 11% were technicians. On source analysis, 23, 15 and 12 were positive for Hepatitis B surface antigen (HBsAg), human immunodeficiency virus (HIV) and hepatitis C virus (HCV), respectively. Immediate action following potential exposure included washing the wound with soap and water, encouraging bleeding and reporting the incident to the emergency room. Analysis of the source of injuries revealed that known sources accounted for 254 injuries, and unknown sources from garbage bags and Operating Theatre instruments accounted for 126 injuries. Most needlestick injuries occurred during intravenous line insertion (N=112), followed by blood collection (N=69), surgical blade injury (N=36) and recapping needles (N=36). Immediate postexposure prophylaxis (PEP) for HCWs who sustained injuries with hepatitis-B-virus-positive patients included booster hepatitis B immunization for those positive for antiHBs. A full course of immunization with hepatitis B immunoglobulin was given to those who were antiHBs negative. All staff who sustained injury with HIV were given immediate antiretroviral therapy (AZT 600mg/day) for six weeks. Subsequent six-month follow-up showed zero seroconversion.

Nurs Times. 2005 Jun 21-27;101(25):34-6.

Reducing the risk of injuries to staff from insulin pens.

Edwards C, Metcalfe L, Allan J, Haynes A.

Wirral Hospital NHS Trust, Merseyside.

This article describes problems in the use and disposal of sharps used in the administration of insulin therapy in a hospital setting. Subsequent investigation and action taken to reduce the risk of needlestick injuries in staff who administer insulin therapy with an insulin pen delivery system are also discussed.

J Hosp Infect. 2005 May;60(1):91-2.

Surveillance and training, not postexposure prophylaxis, are the basis for the prevention of occupational infection by blood-borne pathogens in developing countries.

Tarantola A, Rachline A.

Publication Types: Comment - Letter

MeSH Terms: - Blood-Borne Pathogens* - Developing Countries* - Disease Transmission, Patient-to-Professional/prevention & control - Health Personnel/education* - Health Services Needs and Demand - Humans - Infection Control/methods - Inservice Training - Needlestick Injuries/prevention & control* - Occupational Diseases/prevention & control* - Occupational Health*

6.2 Contamination soignant-soigné

6.3 Transmission aérienne

6.4 Transmission de contact

- *Documents en anglais :*

Emerg Infect Dis. 2005 May;11(5):775.

Nosocomial dengue by mucocutaneous transmission.

Chen LH, Wilson ME.

Publication Types: Comment - Letter

MeSH Terms: Dengue/transmission* - Disease Transmission, Patient-to-Professional* - Humans

6.5 Vaccination

- *Documents en français :*

BEH - Bulletin Epidémiologique Hebdomadaire, n° 29-30, 2005

Calendrier vaccinal 2005 et autres avis du Conseil supérieur d'hygiène publique de France relatifs à la vaccination

[site éditeur InVS Institut de Veille Sanitaire]

nouvelles recommandations, recommandations générales, risques professionnels, recommandations particulières, recommandations vaccinales aux voyageurs, tableau synoptique ; 16 pages ; In : [langue : français ; format : html, pdf ; accès : gratuit et libre ; site non parrainé ; daté du 05/07/2005 ; visité le 07/07/2005]. -Fr

mots clés : *calendrier vaccination \recommandation de santé publique ; coqueluche /prévention et contrôle ; diphtérie /prévention et contrôle ; encéphalites à tiques ; enfant ; exposition professionnelle ; fièvre jaune /prévention et contrôle ; fièvre typhoïde /prévention et contrôle ; grippe /prévention et

contrôle ; hépatite A /prévention et contrôle ; hépatite B /prévention et contrôle ; infections à méningocoques /prévention et contrôle ; infections à pneumocoques /prévention et contrôle ; oreillons /prévention et contrôle ; personnel sanitaire ; rage (maladie) /prévention et contrôle ; rougeole /prévention et contrôle ; rubéole /prévention et contrôle ; sujet âgé ; tuberculose /prévention et contrôle ; vaccin antimorbillieux antiourlien antirubéoleux ; vaccin BCG ; vaccin diphtérie-tétanos-coqueluche ; vaccins antigrippaux ; vaccins antihépatite A ; vaccins antiméningococciques ; varicelle /prévention et contrôle ; voyage

type : article de périodique ; *recommandation de santé publique

Accès http://www.invs.sante.fr/beh/2005/29_30/index.htm

- Documents en anglais :

Public Health Nurs. 2005 May-Jun;22(3):230-9.

Actions and beliefs related to hepatitis B and influenza immunization among registered nurses in Texas.

McEwen M, Farren E.

Abstract Studies indicate that roughly half of health care workers are not immunized against hepatitis B and influenza. Findings from a survey of 1,000 registered nurses (RNs) conducted to analyze their beliefs and actions related to immunization recommendations are reported. Only 8% of the responding RNs chose not to receive vaccination against hepatitis B. The primary reasons that nurses declined hepatitis B vaccination were because they were not working in nursing or did not believe they were at risk of exposure. Similarly, 86% of the RNs reported they had ever received a flu shot, and 69% reported of being immunized during 2 of the previous 4 years. Rationale for receiving immunization included belief in its effectiveness, belief that they were at risk of exposure, and that it was provided free of charge. Reasons for declining included concerns about side effects, lack of concern about getting the illness, and doubts about effectiveness. The nurses who responded to the survey appear to value immunizations and generally adhere to immunization recommendations. Further study needs to be conducted on related issues, including follow-up for assessment of long-term protection of hepatitis B immunization and adherence to guidelines for postexposure prophylaxis. Ongoing monitoring and further study of serious complications of hepatitis B immunizations are also needed.

