SERVICE CHARTER
Clinical Unit of
OCCUPATIONAL MEDICINE
Clinical Unit of
OCCUPATIONAL MEDICINE

Ospedale Maggiore
Via della Pietà 19, 34129
entrance from Cancer Centre, 1st floor
INTEGRATED DEPARTMENT of ORTHOPEDIC, REHABILITATION AND OCCUPATIONAL MEDICINE

Clinical Unit of
OCCUPATIONAL MEDICINE
Director: Prof. Massimo Bovenzi
Tel: 040 – 399-2313; Fax: 040 – 368199
e-mail: bovenzi@units.it

Nursing coordinator: Rosalba Stuppia
Tel: 040 – 399-2462; Fax: 040 – 368199
e-mail: rosalba.stuppia@aots.sanita.fvg.it

USEFUL NUMBERS

<table>
<thead>
<tr>
<th>USEFUL NUMBERS</th>
<th>TELEPHONE</th>
<th>FAX</th>
<th>Floor</th>
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<tbody>
<tr>
<td>RECEPTION</td>
<td>040 - 399 2312</td>
<td>040 - 368 199</td>
<td>1°floor</td>
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<tr>
<td>DAY HOSPITAL</td>
<td>040 - 399 2462</td>
<td>040 - 368 199</td>
<td>1°floor</td>
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<td>ALLERGY CLINICL</td>
<td>040 - 399 2215</td>
<td>040 - 368 199</td>
<td>1°floor</td>
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<td>Regional Mesothelioma Registry</td>
<td>040 – 399 2446</td>
<td>040 - 368 199</td>
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Palazzina Centro Tumori, Via della pietà 19 – 34129 Trieste
www.aots.sanita.fvg.it
GENERAL PRESENTATION

The Clinical Unit of Occupational Medicine (Unità Clinica Operativa - UCO) is the only inpatient facility for the diagnosis and treatment of occupational diseases certified by the Health Authority of the Friuli Venezia Giulia Regional Government. It is responsible for the health of workers or patients sent by general practitioners, INAIL (National Institute for the insurance against Occupational Accidents), or other public or private agencies for the assessment of occupational diseases.

Services are provided on a Day-Hospital or outpatient basis. Particularly important activities for Occupational Medicine include respiratory pathophysiology, audiology, allergology, ergo-ophthalmology, and peripheral vascular and neurological pathophysiology.

It houses the Regional Operational Centre (COR) which manages the mesothelioma registry and the registry of workers formerly exposed to asbestos.

The Clinical Unit of Occupational Medicine is also responsible for health surveillance of the staff of the Hospital and the University of Trieste (D.Lgs. 81/08 and amendments) and of staff exposed to ionizing radiation as part of their professional duties (D.Lgs. 230/95 and amendments).
DEPARTMENT STAFF

Medical staff – white coat:

- Prof. Massimo Bovenzi
- Prof. Corrado Negro
- Dr. Paola De Michieli
- Dr. Francesca Larese
- Dr. Federico Ronchese
- Dr. Francesca Rui

Nursing coordinator, green uniform with dark green collar and front pocket:

- Nursing coordinator Rosalba Stuppia

Nursing staff – green uniform:

- Nurse Dina Bertok
- Nurse Annamaria Brunelli
- Nurse Cristina Crevatin
- Nurse Gabriella Crosilla
- Nurse Erica Finotto
- Nurse Ariella Giorgi
- Nurse Maria Giuseppe Vitucci

Technical staff – pale blue uniform or white coat:

- Neurophysiology technician Rossana Litteri
- University technician Roberta Rosani

Administrative staff – white coat with orange front pocket border:

- Administrative Assistant Paola Lugnani
- Administrative Assistant Fulvia Marsi

External staff - Janitors - white jersey with wisteria stripes and white pants.
INFORMATION ON SERVICES PROVISION AND ACCESS PROTOCOL

The reception, located on the first floor of the Cancer Centre, is open from 08.00 to 14.30, Monday through Friday. To speak to a Doctor on the telephone, please call between 09.00 and 12.00. For additional information, to suggest improvements, register a complaint, or make a report, please contact the Director by making an appointment at the reception or by calling tel. 040 – 399 2312.

INPATIENT BOOKING

All reservations – except for allergological tests, such as patch tests and prick tests, which can be booked upon request from your GP from the Central Reservations Desk (CUP) or from authorized Pharmacies or Health Authority Districts) – must be made directly with the Clinical Unit of Occupational Medicine from 10.00 to 13.00, Monday through Friday, in the nursing coordinator's office (room n°4).

