

FACULTY OF OCCUPATIONAL MEDICINE



# NEWSLETTER

*Royal College of Physicians of Ireland*

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## People with Epilepsy can now Drive HGV's

A recent paper in the IMJ discussed new EU epilepsy and driving requirements, due to be implemented in Ireland and other EU member states since August 2010 (**IMJ 2010; 103:86-88**). Epilepsy is a disorder of the brain characterised by an enduring predisposition to generate unprovoked seizures (2 or more seizures less than 5 yrs apart is Road Safety Authority definition). Diagnosis is very much based on the clinical history and neuroimaging and electroencephalography (EEG) which may or may not demonstrate an underlying abnormality.

## CARS (Group 1 or Licence Category A, A1, B, EB, M or W)

Patients with epilepsy are allowed to drive after 1 year free of seizure. Patients who have a **single unprovoked seizure may now drive after six months** from their seizure after a medical review preferably by a neurologist. Patients with a provoked seizure where the provoking factor is unlikely to recur may be declared fit to drive at the neurologist's discretion and there is no minimum time limit specified. Patients with purely nocturnal seizures or simple partial seizures only may now drive after only 1 year free of consistent seizure semiology (signs). Where anti-epileptic drugs (AEDs) are being withdrawn, patients should be advised **not to drive from the commencement of the period of withdrawal and thereafter for a period of six months after cessation of treatment**. If seizures occur while withdrawing from the medication the patient may drive three months after reinstatement of anti epileptic drugs. Patients post epilepsy surgery may drive after one year of seizure freedom.

## HGV's/Buses (Group 2 or Licence Category C1, C, D, EC1, ED1 or ED )

Patients who have had a provoked seizure can

be declared fit to drive on an individual basis subject to specialist neurological opinion. Patients with a first/single unprovoked seizure can be declared fit to drive after 5 years of seizure and medication freedom and if there has been an appropriate neurological assessment. Patients with epilepsy may now drive this group of vehicles if they achieve 10 years of seizure and medication freedom. Patients with a structural intra-cerebral lesion and certain disorders (e.g., arterio-venous malformation or intracerebral haemorrhage) have an increased risk of seizures (even if seizures have not yet occurred) and therefore can only be certified to drive if the risk of seizures is felt to be  $\leq 2\%$  per annum. Patients with loss of consciousness from other causes or where the cause is unclear may drive when the risk of recurrence while driving is estimated at  $< 2\%$  per annum.

For further information online:

[http://eur-lex.europa.eu/RECH\\_reference\\_pub.do](http://eur-lex.europa.eu/RECH_reference_pub.do)

(Official Journal of the EU 26<sup>th</sup> August 2009).

**IMJ paper from March of 2010 ([www.imj.ie](http://www.imj.ie)).**

**Road Safety Authority**

<http://www.rsa.ie/Documents/Licensed%20Drivers/Medical%20Aspects%20of%20Drive%20Licensing.pdf>



**Dr Donal Collins and Dr Maurice Collins**

**Rail Worker Who 'Manhandled' Smoker  
Loses Dismissal Case Despite Claiming He  
Had A Medical Condition Which Made Him  
Aggressive**

AN IARNRÓD ÉIREANN worker who was dismissed after he detained a teenager who was smoking on a train has lost a case for unfair dismissal. Faolain Fanning, of Bridgetown, Co Wexford, later told his employer that he had a medical condition which made him aggressive. In May 2008, Mr Fanning saw a 17-year-old boy smoking at the doors of a train when it was stopped at a station, the Employment Appeals Tribunal heard. Mr Fanning told the boy to put out the cigarette, but the young man put out the cigarette and blew smoke into Mr Fanning's face, the court heard. When the worker asked the passenger to leave, he started "kicking off" on the platform and pushed Mr Fanning's arm out of the way. Mr Fanning claimed that he blocked the teenager by trapping him between the railings with his arms. He subsequently removed him to the booking office, the tribunal was told. Mr Fanning called gardaí and would not allow the young man to leave the station. The station manager told the tribunal that Mr Fanning did not have the authority to detain a passenger. The teenager's mother later made a complaint to Iarnród Éireann that her son had bruises after the incident. The operations manager of the station told the tribunal that it was not procedure to manhandle a customer. It was during a disciplinary hearing that Mr Fanning told the company of a medical condition that made him aggressive. However, the chief medical officer was unable to find anything wrong with him and Mr Fanning was dismissed, the tribunal heard. Mr Fanning denied a history of being rude or abusive. The tribunal also heard about a court case in which Mr Fanning pleaded guilty to assaulting a member of the public at a train station. Following the 2004 case his job was downgraded to train cleaning. He was transferred and given a final warning. The tribunal found that correct procedures had

been followed by Iarnród Éireann, and that Mr Fanning had not been unfairly dismissed. The Irish Times - Wednesday, June 30, 2010