7. Risques chimiques

- Documents en français :

Confrontation des cancérogènes avérés en milieu de travail et des tableaux des maladies professionnels

Par : M. Imbernon E - M. Iwatsubo Y - Mme Kasbi-Benassouli Valentine - et-al. - [Site éditeur : InVS Institut de Veille Sanitaire]

"le travail présenté dans ce rapport a consisté à rechercher les agents (ou les situations) carcinogènes avérés ou fortement suspectés chez l'homme, en milieu professionnel, autres que ceux figurant dans les tableaux de maladies professionnelles français de 2004" ; liste des agents, mélanges et expositions cancérogènes ou probablement cancérogènes pour l'homme ; 72 pages [France]
mots-clés : *cancérogènes; *cancérogènes environnementaux; *exposition professionnelle; *maladies professionnelles; *tumeurs/étiologie

Types de publication: *rapport technique; tableau

Accès au texte intégral : http://www.invs.sante.fr/publications/2005/cancerogenes_travail/index.html

- Documents en anglais :

Anaesthesia. 2005 Jun;60(6):632.

Diathermy smoke and human health.

Christie D, Jefferson P, Ball DR.

Publication Types: Letter

MeSH Terms: Air Pollutants, Occupational/adverse effects* - Diathermy* - Humans - Medical Staff, Hospital - Occupational Exposure/adverse effects - Operating Rooms - Smoke/adverse effects*

Substances: Air Pollutants, Occupational

8. Risques physiques

8.1 Rayonnements ionisants

- Documents en anglais :

Med Phys. 2005 Feb;32(2):448-54.

Dosimetry validation of treatment room shielding design.

Stathakis S, Price R Jr, Ma CM.

Fox Chase Cancer Center, Philadelphia, Pennsylvania 19111, USA.

Intensity-modulated radiation therapy (IMRT) can lead to an increase in leakage radiation. The total number of monitor units (MUs) for IMRT is typically 2-5 times that for conventional treatments [the ratio of the two is used to derive the effective modulation scaling factor (MSFeff)]. Shielding calculations for IMRT can be done by applying the MSFeff to measured exposures under conservative conditions (standard beam setup 40 cm x 40 cm field, 45 degrees collimator angle) to account for the increased leakage. In this work, we verified this approach for two existing vaults housing a Siemens Primart 6 MV linac and a Varian 21Ex 10 MV linac. We measured the cumulative exposures at various locations around the vaults for typical IMRT cases and for the standard beam setup using the same MUs. For the standard beam setup, the IMRT gantry angles and eight equally spaced angles were used. Estimations of weekly exposures for IMRT were carried out using exposure rates measured under standard beam setup and the MSFeff averaged over 20 treatment cases. The accumulated exposures under realistic IMRT conditions were 30%-50% lower than the estimated values using equally spaced gantry angles except for two locations where the real IMRT leakage was higher than the estimated value by approximately 10%. Measurements using the same gantry angles yielded similar results. Our results indicate that it is adequate to use the MSFeff and previously measured exposures to estimate the leakage increase due to IMRT for an existing vault. Different approaches should be followed when considering primary or secondary barriers since the standard beam setup is overestimating the exposures behind primary barriers compared to IMRT. In such cases, a 10 cm x 10 cm field can be used for more accurate shielding evaluation.

Publication Types: Evaluation Studies - Validation Studies

MeSH Terms: Comparative Study - Computer-Aided Design - Equipment Design - Equipment Failure Analysis - Facility Design and Construction/instrumentation* - Facility Design and Construction/methods* - Occupational Exposure/analysis* - Radiation Dosage - Radiation Monitoring/methods* - Radiation Protection/instrumentation* - Radiation Protection/methods* - Radiotherapy, Conformal/methods* - Reproducibility of Results - Sensitivity and Specificity

Health Estate. 2005 May;59(5):50-3.

Electromagnetic protection vital.

MeSH Terms: Great Britain - Hospitals, Public - Humans - Occupational Health* - Protective Devices* - Radiation*

Reprod Toxicol. 2005 May 27; [Epub ahead of print]

Ionizing radiations in pregnancy and teratogenesis A review of literature.

De Santis M, Di Gianantonio E, Straface G, Cavaliere AF, Caruso A, Schiavon F, Berletti R, Clementi

M.

Telefono Rosso-Teratology Information Service, Department of Obstetrics and Gynecology, Catholic University of Sacred Heart, Rome, Italy.

The present paper is a review of the data available in the literature concerning the prenatal exposure to radiation evaluating the reported teratogenic effect. We have particularly focused on the fetal effects of maternal ionising radiation exposure, both diagnostic and occupational, particularly in terms of congenital anomalies and birth weight. Ionising radiation represents a possible teratogen for the fetus, but this risk has been found to be dependent on the dosage and the effects correlatable to the gestational age at exposure. Recently, of particular note is the fact that maternal thyroid exposure to diagnostic radiation has been associated with a slight reduction in the birth weight. Inadvertent exposure from diagnostic procedures in pregnancy doesn't usually increase the natural risk of congenital anomalies but creates a considerable state of maternal anxiety. Diagnostic radiological procedures should be avoided in pregnant women unless the information cannot be obtained by other techniques.