Emergency advices or visits, certified by your GP, are carried out within 24 hours through an appointment made with the nursing coordinator at the following telephone number 040 – 399 2462.
SERVICES PROVIDED AND WAIT TIMES
(in days – as of May 2011)

Occupational medicine visits 20
Allergological visits 90
Prick tests 85
Patch tests* 140
Pletismography with cold test** 10
Ergo-opthalmological test 7
Global spirometry*** 20
Alveolar-capillary diffusion with CO*** 20
Audiometry 5

* tests are not performed in July and August
** tests are not performed from June to September
*** tests are performed in combination with medical exam

INFORMATION PROVISION PROTOCOL

From medical, nursing, and technical staff, patients will receive verbal information, written information, informed consent forms, clarifications, and explanations regarding both the check-up programs and the exams to be performed. Foreign patients will be assisted by a cultural mediator so that they can understand the type of tests about to be administered, and the mediator will also serve as a go-between between the patient and the physician, in order to provide clear information on the established check-up plan.

INFORMED CONSENT

Services that require the patient’s INFORMED CONSENT include:
- Bronchial challenge test with unspecific bronchoconstrictor (Methacholine);
- Pletismography with cold test;
- Prick tests and Patch tests.
PROTOCOL FOR REQUESTING CULTURAL MEDIATION SERVICES

Upon booking Day-Hospital services and/or specialist exams with the Clinical unit of Occupational Medicine, a cultural mediator may be available to allow foreign patients to correctly understand health problems, the purpose of clinical exam and diagnostic procedures and their correct execution, and any indications to be followed upon discharge.

SPECIFIC ACTIVITIES FOR PATIENT SAFETY

The Clinical unit of Occupational Medicine adopts patient safety measures that include the correct identification of each patient through:

- ID bracelet (Day-Hospital)
- Double identification using last name and date of birth (inpatients)

All premises are constantly monitored, and electro-medical devices undergo periodical checks, safety inspections, and maintenance.

PRIVACY AND CONFIDENTIALITY

Each patient has the right to maintain their personal information confidential, including information regarding their health and any diagnostic and/or treatment procedures which they may undergo; additionally, they have the right to protect their privacy during the execution of diagnostic exams, specialist exams, and medical treatment in general.
The Hospital’s professional staff undertakes to provide patients and their families with communications on both their hospitalization and their health conditions, unless explicitly instructed otherwise.

**COMPUTERIZATION**

Our Hospital features highly computerized systems, including systems for the archival, transmission, and reporting of health documentation and images. Online communications make it possible to disseminate data and make it accessible to staff (data is available to authorized staff only, with a personal password) in order to be able to consult the patient’s case history even with regards to other health care facilities.

As a patient of the Trieste University Hospital “Ospedali riuniti”
You have the right to:
TRUST
Each patient of the Authority’s services has the right to be treated as a person who can be trusted.

QUALITY
The Azienda Ospedaliero – Universitaria, Ospedale (“Combined Hospitals” University Hospital Authority), a highly specialized Hospital of national repute, has, as its aim, the coordination of the functions of care, teaching and research under a single roof, in order to improve public health provision and the quality of training, develop biomedical knowledge and technological innovation, through the balanced enhancement of the functions and activities of both its hospital and university staff.
The Authority provides health care with continuity, professionalism, and attention to the person, ensuring organizational and multidisciplinary integration as well as understanding and respect for both patients and their families.

SAFETY
Each patient is entitled to the services needed to protect their health, without suffering further damage due to malfunction of the facilities or services. To guarantee this right, the Authority is committed to the continual monitoring of risk factors and to ensuring the continuous maintenance of facilities and the Authority’s medical equipment. In addition, the Company is committed to providing ongoing training for its health workers (Law no. 338 of 23 December 2000).

PROTECTION
Each user, given his or her state of health and finding themselves in a vulnerable position, has the right to be protected and assisted. This right to special protection also covers children who require admission to our hospital.

The competent offices of the University Hospital Authority may guard, only exceptionally, the personal belongings of patients admitted in an emergency or unable to guard them by themselves. We recommend patients not to bring any objects of value (money, gold objects, or jewellery) during their period of hospitalization.
NORMALITY
Each patient has the right to be cared for in facilities of the University Hospital Authority, without being forced to alter his or her habits as well as social and family relationships any more than strictly necessary.

