Results Among 4,773 workers ever exposed to TFE, we found lower SMRs from most causes of death and increased SMRs for cancer of the liver (SMR 1.27; 95% CI: 0.55, 2.51; 8 deaths) and kidney (SMR 1.44; 95% CI: 0.69, 2.65; 10 deaths), and for leukaemia (SMR 1.48; 95% CI: 0.77, 2.59; 12 deaths). A non-significant upward trend (P = 0.24) by cumulative exposure to TFE was observed for liver cancer. TFE and APFO exposures were highly correlated, therefore their separate effects could not be disentangled.

Conclusions The pattern of findings in this large study substantially narrows the range of uncertainty on the possible cancer risk entailed by working in TFE synthesis and polymerisation, and justifies continuing efforts to minimise exposure, which has already dropped considerably over the years. However, the findings could neither conclusively confirm nor refute the hypothesis that TFE poses a carcinogenic risk to human beings. If a cancer hazard exists, then the risk is small, even in workers with relatively high exposure.

Conclusions Results suggest an important role of MRSA transmission through air, which has not been established earlier.

286 REDUCED HEALTHCARE-ASSOCIATED INFECTIONS FOLLOWING A UK WIDE CAMPAIGN PROMOTING HAND WASHING COINCIDED WITH INCREASED IN CONTACT DERMATITIS IN HEALTHCARE WORKERS

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Objectives Over the past decade there has been increasing concern among the public and government about high rates of healthcare associated infections and low levels of hand hygiene compliance. In response the “Cleanyourhands” campaign was rolled out from 2004 in all acute NHS hospital trusts. A national level evaluation of this intervention found a substantial increase in the use of hand cleaning products in acute trusts between 2004 and 2008, which was associated with a reduction in meticillin resistant S aureus and C difficile infections. This study aims to compare the increased usage of hand hygiene products in acute NHS trusts with changes in the incidence of CD attributed to hand washing in healthcare workers.

Methods Reports of occupational CD to a surveillance scheme by dermatologists and occupational physicians (OPs) were analysed, using a prospective interrupted time series design with time periods matching those used in the evaluation of the “Cleanyourhands” intervention. Comparisons were made between reports attributed to frequent hand washing and other causal agents, to mitigate bias arising from the voluntary nature of the reporting scheme.

Results The incidence of CD attributed to hand washing was significantly increased relative to all other causes in healthcare workers following the “Cleanyourhands” campaign (statistical interaction; 95% CIs: dermatologists 2.19; 1.62 - 2.96, OPs 2.44; 1.15 - 5.18). The increase reported by dermatologists was predominantly irritant CD (2.58; 1.74 - 3.81) rather than allergic CD (1.04; 0.38 - 2.84).

Conclusion The increase in irritant CD reported by dermatologists, and all CD by OPs, is consistent with the increase in use of hand cleaning agents following the “Cleanyourhands” campaign. Attention should be paid to the adverse effects of frequent hand washing as well as prevention of infections.

287 OCCUPATIONAL EXPOSURES AND AMYOTROPHIC LATERAL SCLEROSIS MORTALITY IN A LARGE PROSPECTIVE COHORT

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Objectives This study aims to study multiple occupational exposures and their possible associations with Amyotrophic Lateral Sclerosis (ALS) mortality within the Netherlands Cohort Study (NLCs).

Methods For this case-cohort analysis, 120,852 persons aged 55 to 69 years at time of enrollment in 1986 were followed up.