Int J Cancer. 2005 Jul 10;115(5):828-34.

Nonmelanoma skin cancer in relation to ionizing radiation exposure among U.S. radiologic technologists.

Yoshinaga S, Hauptmann M, Sigurdson AJ, Doody MM, Freedman DM, Alexander BH, Linet MS, Ron E, Mabuchi K.

Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, MD, USA.

yosinaga@nirs.go.jp

Ionizing radiation (IR) is an established cause of nonmelanoma skin cancer, but there is uncertainty about the risk associated with chronic occupational exposure to IR and how it is influenced by ultraviolet radiation (UVR) exposure. We studied 1,355 incident cases with basal cell carcinoma (BCC) and 270 with squamous cell carcinoma (SCC) of the skin in a cohort of 65,304 U.S. white radiologic technologists who responded to the baseline questionnaire survey in 1983-1989 and the follow-up survey in 1994-1998. Cox's proportional-hazards model was used to estimate relative risks of BCC and SCC associated with surrogate measures of occupational exposure to IR and residential UVR exposure during childhood and adulthood, adjusted for potential confounders including pigmentation characteristics. Relative risks of BCC, but not of SCC, were elevated among technologists who first worked during the 1950s (RR = 1.42; 95% CI = 1.12-1.80), 1940s (RR = 2.04; 95% CI = 1.44-2.88) and before 1940 (RR = 2.16; 95% CI = 1.14-4.09), when IR exposures were high, compared to those who first worked after 1960 (p for trend < 0.01). The effect of year first worked on BCC risk was not modified by UVR exposure, but was significantly stronger among individuals with lighter compared to darker eye and hair color (p = 0.013 and 0.027, respectively). This study provides some evidence that chronic occupational exposure to IR at low to moderate levels can increase the risk of BCC, and that this risk may be modified by pigmentation characteristics. (c) 2005 Wiley-Liss, Inc.

MeSH Terms: Adult - Aged - Allied Health Personnel - Carcinoma, Basal Cell/epidemiology - Carcinoma, Basal Cell/etiology* - Carcinoma, Squamous Cell/epidemiology - Carcinoma, Squamous Cell/etiology* - Cohort Studies - Female - Humans - Male - Middle Aged - Occupational Exposure* - Radiation Injuries/epidemiology - Radiation Injuries/etiology* - Radiation, Ionizing - Radiology/manpower* - Research Support, N.I.H., Extramural - Research Support, U.S. Gov't, P.H.S. - Risk Factors - Skin Neoplasms/epidemiology - Skin Neoplasms/etiology* - Skin Pigmentation

J Nucl Med Technol. 2005 Mar;33(1):44-7.

Radiation dose to PET technologists and strategies to lower occupational exposure.

Roberts FO, Gunawardana DH, Pathmaraj K, Wallace A, U PL, Mi T, Berlangieri SU, O'Keefe GJ, Rowe CC, Scott AM.

Department of Nuclear Medicine and Centre for PET, Austin Hospital, Melbourne, Australia.

OBJECTIVE: The use of PET in Australia has grown rapidly. We conducted a prospective study of the radiation exposure of technologists working in PET and evaluated the occupational radiation dose after implementation of strategies to lower exposure. METHODS: Radiation doses measured by thermoluminescent dosimeters over a 2-y period were reviewed both for technologists working in PET and for technologists working in general nuclear medicine in a busy academic nuclear medicine department. The separate components of the procedures for dose administration and patient monitoring were assessed to identify the areas contributing the most to the dose received. The impact

on dose of implementing portable 511-keV syringe shields (primary shields) and larger trolley-mounted shields (secondary shields) was also compared with initial results using no shield. RESULTS: We found that the radiation exposure of PET technologists was higher than that of technologists performing general nuclear medicine studies, with doses averaging 771 +/- 147 and 524 +/- 123 microSv per quarter, respectively (P = 0.01). The estimated dose per PET procedure was 4.1 microSv (11 nSv/MBq). Injection of 18F-FDG contributed the most to radiation exposure. The 511-keV syringe shield reduced the average dose per injection from 2.5 to 1.4 microSv (P < 0.001). For the longer period of dose transportation and injection, the additional use of the secondary shield resulted in a significantly lower dose of radiation than did use of the primary shield alone or no shield (1.9 vs. 3.6 microSv [P = 0.01] and 3.4 microSv [P = 0.03], respectively). CONCLUSION: The radiation doses currently received by technologists working in PET are within accepted occupational health guidelines, but improved shielding can further reduce the dose.