CERTAINTY
Each patient is entitled to certainty in their health care without being the victim of professional or organizational conflict or favoritism arising from his or her economic or social situation. The Authority has a duty to set the waiting list times, within which limits certain services must be provided on the basis of specific standards and in relation to the degree of urgency of the case in question. Any patient who so requests shall have the right to examine the waiting lists, within the limits required for the respect for privacy.

PARTICIPATION
Each patient, their family, the bodies involved in protection and volunteers should work together to improve the quality of health care and the work of the University Hospital Authority through:
- civic audit surveys
- the measurement of perceived quality
- joint working groups on specific issues
- notifications and complaints.
The participation in the care process includes the right of patients to be informed about a contact person and about the qualifications of the operators participating in the care process.

DIFFERENCE
Each patient has the right to receive differentiated treatments in respect of their individuality and without any discrimination on grounds of age, sex, nationality, race, language, political opinions, professed beliefs or culture.
The Authority is committed to satisfy demands for religious or spiritual support as far as possible, directly contacting the ministers of different religion.

TIME
Each patient has the right to his/her time be respected. If agreed schedules cannot be met, the patient must be informed about the
reasons of the delay. In the event that the Authority is unable to provide services within the maximum established time, it must ensure the possibility of using alternative services of equal quality.

PRIVACY AND CONFIDENTIALITY
Each patient has the right to confidentiality of his or her personal information, including those regarding health, possible diagnostic and/or treatment procedures that are to be undergone, as well as the right to protection of privacy during the carrying out of diagnostic tests, specialist visits and surgical-medical treatments in general. The professionals of the University Hospital are committed to providing patients and their families, except in cases of obvious disagreement, communication covering both the admission and the conditions of health. Updated information will be provided throughout the care process and will be documented in the patient’s medical records. A copy of those records can be requested by the patient himself or by another person on submission of the patient's ID card (or a copy), or a self-certification form. Requests for copies of medical records can be made at the time of discharge from hospital and the days immediately following discharge (before the records are archived), at the CUP (appointment booking desk) at the Maggiore and Cattinara hospitals. From 1st June 2005, requests for copies of medical records made via the CUP will only be accepted on payment of a minimum fee of € 5.00. Please note that the medical records staff are available from Monday to Friday, 7 a.m. – 2 p.m., and can be contacted on +39 040 399 4031 should you require any information, especially in relation to medical records dating back earlier than 1977.

DIGNITY
Each user, even if suffering from an incurable illness, is entitled to respect for their personal dignity, suffering as little as possible and receiving all necessary assistance. The Hospital recognizes and respects the needs of terminal patients by treating primary and secondary symptoms, by using pain management and by answering to the emotional, religious and cultural problems of the patient and his or her family.
THE RIGHT TO INFORMATION AND CONSENT
Each patient has the right to full information in a timely manner regarding their diagnosis, therapy and prognosis, especially for potentially risky interventions that require their explicit consent. The patient has the right to give or withhold their consent to proposed treatment or analysis.
If the treatments involve invasive or complex procedures, the patient will be asked a general consent, or a more specific one, during his/her hospitalization, pursuant to the legislation in force.
Without a signature giving informed consent, the physician may not engage in any activity of diagnosis and treatment, except as provided for by law and in situations of need and urgency, in which the person’s life is in imminent danger.
The patient should receive clear and comprehensive information on clinical trials and may participate only after signing the informed consent.

HEALTH INFORMATION AND DOCUMENTATION.
Doctors and health workers should provide clear, simple, essential, comprehensive and understandable information to the person being treated. The patient has the right to participate in the preparation of his or her care plan, to be informed about how the disease may affect their quality of life, covering care and therapeutic remedies to eliminate or at least reduce the possible pain and suffering.
The patient also has the right to inspect his or her medical records and to request a copy. The medical records will be clear, legible and complete with all the information regarding diagnosis, treatments and interventions carried out. He or she also has the right to receive a letter of discharge at the end of their stay in hospital. If the diagnosis is not complete, the patient has the right to have a letter of discharge containing the provisional findings.
Any patient may interrupt their treatment at any stage of the clinical-care process or refuse a particular treatment. The health care workers are obliged to inform the patient with regard to the possible consequences of such behaviour.

DEALING WITH GRIEVANCES
Any patient may submit complaints to the Public Relations Office for events in violation of his or her rights. The University Hospital
Authority has a duty to respond with regard to the subject of the complaint. Users and their families can exercise this right through a direct interview or via telephone during opening hours or by letter, fax, e-mail or using the form found at the information points and the appropriate boxes placed for collecting complaints.

