

“...evaluate whether these interventions coincided with an increased incidence of work-related irritant contact dermatitis (ICD) attributed to hand hygiene or/and other hygiene measures in healthcare workers (HCW)” Stocks et al (2015).

Reference:

Stocks, S.J., McNamee, R., Turner, S., Carder, M. and Agius, R.M (2015) The impact of national level interventions to improve hygiene on the incidence of irritant contact dermatitis in healthcare workers: changes in incidence from 1996-2012 and interrupted times series analysis. British Journal of Dermatology. February 5th. .

Summary:

Background: Reducing healthcare-associated infections (HCAI) has been a priority in the UK over recent decades and this has been reflected in interventions focussing on improving hygiene procedures.

Objectives: to evaluate whether these interventions coincided with an increased incidence of work-related irritant contact dermatitis (ICD) attributed to hand hygiene or/and other hygiene measures in healthcare workers (HCW).

Methods: A quasi-experimental (interrupted time series) design was used to compare trends in incidence of ICD in HCW attributed to hygiene before and after interventions to reduce HCAI with trends in the same periods in control groups (ICD in other workers). Cases of ICD reported to a UK surveillance scheme from 1996 to 2012 were analysed. The time periods compared were defined objectively based on the dates of the publication of National evidence-based guidelines, the UK health act 2006 and the Cleanyourhands campaign.

Results: The reported incidence of ICD in HCW attributed to hygiene has increased steadily from 1996 to 2012 (annual incidence rate ratio; 95% confidence interval: hand hygiene only 1.10; 1.07 to 1.12, all hygiene 1.05; 1.03 to 1.07) whereas the incidence in other workers is declining. An increase in incidence of ICD in HCW attributed to hand hygiene was observed at the beginning of the Cleanyourhands campaign.

Conclusions: The increasing incidence of ICD in HCWs combined with the popularity of interventions to reduce HCAI warrants increased effort towards identifying products and implementing practices posing the least risk of ICD.

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