MeSH Terms: - Australia/epidemiology - Humans - Nuclear Medicine Department, Hospital/statistics & numerical data* - Occupational Exposure/analysis - Occupational Exposure/prevention & control* - Occupational Exposure/statistics & numerical data* - Positron-Emission Tomography/statistics & numerical data* - Radiation Dosage - Radiation Injuries/prevention & control - Radiation Monitoring/methods* - Radiation Protection/methods* - Risk Assessment/methods* - Risk Factors - Thermoluminescent Dosimetry/statistics & numerical data

8.2 Troubles musculo-squelettiques

- Documents en français :

J.O n° 155 du 5 juillet 2005 page 11078, texte n°9

Décret n° 2005-746 du 4 juillet 2005 relatif aux prescriptions de sécurité et de santé applicables en cas d'exposition des travailleurs aux risques dus aux vibrations mécaniques et modifiant le code du travail (deuxième partie : Décrets en Conseil d'Etat)

Ministère de l'emploi, de la cohésion sociale et du logement

http://www.legifrance.gouv.fr/imagesJOE/2005/0705/joe_20050705_0155_0009.pdf

In : Travail et sécurité, juin 2005

Ergonomie - Prévention des troubles musculo-squelettiques (TMS) lors de soins pratiqués à domicile: une étude de cas

Par Isabelle Gagnon, Esther Cloutier, Madeleine Bourdouxhe, Élise Ledoux, Hélène David, François Ouellet et Catherine Teiger

En quelques mois, sept auxiliaires familiales et sociales d'un CLSC subissent chacune une blessure aux bras et ce, chez la même usagère. Cet article présente les risques physiques et les dimensions organisationnelles qui expliquent l'apparition de ces lésions tout en proposant des pistes d'action en prévention

- Documents en anglais :

Pract Midwife. 2005 May;8(5):15, 17-9.

Handle with care!

Amos D.

Women's Health Studies Schools, University of Central England.

Publication Types: Review - Review, Tutorial

MeSH Terms: - Adult - Fatigue/etiology - Fatigue/prevention & control* - Female - Hand Strength*/physiology - Humans - Infant, Newborn - Maternal Health Services/standards - Midwifery*/standards - Motor Activity/physiology - Muscle, Skeletal/physiology - Nurse's Role* - Nursing Staff, Hospital/standards - Physical Fitness*/physiology - Pregnancy - Work Schedule Tolerance*/physiology

J Clin Epidemiol. 2005 Apr;58(4):407-13.

High incidence and recurrence of shoulder and neck pain in nursing home employees was demonstrated during a 2-year follow-up.

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OBJECTIVE: This study describes the course of shoulder and neck complaints in a working population over time. STUDY DESIGN AND SETTING: Questionnaires were administered on neck and shoulder complaints over 3 consecutive years. RESULTS: We observed 12-month incidence rates for neck and shoulder complaints of 16% to 18%, 12-month prevalence rates roughly twice as high, and 12-month recurrence rates approximately twice the prevalence rates. Each year, medical care was sought by 21% to 38% of the subjects with neck or shoulder pain, and 13% to 21% were absent from work.

Although at the population level the occurrence of neck and shoulder complaints remained constant, the course of complaints within individuals demonstrated a strong episodic nature of neck and shoulder pain. Results from this study suggest that neck and shoulder complaints for most subjects run a recurrent course characterized by a strong variation in occurrence and a self-limiting course.

CONCLUSION: These findings suggest that clinical trials should have a sufficiently long follow-up period to demonstrate sustainability of the therapeutic results.

MeSH Terms: - Absenteeism - Adult - Chronic Disease - Female - Humans - Incidence - Longitudinal Studies - Male - Neck Pain/epidemiology* - Neck Pain/etiology - Nursing Homes* - Occupational Diseases/epidemiology* - Occupational Diseases/etiology - Patient Acceptance of Health Care - Prevalence - Recurrence - Risk Factors - Shoulder Pain/epidemiology* - Shoulder Pain/etiology

Nurs Stand. 2005 Apr 27-May 3;19(33):46-50.

Implementing moving and handling in higher education.

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Moving and handling education for staff and students was implemented by one higher education institution and examined across its pre-registration health programmes. This article describes related policy and is of relevance to nurse educators involved in moving and handling, back care advisers and mentors of students in the clinical environment.

MeSH Terms: Attitude of Health Personnel - Benchmarking - Clinical Competence/standards* - Curriculum - Education, Nursing, Baccalaureate/organization & administration* - Education, Nursing, Continuing/organization & administration* - Human Engineering*/methods - Humans - Inservice Training/organization & administration* - Lifting*/adverse effects - Nursing Education Research - Nursing Staff, Hospital/education - Nursing Staff, Hospital/psychology - Occupational Health - Program Development - Safety Management - Students, Nursing/psychology

J Occup Environ Med. 2005 Apr;47(4):399-409.

Integrating qualitative research into occupational health: a case study among hospital workers.

Gordon DR, Ames GM, Yen IH, Gillen M, Aust B, Rugulies R, Frank JW, Blanc PD.

Department of Anthropology, History and Social Medicine, University of California San Francisco, San Francisco, CA 94143, USA.

OBJECTIVE: We sought to better use qualitative approaches in occupational health research and integrate them with quantitative methods. METHODS: We systematically reviewed, selected, and adapted qualitative research methods as part of a multisite study of the predictors and outcomes of work-related musculoskeletal disorders among hospital workers in two large urban tertiary hospitals. RESULTS: The methods selected included participant observation; informal, open-ended, and semistructured interviews with individuals or small groups; and archival study. The nature of the work and social life of the hospitals and the foci of the study all favored using more participant observation methods in the case study than initially anticipated. CONCLUSIONS: Exploiting the full methodological spectrum of qualitative methods in occupational health is increasingly relevant. Although labor-intensive, these approaches may increase the yield of established quantitative approaches otherwise used in isolation.