For inefficiencies that can be easily solved, the Complaints Office guarantees an immediate reply or, at the latest, within 15 days. For more complex inefficiencies that require investigation, a reply will be provided within 30 days.

In any case the patient has the right to commence legal procedures for any damage suffered.

ORGAN DONATION

The patient can express their wish to donate organs through a declaration of intent, required under Law 91/99, by going to the Public Relations Information Point of the Cattinara Hospital.

The staff of this office is at your disposal for any further information and details on the subject.

As a patient
of the Trieste “Combined Hospitals”
University Hospital Authority
You have a duty to:

Respect the work and the professionalism of health workers as a prerequisite for the implementation of a proper care and treatment program. You should behave responsibly and be respectful of other patients.

Take care of the environment, equipment, furniture and medical equipment in the hospital. Observe the established deadlines and timetables in order to properly carry out all the activities.

It is forbidden to smoke anywhere within the Hospital.

The use of mobile phones which can interfere with the functioning of electrical equipment (infusion pumps, respiratory machines, etc.) is forbidden.

It is forbidden to bring animals within the perimeter of the University Hospital Authority.
It is recommended that, in order to protect their health, the entry of children into hospital wards should be limited. In specific cases, exceptions should be agreed with the staff of the hospital ward in question.

**PROTOCOL TO REQUEST MEDICAL CHARTS**

After about ten/fifteen days of their Day-Hospital visit, patients are contacted by telephone to pick up the hospital discharge letter for their general practitioner.

A copy of the medical documentation can be requested by the patient him/herself or by another authorized person bearing the patient’s identification document (or copy thereof) or self-certification. The request can be made immediately after receiving the discharge letter, when the medical chart is sent to the medical chart archive. The request must be filed at the CUP desks of the Maggiore and Cattinara hospitals.

Requests for copies of medical charts can be cleared only upon advance payment of the minimum fee of € 5.00. Users shall pay the due balance upon pick-up. Medical Chart Archive staff are on duty Monday through Friday from 7.00 to 14.00. They can be reached at the following telephone number: 040 - 399 4031 for any information, especially that related to medical charts from before 1977.

**RESEARCH ACTIVITIES**

The “Ospedali Riuniti di Trieste” Hospital is a highly specialized hospital of national relevance, and hosts the Faculty of Medicine and Surgery of the University of Trieste. The Clinical unit of Occupational Medicine is the institutional seat of the only Postgraduate School for Occupational Medicine in Friuli Venezia Giulia, which by charter has access to up to six physician-in-training positions for each academic year. Physicians in training participate in all of the Unit’s treatment and research activities, under the tutorship of a staff physician. Experimental, applied, and epidemiological research activities are focused on the assessment and control of exposure to chemical, physical, and biological agents, as well as to the relationship
between exposure to such agents and related occupational diseases. Research activities are carried out and funded within the framework of national and international research groups.

FREE-LANCE WORK

For information on free-lance work in the Unit, please contact the Reception or the Nursing Coordinator.

DAY HOSPITAL

Complex exams regarding occupational diseases are performed on a day hospital basis. Requests must normally be compiled by the patient’s GP or by INAIL. Admittance must be agreed upon with the nursing coordinator upon instruction from a staff physician. Patients shall present themselves at the Clinical Unit of Occupational Medicine with an authorization for exams/treatment from their GP or from INAIL, and with all relevant health documentation. Patients who are not residents of the Province of Trieste, can request admittance to the Day Hospital by telephone.

In order to guarantee transparency regarding wait times, reservations are recorded on a registry kept by the nursing coordinator, the registry includes the reservation date, the name of the person who made the reservation, and the name of the physician that will follow the patient.

Before accessing the ward on the scheduled day, the patient shall stop at the Administrative Acceptance office, located near the Emergency Room in the main building of the Hospital (Via Pietà side) in order to complete the necessary paperwork with the reservation form issued by the Clinical unit of Occupational Medicine. Upon discharge, patients can request a certificate of hospitalization, valid for all uses allowed by the law, from the Administrative Acceptance office.
TELEPHONES
For safety reasons, mobile phones must be turned off, because they could interfere with medical electronic instruments.