**Dr 'Ovo Oghuvbu with Dr Sheelagh O'Brien,  
Chair, Education Committee, at the Joint  
meeting held with the UK Faculty in Newry  
in October 2010**

## **Journal Watch:**

### **Dementia and Pesticide Exposure (SW France)**

Long term exposure to pesticides may be linked to the development of dementia, research published online in Occupational and Environmental Medicine suggests

Just under 1000 vineyard workers in South West France enrolled in the study between 1997 and 1998, 614 of whom were monitored between 2001 and 2003. On both occasions they completed a questionnaire and nine "neurobehavioural" tests designed to measure memory and recall; language retrieval and verbal skills; and reaction time speeds.

One in five had never been exposed to pesticides as part of their job; over half had been directly exposed, and the remainder had been possibly or certainly indirectly exposed.

With the exception of two of the nine tests, those who had been exposed to pesticides were the most likely to perform worse second time around. They were twice as likely to register a drop of two points in the mini mental state exam (MMSE) - the initial test frequently used to determine if a person has dementia.

Levels of exposure to pesticides were based on job calendars and categorised as 'directly exposed' (mixing or applying pesticides, cleaning or repairing spraying equipment); 'certainly indirectly exposed' (contact with treated plants); 'possibly indirectly exposed' (work in buildings, offices, cellars); and 'not exposed' if they had done none of the above.

Occupational and Environmental Medicine  
2010 doi 10.1136/oem.2009.047811



**Prof Richard Beasley, who delivered the 2010 Smiley Lecture, pictured with Mr John and Mrs Helen Smiley, and the outgoing Dean of the Faculty, Dr Paul Guéret.**

### **Mandatory Influenza Vaccination of Healthcare Workers: A 5-Year Study**

For many years, the Centres of Disease Control and Prevention, and many other health organizations, has recommended influenza vaccination of health care workers (HCWs). Despite this recommendation, vaccination rates among HCWs remain low, approximately 44% in the United States. Virginia Mason

Medical Centre, a tertiary care, multispecialty medical centre in Seattle, Washington, instituted the first mandatory influenza vaccination program as a "fitness-for-duty" requirement for HCWs. The study was conducted over 5 years, from 2005 to 2010. Their promotional campaign included an informational Web site; an online learning module; meetings with staff and leadership, grand round presentations; use of trained advocates, or "champions" (which included the CEO and president of the centre), and on-one meetings with concerned staff. At a big kickoff party, 20% of staff were vaccinated in 3 hours.

All HCWs (approximately 5000) were required to receive the vaccination. Those who were granted an accommodation due to medical or religious reasons were required to wear a mask at work during the influenza season. In the first year of the study, 4,703 (97.6%) of HCWs were vaccinated; and vaccinated rates of more than 98% were achieved in the subsequent 4 years. Less than 0.7% were granted accommodation, and less than 0.2% refused vaccination and left the centre. In terms of cost implications, although initially, a lot of time and effort were spent in the early phase of the study, influenza vaccination has become routine and integrated into the centre's culture of safety. In conclusion, current interventions to promote influenza vaccination uptake among HCWs are extensive and labour intensive, but yield only modest results. This study shows mandatory vaccination programmes are feasible, results in extremely high vaccination rates, and can be sustained over the course of several years.

Robert M. Rakita, Beverly A. Hagar, Aprticia Crome, Joyce K. Lammert

*Infect Control Hosp Epidemiol* 2010; 31(9):881-888



**Dr Sharon Lim LFOM and Dr Neil Reddy LFOM at the Faculty's Annual Conferring Ceremony, held on 19 November**

### **Survival of Hepatitis C Virus in Syringes: Implications for Transmission among Injection Drug Users**

The probability of transmission of Hepatitis C virus (HCV) from exposure to a contaminated syringe is many times higher than that of Human Immunodeficiency Virus (HIV), and rate of incident HCV infection occurs at a very high rate in injection drug users (IDU). Reduction of risk of transmission of HCV is the primary strategy to prevent its' spread as there is no vaccine available to prevent it.