Publication Types: Review

MeSH Terms: Hospitals, Urban - Humans - Musculoskeletal Diseases/etiology* - Occupational Health/statistics & numerical data* - Personnel, Hospital* - Qualitative Research* - Research Support, N.I.H., Extramural - Research Support, U.S. Gov't, P.H.S.

Prairie Rose. 2005 May-Jul;74(2):8.

Safe patient handling.

Tabone S.

MeSH Terms: Accidents, Occupational/prevention & control* - Accidents, Occupational/statistics & numerical data - Back Injuries/epidemiology - Back Injuries/etiology - Back Injuries/prevention & control* - Guidelines - Human Engineering - Humans - Lifting/adverse effects* - Nursing Staff/organization & administration* - Occupational Health* - Organizational Innovation - Safety Management/organization & administration* - United States/epidemiology - United States Occupational Safety and Health Administration

9. Violence

- *Documents en anglais :*

Prairie Rose. 2005 May-Jul;74(2):30.

Preventing violence in the healthcare workplace.

Carroll V.

Publication Types: Case Reports

MeSH Terms: Communication - Guidelines - Humans - Male - Middle Aged - Nurse-Patient Relations - Nursing Staff/organization & administration - Nursing Staff/psychology* - Occupational Health* - Security Measures/organization & administration* - United States/epidemiology - United States Occupational Safety and Health Administration - Violence/prevention & control* - Violence/psychology - Workplace/organization & administration* - Workplace/psychology

Nurs Stand. 2005 Jun 1-7;19(38):51-6.

Reporting incidents of violence and aggression towards NHS staff.

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Violence and aggression against nursing staff have been the subject of an ongoing campaign. However, incidents of violence continue to be under-reported. This article discusses factors leading to under-reporting of incidents and focuses on how nursing staffs' attitudes and responses to violence may contribute to the likelihood of reporting incidents. Change management techniques are proposed to address the under-reporting of incidents and to improve the work environment.

Publication Types: Review - Review, Tutorial

MeSH Terms: Aggression*/psychology - Attitude of Health Personnel - Great Britain - Health Facility Environment/organization & administration - Health Knowledge, Attitudes, Practice - Health Services Needs and Demand - Humans - Nursing Staff/education - Nursing Staff/organization & administration - Nursing Staff/psychology - Occupational Health*/statistics & numerical data - Organizational Culture - Organizational Innovation - Risk Management/organization & administration* - Security Measures - State Medicine/organization & administration - Violence*/prevention & control - Violence*/psychology - Violence*/statistics & numerical data - Workplace*/psychology - Workplace*/statistics & numerical data

Nurs Stand. 2005 Jun 1-7;19(38):28-9.

Stand up to bullies.

Lehane M.

MeSH Terms: Assertiveness* - Humans - Interprofessional Relations* - Nurses/psychology* -

Occupational Health - Organizational Culture - Social Behavior* - Workplace/organization & administration - Workplace/psychology*

J Nurs Manag. 2005 May;13(3):242-8.

Stress and verbal abuse in nursing: do burned out nurses eat their young?

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AIM: The purpose of this study was to explore the types and frequency of verbal abuse of nurses by other nurses. Further, this study explored the components, characteristics, consequences and effects of abuse in an effort to better understand the dynamics of verbal abuse of nurses in the workplace. Nurses who experience occupational burnout are more likely to abuse other nurses. BACKGROUND: It is believed that nurses have been historically subjected to verbal abuse by colleagues, something previously considered to be done primarily by doctors. The effects and consequences of verbal abuse can be devastating and long-lasting. Research that has focused on its consequences has found that it is both physiologically and psychologically damaging. METHOD: Participants completed an adapted survey, incorporating the Verbal Abuse Scale and the Verbal Abuse Survey and demographic questions developed by the researchers. Specifically, types of verbal aggression, the frequency and stressfulness of each type, emotional reaction to verbal aggression, cognitive appraisal of verbally aggressive encounters, and similarity and effectiveness of coping behaviours were explored. The long-term negative effects of verbal aggression, including absenteeism and errors in patient treatment, were also evaluated to determine if verbal aggression is a contributing factor. RESULTS: Respondents reported that the most frequent source of abuse was nurses (27%), followed by patients' families (25%), doctors (22%), patients (17%), residents (4%), other (3%) and interns (2%). Of those who selected a nurse as the most frequent source, staff nurses were reported to be the most frequent nursing source (80%) followed by nurse managers (20%). CONCLUSIONS: Verbal abuse in nursing is quite costly to the individual nurses, the hospitals and the patients. Nurses who regularly experience verbal abuse may be more stressed, may feel less satisfied with their jobs, may miss more work and may provide a substandard quality of care to patients.

MeSH Terms: - Absenteeism - Adaptation, Psychological - Aggression/psychology - Anger - Attitude of Health Personnel* - Burnout, Professional/psychology* - Communication - Female - Hospitals, Teaching - Hostility - Humans - Interprofessional Relations* - Job Satisfaction - Male - Morale - Nursing Methodology Research - Nursing Staff, Hospital/education - Nursing Staff, Hospital/psychology* - Philadelphia - Quality of Health Care - Questionnaires - Self Concept - Social Behavior* - Trauma Centers - Verbal Behavior* - Workplace/psychology

Int J Psychiatr Nurs Res. 2005 May;10(3):1146.