OUTPATIENTS’ CLINICS
All outpatients’ clinics are open Monday through Friday from 07.30 to 14.30.
Before undergoing medical exams and/or diagnostic procedures, all patients must show relevant health documentation, along with any previous medical reports (previous hospitalizations, lab exams and/or diagnostic procedures carried out in other facilities, etc.)
OUTPATIENTS’ CLINIC FOR OCCUPATIONAL RESPIRATORY DISEASES
Prof. Massimo Bovenzi, Dr. Paola De Michieli

Activities:
- Exams for occupational respiratory diseases
- Exams for previous exposure to asbestos
- Simple spirometry
- Residual volume
- Alveolar-capillary diffusion test with CO
- Bronchial challenge test with unspecific bronchoconstrictor (Methacholine)
- Bronchodilator test
- Regional mesothelioma registry - F.V.G. (COR)

Protocol for executing the bronchial challenge test with bronchoconstrictor (Methacholine)

The tests consists of inhaling a nebulised bronchial constrictor (methacholine) in increasing doses until a reduction of FEV$_{1.0}$ > 20%, or until the maximum dose of 3090 mcg has been administered. The entire procedure is performed under medical and spirometral control.
The commonest risks of this diagnostic procedure are:
- Possible induction of asthma

Contraindications for the test:
- Basal FEV\textsubscript{1.0} < 70% of theoretical value
- Recent upper or lower respiratory tract infections
- Pregnancy and/or nursing
- Recent acute myocardial infraction
- Poorly controlled hypertension
- Known aortic aneurysm
- Cortisone therapy and/or cholinesterase inhibitors

Outpatient’s clinic patients must:
- Abstain from smoking starting the evening before their exam
- If possible, carry with them their employment record and health documentation

INFORMATION ON:

OCCUPATIONAL EXPOSURE TO ASBESTOS AND RELATED PLEURO-PULMONARY DISEASES
ASBESTOS: USES IN THE WORKPLACE

- There are different types of asbestos, some more hazardous than others.
- In the past, asbestos was used to produce various types of insulating material (yarn, cardboard, bricks, and other artefacts), used in many professional settings.
- The sale and use of material containing asbestos has been forbidden since 1992 (L.257/92).
- Currently, occupational exposure to asbestos regards the removal of existing material, which is carried out following specific safety procedures.

ASBESTOS AND THE RESPIRATORY APPARATUS

- Asbestos fibres can enter the lungs in varying quantities, depending on the type of asbestos and fibre characteristics (length, diameter, etc.).
- Once in the lungs, asbestos fibres are eliminated through the defence mechanisms of the respiratory tract.
- Part of the fibres, however, can remain in the lung.
The presence of asbestos fibres in the lungs does not necessarily lead to the onset of asbestos-related diseases.

RISK OF ASBESTOS-RELATED OCCUPATIONAL DISEASES

This risk can affect workers who were heavily exposed to asbestos in the past, especially certain types of asbestos (e.g. crocidolite or blue asbestos)

All asbestos-related diseases manifest themselves many years after first exposure (10-40 years)

RESPIRATORY TRACT DISEASES CAUSED BY ASBESTOS

Lung cancer

Pleural plaques

Asbestosis

Mesothelioma
PLEURAL PLAQUES (PP)
- PP are considered indicators of previous exposure to asbestos
- PP concern thickening and calcification of the pleural sheets (membranes surrounding the lungs)
- PP do not cause symptoms
- PP do not generally provoke respiratory dysfunction
- PP do not degenerate into malignant forms

PULMONARY ASBESTOSIS
- It is the consequence of intense exposure to asbestos
- It manifests itself many years after first exposure (over 20 years)
- It evolves slowly and leads to respiratory disorders only in its most advanced phases
- It alters the structure of the lungs (fibrosis) and, in its advanced phase, it interferes with gaseous exchanges (oxygen and carbon dioxide)

LUNG CANCER
- It can be the consequence of intense exposure to asbestos
- It manifests itself many years after the first exposure (over 20-30 years)
- The risk of lung cancer increases manifold if the worker was also a smoker
- Currently, there are no diagnostic tests to identify subjects who will develop lung cancer

MESOTHELIOMA
- Exposure to asbestos in subjects with mesothelioma is quite variable
- It is a rare form of malignant pleural cancer
- Currently, there are no diagnostic tests to identify subjects who will develop mesothelioma.
HOW TO ESTABLISH THE PRESENCE OF ASBESTOS-RELATED RESPIRATORY DISEASES

If the patient had a significant occupational exposure to asbestos in the past, the law allows for health examinations even after retirement, to check for the presence of asbestos-related diseases.

Tests include a medical examination, respiratory tests, and chest X-rays.

Other specialist examinations such as lung CT scans or others are only performed at a later stage and upon recommendation from a specialist physician.