The authors set out to investigate whether this high prevalence of HCV among IDU might be due to prolonged survival of the virus in contaminated syringe, along with or as opposed to inherent high infectivity of HCV. The authors designed a genetically modified form of HCV and placed it in two different types of syringes, in a manner to reflect the amount of blood which would be left in a discarded syringe after IDU use. These syringes were stored at different temperatures and tested for the genetically modified form of HCV after different time periods. Syringes were either a U100 1ml insulin syringe to reflect a low void volume (attached 27 gauge, 0.5 inch needle) or a 1ml tuberculin syringe to reflect a high void volume (detachable 26 gauge, 0.5 inch needle). Storage temperatures were at 4 C, 22

C or 37 C. Insulin syringes were tested for up to 14 days after initial storage, and tuberculin syringes were tested for up to 63 days after initial storage. The authors found that HCV survived for up to 63 days in high void volume syringes, supporting their hypothesis that efficient transmission of HCV among IDU may partly be due to its ability to survive for prolonged periods in contaminated syringes. They also found that its' ability to survive depends on syringe type, time and temperature. The implications of these findings, while not changing current needle stick injury follow up for blood exposures, add additional evidence of the need for effective syringe exchange programmes and access to same, from a public health perspective, and add to the educational advice needed for the small chance that a worker in the non-health care sector may underestimate the risk of injury from an apparently 'old' needle.

Paintsil et al, Journal of Infectious Diseases, 2010;202:984-990

### **The Vacation Volunteer**



**Dr Deirdre Gleeson on holiday work in Kolkata (Calcutta)**

### **The Vacation Volunteer**

We Irish have a long tradition of volunteering for service in the developing world. In past

centuries, young Irish men and women devoted their entire lives as religious missionaries serving the poor and needy all over the globe. In more recent times, volunteers can devote one or more years in overseas service with NGOs such as Trocaire or Concern assisting in humanitarian projects. The last few years have seen a new trend in overseas volunteering; whereby ordinary people devote a short vacation period to work in a developing country as vacation volunteers. Every year, groups of Irish people are travelling to help with building projects, animal welfare centres, orphanages, schools and hospitals in Africa, Asia and South America. Why do so many people take time out of their busy schedule and put up with the hardships of travel to poorer regions to help ease the burdens of strangers? What is the attraction of vacation volunteering? What are the benefits to those who receive and to those who give? I volunteered to work in a small clinic in Kolkata (Calcutta) with the charity Almas for 2 weeks in 2009. It was meant to be a once off experience as a 40<sup>th</sup> birthday present to myself, but now I find myself going back every year and bringing others with me. I returned in October 2010 with a group that included nurses, doctors, teachers and my 13 year old daughter Meadhbh (are we there yet?) and I am already planning next year's trip.

Like many other vacation volunteers I have formed a bond with one small project and I have an irresistible urge to go back and help out again. I am like a holidaymaker visiting the same familiar resort every year, except as a vacation volunteer I travel to be of service rather than for pleasure.

I have fallen in love with the people involved in the project and the women and children they care for and it is wonderful to see the progress made between visits. In 2009, the clinic operated from a garage, this year with funds raised by Almas a building was purchased to use for the clinic and also a women's education centre, a school for street children, a feeding

centre and a counselling centre. The work is growing all the time.



**Meadhbh MacCarthy helping a group of children with their homework, Kolkata October 2010**

On my first trip, I spent longer adjusting to the living conditions in one of the poorest cities in the world, but on the second visit I arrived ready for action. I prepared posters and gave health promotion talks to women and teenagers from the slums. I brought medical equipment and supplies donated by colleagues and friends. I spent time teaching the healthcare workers who run the clinic and purchased medical and nursing books for them. I also worked as a GP treating patients. It was a busy 2 weeks and the journey was far from easy. I came home quite tired, but happy to have been of some use to a small number of people living in one slum area of the overcrowded and polluted city of Kolkata. The long stay volunteers and workers love visitors who come to help and show an interest in their work. The vacation volunteers bring a morale boost and afford the long stay workers the opportunity to take a much needed rest from their work. The local doctor who normally volunteers in the clinic took a holiday while I was there and we had an Irish party for the healthcare workers in our apartment.