They drink the wine of violence.

Whitfield W.

Publication Types: Editorial

MeSH Terms: Anomie - Great Britain/epidemiology - Humans - Mental Health - Nursing Staff/statistics & numerical data* - Occupational Health/statistics & numerical data* - Social Values - Violence/prevention & control - Violence/statistics & numerical data*

Int Nurs Rev. 2005 Jun;52(2):154-60.

Violence towards nursing staff in emergency departments in one Turkish city.

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AIM: To determine the incidence of violence faced by nurses in emergency departments (ED) in a Turkish city, whether any of the incidents were reported and what legal action was taken. The second aim was to identify nurses' attitudes towards these incidents and the relevance of their professional background. METHODS: Data were collected by questionnaire from the nurses working in the ED of four major hospitals in Izmir, Turkey. The questionnaire consisted of 34 questions seeking socio-demographic data, information on verbal and physical victimization and legal processes. RESULTS: Sixty-six nurses (72%) agreed to participate in the study. One third (34.8%) of participants were

relatively new in the profession (0-5 years), and the majority of nurses (71.2%) had an ED experience of less than 5 years. The incidence of verbal violence (98.5%) was significantly more frequent than physical violence (19.7%). However, most incidents remained unreported (83.5%); most of the reported cases did not result in legal action (63.7%). Almost half of the nurses believed that possible explanations for the violent incidents they faced were because they were less competent and inexperienced in the profession than more senior colleagues. DISCUSSION: Victimized respondents mostly preferred to remain silent and did not report the incidents to the hospital administration since they believed that this would not result in legal action. It seems evident that our country lacks legal processes concerning job (workplace) violence. Effective legislative arrangements are necessary. Nurses and other ED staff also need continuing education concerning their rights and personal safety. Publication Types: Multicenter Study
MeSH Terms: Adolescent - Adult - Attitude of Health Personnel* - Emergency Nursing* - Female - Humans - Male - Occupational Exposure*/prevention & control - Occupational Exposure*/statistics & numerical data - Turkey - Violence*/prevention & control - Violence*/statistics & numerical data

J Neurosci Nurs. 2005 Apr;37(2):117-21.

What cues do nurses use to predict aggression in people with acquired brain injury?

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There is a paucity of research on the frequent and repeated episodes of aggression and violence experienced by nurses when working with people who have an acquired brain injury. The purpose of this study was to bring this issue into focus by identifying the cues nurses use to predict aggression in people with acquired brain injury. Twenty-eight nurses from 10 different inpatient brain injury rehabilitation units in Australia participated in the study. Participants were interviewed using the Critical Decision Method on a one to one basis for up to one and one half hours on two consecutive days. Transcripts of the interviews were analysed using thematic analysis. Results revealed that nurses identified five groups of cues that predict aggression in a patient: (1) what a patient is saying; (2) changes in a patient's voice; (3) changes in a patient's face; (4) changes in a patient's behavior; and (5) a patient's emotions. Nurses reported using multiple cues to predict aggression and highlighted the importance of personal knowledge of the patient in conjunction with identified cues when predicting aggression. Nurses caring for patients with acquired brain injury can predict many episodes of aggression, though not all, by identifying cues from the patient.

MeSH Terms: Aggression*/physiology - Aggression*/psychology - Anger - Attitude of Health Personnel* - Brain Injuries/complications* - Brain Injuries/nursing - Brain Injuries/rehabilitation - Clinical Competence/standards - Confusion/psychology - Cues - Emotions - Facial Expression - Health Knowledge, Attitudes, Practice - Humans - Kinesics - Nursing Assessment/methods* - Nursing Methodology Research - Nursing Staff, Hospital/psychology* - Predictive Value of Tests - Qualitative Research - Questionnaires - Rehabilitation Nursing/methods - Research Support, Non-U.S. Gov't - Task Performance and Analysis - Verbal Behavior - Voice

10. Autres

- Documents en français :

Circulaire DRT N°03 du 07 avril 2005 relative à la réforme de la médecine du travail

Ministère de l'emploi, du travail et de la cohésion sociale

Accès au texte intégral : <http://www.sante-securite.travail.gouv.fr/actualites/Pdf/CIRCmedtravail70405.pdf>

Organisation internationale du Travail - Organisation mondiale de la Santé, Genève 2005

Directives conjointes OIT/OMS sur les services de santé et le VIH/SIDA

Dans le but de protéger la sécurité et la santé des travailleurs impliqués dans lutte contre le VIH/SIDA, les experts du Bureau international du Travail (BIT) et de l'Organisation mondiale de la santé (OMS) se sont mis d'accord sur des directives conjointes destinées à aider à assurer un personnel soignant

efficace et en pleine santé.

Les nouvelles directives conjointes ont été développées durant une réunion tripartite de trois jours impliquant des experts du VIH/SIDA et de la santé ainsi que des représentants des travailleurs, des employeurs et des gouvernements. Ils ont apporté des solutions pratiques et variées au sujet de la protection, de la formation, des contrôles, des traitements, de la confidentialité, de la prévention, de la minimisation des risques professionnels et au sujet des soins et du support au personnel soignant. Les directives conjointes soulèvent également le rôle essentiel du dialogue social entre les gouvernements, les employeurs et les travailleurs en réunissant les défis posés par l'épidémie de VIH/SIDA dans ce secteur.