The usefulness of controls repeated over time must be established by the specialist physician on the basis of an assessment of previous exposure, the outcome of basic health exams, and the presence of other diseases.

There is no need for repeated X-ray exams or CT scans over short time intervals to “prevent” malignant asbestos-related diseases.

A comparison with previous health exams in the past is useful for the overall health assessment (X-rays and respiratory function tests, periodical health examinations at the workplace).

For a quantitative assessment of previous exposure to risk, documentation on occupational activities carried out in the past is useful (employment records, INAIL certification of previous occupational exposure to asbestos, etc.).

Protocol for the legal recognition of occupational diseases on the part of INAIL (DLgs 38/2000)

Whenever an active or retired worker is diagnosed with, or suspected of having an occupational disease, the physician must compile and send:

1) a notification (art. 139 of the Consolidating Act) to:

- Provincial Labour Office (Direzione Provinciale del Lavoro)
- INAIL (relevant local office)
Occupational Health Service of NHS (SPSAL).

2) the medical report (art. 365 c.p) to:

- The relevant judicial authority (SPSAL)

3) the first certificate of occupational diseases (art. 52 of the Consolidating Act), which is issued to the worker in question.

FOR SALARIED WORKERS, the workers themselves give the certificate to their employer (or authorized the certificate's transmission) within 15 days of its compilation.

Assistance for medical and legal procedures can be provided by labour union representatives.

HEALTH EXAMINATIONS FOR WORKERS FORMERLY EXPOSED TO ASBESTOS

In Friuli Venezia Giulia, Regional Law 22/2001 is in force. This law establishes a health surveillance programme for workers formerly exposed to asbestos registered in the Regional Registry of Workers Exposed to Asbestos (DGR 2041 dd. 31.8.2007).

For workers who continue to be exposed to asbestos, health surveillance is the responsibility of the employer, through the company physician (“competent doctor”).

In case of previous exposure only, the competent doctor must inform the worker, upon cessation of employment, on the need to undergo a health screening due to previous exposure to a carcinogenic substance (D.Lgs 81/08).
OUTPATIENTS’ CLINIC - ALLERGOLOGY
Dr. Francesca Larese

Activities:
- Allergology exams
- Standard patch tests
- Occupational patch tests
- Standard prick tests
- Prick tests for food allergies
- Occupational prick tests

Parietaria officinalis – a very common allergen
The tests aim at:
- Define the nature of the disorder
- Identify the allergen or hapten that causes an allergic reaction

The most frequent risks of this diagnostic procedure are:
- Possible worsening of allergy symptoms and clinical signs

Contraindications for the tests:
- Acute allergy symptoms

Test modalities:

**PRICK TEST**

The test is performed on the skin of the forearm and leads to the appearance of swelling (like that caused by a mosquito bite), which disappears after about one hour. Delayed reactions can occur, in which case the swelling may persist for several days. Tests must not be performed in the presence of allergy symptoms, since they could lead to a worsening of the condition.

**PATCH TEST**

Patches containing substances that may cause contact allergies are applied to the skin on the back. The patches are kept in place for 48 hours, and results are evaluated 72 to 96 hours after application. The test is considered positive when a skin rash appears in correspondence with a given patch. The rash is itchy and disappears after a few weeks. In some cases the rashes can persist over time. The test must be performed while the patient is not suffering from allergies, since it could worsen other existing rashes.

NB: Seven days prior to the exam, suspend all histamine antagonists and cortisone drugs taken orally (to be agreed upon with your GP)
The outpatients’ clinic performs tests for patients under the age of 65. For patients over the age of 65, only patch tests for dental and orthopedic prostheses are performed.
ALLERGENS THAT CAN BE TESTED →
INHALANT ALLERGENS

Dermatophagoides farinae
Dermatophagoides pteron
Grasses
Asteraceae
Platanaceae
Cupressaceae
Corylaceae
Betulaceae

Parietaria
Oleaceae
Alternaria
Dogs
Cats
Control
Histamine

FOOD ALLERGENS

Cow's milk
Legumes mix (peanuts, chickpeas, beans, lentils, peas)
Labiatae mix (basil, mint, sage, thyme)
Egg whites
Egg yolks
Cocoa
Peanuts
Solanaceae mix (potato, pepper, tomato)
Oily fish mix (porgy, anchovy, mullet, sardine)

White fish mix (cod, sole, sea bass, hake)
Shrimp
Soy flour
Liliaceae-Chenopodiaceae mix (garlic, beet, onion, spinach)
Albumen protein
Brewer's yeast
Control
Histamine