For my part, a holiday spent volunteering is refreshing and energising. It is a life changing experience and an opportunity to see the reality of poverty. It is inspiring to witness the strength of human spirit to overcome suffering and deprivation. I come home with a different perspective on life's problems with more hope and faith in human nature.

Like many other vacation volunteers my visit overseas motivates me to raise awareness about the issues of social inequality in our world and of course to get involved in fund raising activities. All over Ireland, people are fund raising for projects at home and overseas and enjoying themselves at the same time. The vacation volunteer is not experienced enough to go to war zones, but there are plenty of suitable safer destinations with people in need of help. There are larger well known groups like the Niall Mellon project in South Africa, but there is host of smaller projects like the Hope foundation in Kolkata, the friends of Londianni in Kenya, the Tara project in Africa and the CBS Immersion project in Zambia. My advice to you is find a project that interests you and get involved. If you can, spend a vacation volunteering in a developing region it will be the holiday of a life time!

**Dr Deirdre Gleeson is the Medical Director of Medwise Occupational Health Services, Naas Co. Kildare. [www.medwise.ie](http://www.medwise.ie)**

**For information on Almas: a charity that helps children suffering from the affects of AIDS/poverty see: [www.almasworldwide.org](http://www.almasworldwide.org)**

### **Lecture by Prof. Hans Jonsson, Karolinska Institutet**

On Monday 7<sup>th</sup> February , Professor Hans Jonsson of the Karolinska Institutet will deliver a lecture entitled **Engaging occupation: prolonging life and enhancing the quality.** Prof Jonsson's work focuses on understanding the links between human activity, health and well being. His research aims to develop an

understanding of general mechanisms that occur within occupational transitions in human development, specifically in the context of the retirement process. The lecture will take place from 2-4pm in Room 2.57, TCD School of Nursing and Midwifery, 24 D'Olier Street, Dublin 2. If you are interested in attending, please contact [cremink@tcd.ie](mailto:cremink@tcd.ie) by Monday 31<sup>st</sup> January

### **Notice of Consultation for Management of Infectious Disease in Childcare Facilities and Other Childcare Settings**

The Preschool and Childcare Facility Sub-Committee of the SAC has distributed its consultation document for consultation. The document is also available for download from the HPSC website at this [link](#). The consultation period will close on the 18<sup>th</sup> of March.

**2011  
Faculty Dates for your diary**

<b>8 April</b>	Spring Conference "Clinical Audit" <b>Venue:</b> RCPI No.6 Kildare Street
<b>7 October</b>	Autumn Scientific Meeting <b>Venue:</b> RCPI No.6 Kildare Street
<b>2 December</b>	AGM, Smiley Lecture, Admission Ceremony & Annual Dinner, <b>Venue:</b> RCPI No.6 Kildare Street

**See [www.rcpi.ie](http://www.rcpi.ie) for further information**

Dates for 2011 **Board** meetings are

March	Wednesday	09
May	Wednesday	11
June	Wednesday	08
September	Wednesday	14
October	Wednesday	12
November	Wednesday	09



**SpR Study Day, October 2010 – visit to the new Criminal Courts complex in Dublin. Pictured are (standing) Dr's Fiona Kevitt, Miriam Deneher, and Haji Muhammad; Dr Deirdre FitzGerald is seated in the judge's chair**



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**Irish Society of Occupational Medicine (ISOM) 2011 meetings**

11 Feb	Stephen's Green Club
11 Mar	Stephen's Green Club
15 Apr	Stephen's Green Club
13/14 May	Spring Meeting - Athlone
10 Jun	Site Visit - Dublin area
02 Sep	Stephen's Green Club
16/17 Sept	Autumn Meeting - Berlin
Oct	Annual Dinner, date and location tbc
17 Nov	AGM, Stephen's Green Club

[www.isomirl.org](http://www.isomirl.org)



**Dr Martin Hogan, Dean, Dr John Donohoe, President of RCPI and Dr Tom O'Connell, Vice-Dean**

**Society of Occupational Medicine**

The Annual Scientific Meeting of the Society of Occupational Medicine (SOM) will take place in Belfast from 13<sup>th</sup> to 16<sup>th</sup> June 2011 on the theme "Psyche, Science and Medicine". The deadline for receipt of abstracts is Monday 28<sup>th</sup> February.

Further information is available at <http://www.som-asm.org.uk/>