"Nous avons travaillé et créé une excellente ébauche composée d'un ensemble de directives avec lesquelles nous pourrions vivre pour que les autres puissent vivre", dit Lester N. Wright, MD, MPH, Commissaire Député/Chef médical du Département des services correctionnels de l'Etat de New York qui a présidé la réunion tripartite des experts. "Ces directives sont une aide inespérée pour abaisser les barrières qui se dressent devant la prévention et les soins, même si ces barrières sont des attitudes ou des ségrégations concernant le genre, la race ou les conditions dangereuses de travail."

"Nous devons être sûrs que le personnel soignant porteurs du VIH a accès aux meilleurs conseils et soins à la fois pour leur propre bien-être et pour qu'il puisse continuer à prodiguer des soins aux autres", dit-il.

Les sujets délicats concernant l'élimination de la discrimination et de la stigmatisation - du personnel soignant envers les autres soignants et les patients - sont particulièrement soulignés dans les directives conjointes, ainsi que le sont les besoins spécifiques des femmes travaillant dans ce secteur.

Accès au texte intégral :

<http://www.ilo.org/public/french/dialogue/sector/techmeet/tmehs05/guidelines.pdf>

ou http://www.who.int/hiv/pub/prev_care/who_ilo_guidelines_fr.pdf

In : techniques hospitalières, n° 691, mai-juin 2005

Surveillance de la qualité de l'eau alimentaire à l'hôpital

A. LECHAT-CAPELLE, C. MARIN

- Documents en anglais :

Healthc Hazard Manage Monit. 2005 Mar;18(7):1-7.

Facility design and safety issues for staff and obese patients.

[No authors listed]

MeSH Terms: - Architectural Accessibility - Hospital Design and Construction* - Human Engineering - Humans - Lifting - Obesity* - Occupational Diseases/etiology - Patients* - Safety Management/organization & administration* - United States - Wounds and Injuries/etiology

Occup Environ Med. 2005 May;62(5):337-43.

Organisational and occupational risk factors associated with work related injuries among public hospital employees in Costa Rica.

Gimeno D, Felknor S, Burau KD, Delclos GL.

Southwest Center for Occupational and Environmental Health, The University of Texas School of Public Health, PO Box 20186, Houston, Texas 77225-0186, USA.

AIMS: To explore the relation between occupational and organisational factors and work related injuries (WRI) among public hospital employees in Costa Rica. METHODS: A cross-sectional survey was conducted among a stratified random sample of 1000 employees from 10 of the 29 public hospitals in Costa Rica. A previously validated, self-administered questionnaire which included occupational and organisational factors and sociodemographic variables was used. From the final eligible sample (n = 859), a total of 842 (response rate 98%) questionnaires were returned; 475 workers were analysed after excluding not-at-risk workers and incomplete questionnaires. WRI were computed for the past six months. RESULTS: Workers exposed to chemicals (RR = 1.36) and physical hazards (RR = 1.26) had higher WRI rate ratios than non-exposed workers. Employees reporting job tasks that interfered with safety practices (RR = 1.46), and a lack of safety training (RR =

1.41) had higher WRI rate ratios than their counterparts. Low levels of safety climate (RR = 1.51) and safety practices (RR = 1.27) were individually associated with an increased risk of WRI. Also, when evaluated jointly, low levels of both safety climate and safety practices showed the highest association with WRI (RR = 1.92). CONCLUSIONS: When evaluated independently, most of the occupational exposures and organisational factors investigated were significantly correlated with an increased injury risk. As expected, some of these associations disappeared when evaluated jointly. Exposure to chemical and physical hazards, lack of safety training, and low levels of safety climate and safety practices remained significant risk factors for WRI. These results will be important to consider in developing future prevention interventions in this setting.

MeSH Terms : Adult - Costa Rica/epidemiology - Cross-Sectional Studies - Equipment and Supplies, Hospital/adverse effects - Female - Hazardous Substances/adverse effects - Hospitals, Public/organization & administration - Humans - Male - Occupational Diseases/epidemiology* - Occupational Diseases/etiology - Occupational Exposure/adverse effects - Personnel, Hospital/education - Personnel, Hospital/statistics & numerical data* - Population Surveillance/methods - Prevalence - Professional-Patient Relations - Research Support, N.I.H., Extramural - Research Support, U.S. Gov't, P.H.S. - Risk Factors - Safety/standards - Wounds and Injuries/epidemiology* - Wounds and Injuries/etiology
Substances: Hazardous Substances

Chronobiol Int. 2004;21(6):859-70.

Self-reported health and sleep complaints among nursing personnel working under 12 h night and day shifts.

Portela LF, Rotenberg L, Waissmann W.

Laboratory of Education on Environment and Health, Oswaldo Cruz Institute, Fiocruz, Brazil.