OTHER ALLERGENS

Acarus syro
Glycyphagus domesticus
Lepidoglyphus destructor
Tyrophagus putrescentiae
Gohieria fusca
Euroglyphus maynei

Periplaneta americana
Blatella germanica
Cladosporium
Aspergillus
OCCUPATIONAL ALLERGENS

Latex  
Green coffee  
Wheat flour  
Barley flour  
Corn flour  
Rice flour  
Soy flour  
Oat flour  
Rye flour  
Cotton  
Rat hair  
Mice  
Guinea pig  
Rabbit  
Hamsters

HAPTENS THAT CAN BE TESTED

Standard patch test

Control (vaseline)  
Cobalt chloride 1%  
Nickel sulphate 5%  
Potassium dichromate 0.5%  
Mercaptobenzothiazole 1%  
Thiol mix  
Tiuram mix  
Carbamate mix  
Rosin 20%  
Diaminodiphenylmethane 0.5%  
Ethylendiamine dichlor 1%  
Epoxy 1%  
PTBT formaldehyde resin 1%  
p-Phenylendiamine base 1%  
p-Phenylendiamine mix  
Primine 0.01%  
Thiomersal 0.1%

Paraben mix  
Formaldehyde 1%  
Quaternary ammonia salts 1%  
Mercury ammonium  
Chloride 1%  
Neomycin sulphate 20%  
Benzocaine 5%  
Peruvian balsam 25%  
Perfume mix  
Lanolin alcohol  
Crinoline mix  
Disperse Blue 1%  
Disperse Yellow 1%  
Euxyl K400 0.5%  
Kathon GC 0.01%  
Palladium chloride  
Gold sodium thiosulphate 0.5%
Patch test for orthopedic protheses

Control (vaseline)
Silver nitrate 1% in H₂O
Gold chloride 0,1% in H₂O
Copper oxide 5%
Ammonium
Tetrachloroplatinate 0.25%
in H₂O
Methacrylate 1%
Methylmethacrylate 5%
Benzyloxyl peroxide 2%
Diphenol A 0.5%

Ethyl acrylate 1%
Ethyl methacrylate 2%
Tin 2.5%
Palladium chloride 1%
Zinc 2.5%
Titanium
Vanadium chloride 0.2%
Ammonium molybdate 1% in H₂O

Patch test for dentists

Control (vaseline)
Benzalkonium chloride 0.1%
Butyl acrylate 1%
Chlorexidine digluconae 0.5%
p-Chlorophenol 1%
Dibutyl phthalalate 5%
Zinc
dibutylphthilcarbamatel%
Dimethyl phtalalate 5%
Phenylphenol 1%
Glutaraldehyde 0.5%
Methyl acrylate 1%

Methyl methacrylate 5%
Benzyloxyl peroxide 2%
Butyl methacrylate 2%
Bisphenol A 0.5%
Gold chloride 0,1%
Ammonium
tetrachloroplatinate 0.25%
Ethyl methacrylate 2%
Ehtyl acrylate 1%
Aluminum
Aluminum molybdate
Eugenol

Patch test for dental protheses

Control (vaseline)
Silver nitrate 1%
Gold chloride 0.1%

Copper oxide 5%
Ammonium
tetrachloroplatinate 0.25%
Methyl acrylate 1%
Methyl methacrylate 5%
Benzoyl peroxide 2%
Bisphenol A 0.5%
Ethyl acrylate 1%
Ethyl methacrylate 2%
Azulene 1%
Propolis 20%
Tin 2.5%

Palladium chloride 1%
Zinc 2.5%
Mercury bichloride 0.1%
Mercury 0.5%
Amalgam 5%
Mercury free amalgam 30%
Urethane dimethylacrylate

**Patch test for hairdressers**

Control (vaseline) 1%
Resorcinol 1%
Gliceryl-mono-thioglycolate 1%
p-Aminophenol 1%
Hydroquinone monobenzyl ether 1%
Resorcinol monobenzoate 1%
Ammonium persulphate %
Ammonium thioglycolate 2%
Toluyelediamine sulplpagte

1%
p-Aminonitrobenzene 0.25%
Ethylendiaminetetraacetic acid 1%
Sodium laureth sulphate 0.1%
Sodium bisulphate
m-Aminophenol
Diaminophenol

**Patch test for health care workers**

Control (vaseline)
Aminophenol 1%
Benzalkonium chloride 0.1%
Benzophenone 5%
Chloramine T 0.5%
Chlorexidine digluconate 5%
Chlorphenol 1%
Dichlorophene 1%
Hexachlorophene 1%
Phenol 0.5%
Glutaraldehyde 0.5%