This cross-sectional exploratory study involved health care workers of various skill types and levels. We tested the hypothesis that the prevalence of diseases, sleep complaints, and insufficient time for nonprofessional activities (family, leisure, and rest) are higher among night than day workers. Data collection was carried out in two public hospitals using questionnaires and other forms. Night work was explored as a risk factor, considering a night worker as one who had at least one night job on the occasion of the research. Data were assessed by a univariate analysis. The association between work schedule and the dependent variables--health conditions, sleep complaints, and insufficient time for nonprofessional activities--was evaluated through the estimation of the prevalence ratio, with a confidence interval of 95%. Two hundred and fifty-eight female nursing personnel participated; 41.5% were moonlighters, and only 20 worked a shift of less than 12h in length. Reports of migraine and need of medical care the 2 weeks before the survey were more prevalent among day than night workers (PR=0.71; CI=0.55-0.92 and PR=0.71; CI=0.52-0.95, respectively). Migraine headaches occurred less frequently among night than day workers as confirmed by comparing the reports of the night workers and day workers whose work history was always day shifts (PR = 0.74; CI = 0.57-0.96). Reports of mild emotional disorders (mild depression, tension, anxiety, or insomnia) were less frequent among night (PR=0.76; CI=0.59-0.98) and ex-night workers (PR=0.68; CI=0.50-0.91) than day workers who never had worked a night job. The healthy worker effect does not seem to explain the results of the comparisons between day and night workers. The possible role of exposure by day workers to some risk factors, such as stress, was suggested as an explanation for these results. No significant difference was observed between night and day workers as to sleep complaints, a result that may have been influenced by the nature of the shift-work schedule (no successive night shifts) and possibly nap taking during the night shift. Moreover, the long work hours and moonlighting of the healthcare workers, which is common in Brazil, may have masked other possible differences between the day and night workers. Among night workers, a significant relation was found between years working nights (more than 10 yrs) and high cholesterol values (PR = 2.58; CI = 1.07-6.27), a result that deserves additional study. Working nights more than four times per 2-week span was related to complaints about insufficient time for children (PR= 1.96; CI = 1.38-2.78) and rest/leisure (PR= 1.54; CI = 1.20-1.99). These results can be related to the "social value of time," as evenings and nights are when families usually spend time together. The complexity of the professional life and the consequent heterogeneity of the group of workers under shift-work schemes confound the results. More in-depth study of the questions raised here demands a more sophisticated epidemiological treatment and larger sample size.

MeSH Terms: Circadian Rhythm - Cross-Sectional Studies - Female - Humans - Male - Nurses* -

Occupational Health - Personnel Staffing and Scheduling* - Questionnaires - Risk Factors - Sleep* - Sleep Disorders, Circadian Rhythm - Time Management - Work Schedule Tolerance*

Nurs Stand. 2005 Jun 1-7;19(38):41-8.

The effects of dyslexia on the work of nurses and healthcare assistants.

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AIM: To explore the effects of being dyslexic on the working lives of nurses and healthcare assistants (HCAs), and to identify what might be done to improve their working lives. METHOD: A qualitative approach was taken comprising semi-structured interviews and interpretative data analysis. Seven nurses and HCAs took part in the study. FINDINGS: Dyslexia affects each individual differently and may affect career choice and career progression. Appropriate support from colleagues and employers is important. The participants identified dyslexia-friendly practices and made suggestions for improvements. CONCLUSION: Nurses and HCAs with dyslexia can make a major contribution to patient care, although dyslexia can affect their work in many different ways. Establishing a dyslexia-friendly workplace would help them to achieve their maximum potential.

MeSH Terms: Adaptation, Psychological* - Adult - Attitude of Health Personnel - Audiovisual Aids - Career Choice - Career Mobility - Dyslexia/diagnosis - Dyslexia/prevention & control - Dyslexia/psychology* - Employment/psychology - England - Female - Health Services Needs and Demand - Hospitals, Teaching - Humans - Male - Nurses' Aides/psychology* - Nursing Methodology Research - Nursing Staff, Hospital/psychology* - Occupational Health - Qualitative Research - Quality of Life - Questionnaires - Reading - Social Support - Workplace/psychology* - Writing

J Occup Health. 2005 Mar;47(2):149-56.

The associations between menstrual function and life style/working conditions among nurses in Taiwan.

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This study was aimed at understanding the relationship among menstrual pattern, dysmenorrhea, life style and working conditions in nurses. The nurses were randomly selected from a medical center in Northern Taiwan. Each subject completed daily records including life and working conditions during the study period. The study showed that there were statistically significant differences in work years, daily working hours and type of work shift among nurses that worked at different units in the hospital. In the perceived regular cycle group, nurses that worked the night shift only exhibited the shortest menstrual cycles, less than 25 d. There was a significant difference ($p < 0.05$) among the nurses' menstrual cycles. Many life factors (such as passive tobacco smoke exposure, perceived life satisfaction and perceived life stress) and working factors (such as work years, perceived work satisfaction and perceived work stress) were not significantly related to menstrual cycle regularity. In addition, 30% of the nurses complained of dysmenorrhea. Some factors including age, marital status and perceived life satisfaction were significantly related to dysmenorrhea. However, other life factors (such as passive tobacco smoke exposure, smoking, coffee, alcohol, cold drink habits, exercise and perceived life stress) and working factors (such as working places, type of work shift, daily work hours, perceived work satisfaction and perceived work stress) showed no correlation with dysmenorrhea. This study indicates that women should pay attention to their menstrual function and dysmenorrhea phenomenon.

MeSH Terms: Adult - Dysmenorrhea/etiology* - Female - Humans - Job Satisfaction* - Life Style* - Menstrual Cycle*/psychology - Nurses* - Questionnaires - Research Support, Non-U.S. Gov't - Stress, Psychological* - Taiwan/epidemiology