Mercurochrome 0.1%
Vioform 5%
p-Chloro-m-xylenol 1%
Bisphenol A
Lidocaine chlorhydrate
Aminophylline 2%
Ampycillin sodium 25%
Chlorpromazine 1%
Penicillin sodium 5%
Sulphonamides mix
**Patch test for mechanics**

Control (vaseline)
Pine oil 5%
p-Chloro-m-xylene 1%
Dichlorophene 1%
Triethanolamine 5%
Tribromosalicylanilide 1%
Turpentine 0.3%
Abiotic acid 5%
Triphenylphosphsate 5%
Hydroquinone monobenzyl ether 1%
Cresol 10%
Dibutyl phthalate 5%
Ethylendiaminetetraacetic acid (EDTA) 1%
Bronopol 0.2%
p-Chloro-m-cresol 1%

Hexachlorophene 1%
Diethanolamine 1%
Hexamethylenetetramina 1%
Ether phenylglycine 0.25%
Phenylmercuric nitrate 0.01%
o-Phenylphenol 1%
Phenothisazine 2%
Ethylene glycol 5%
Propylene glycol 100%
Hydrazene hydrate 1%
Dyphenilguanidine 1%
Dibromocyanobutane 0.3%
Benzotriazole

**Patch test for confectioners**

Vaseline
Benzoyl peroxide 2%
Ammonium persulphate 1%
Sodium metanisulphate 5%
Cinnamyc alcohol 5%
Cinnamyc aldehyde 2%
Bithionol 1%
Beta Carotene 5%
Citronellol 2%
Citronellol hydroxide
Imidazolidinil urea 1%
Bergamot oil
Lavender oil 2%
Propolis 20%

Sodium lauriisulphate 0.1%
Benzyl benzoate
Dimethylaminopropylamine 1% in H2O
Sesquiterpene lactone 0.1%
Dibromocyanobutane 0.3%
Lyral 5%
Caroune 5%
Benzyl alcohol 5%
Benzyl salicylate 2%
Polyethylene glycol
Patch test for mechanics

Control (vaseline)
Pine oil 5%
p-Chloro-m-xylenol 1%
Dichlorophene 1%
Triethanolamine 5%
Tribromosal icylanilde 1%
Turpentine 0.3%
Abietic acid 5%
Triphenylphosphsate 5%
Hydroquinone monobenzyl ether 1%
Cresol 10%
Dibutyl phthalalate 5%
Ethylendidiaminetetraacetic acid (EDTA) 1%
Bronopol 0.2%
p-Chloro-m-cresol 1%
Hexachlorophene 1%
Diethanolamine 1%
Hexamethylentetramina 1%
Ether phenylglycine 0,25%
Phenylmercuric nitrate 0,01%
o-Phenylphenol 1%
Phenothiazine 2%
Ethylene glycol 5%
Propilene glycol 100%
Hydrazene hydrate 1%
Dyphenilguanidine 1%
Dibromocyanobutane 0.3%
Benzotriazole

Patch test for confectioners

Vaseline
Benzoyl peroxide 2%
Ammonium persulphate 1%
Sodium metanisulphate 5%
Cinnamyc alcohol 5%
Cinnamyc aldehyde 2%
Bithionol 1%
Beta Carotene 5%
Citronellol 2%
Citronellol hydroxide
Imidazolidinil urea 1%
Bergamot oil
Lavander oil 2%
Propolis 20%
Sodium laurilsulphate 0,1%
Benzyl benzoate
Dimethylaminopropylamine 1% in H2O
Sesquiterpene lactone 0,1%
Dibromocyanobutane 0.3%
Lyral 5%
Caruone 5%
Benzyl alcohol 5%
Benzyl salicylate 2%
Polytehyline glycol
Patch test for bakers

Vaseline 10%
Benzoyl peroxide 2%
Ammonium persulphate 1%
Sodium metabisulphate 5%
Sorbic acid 5%
Butylated hydroxyanisole (BHA)

2%
Butylated hydroxytoluene (BHT)
Propyl gallate 0.1%
Vanillin 10%

Patch test for metals

Control (vaseline)
Iron chloride 2%
Chromium trichloride 2%
Phenylmercuric nitrate 0.01%
Copper oxide 5%

Tin 2.5%
Zinc 2.5%
Cadmium chloride 1%
Hydrazine hydrate
Aluminum

Patch test for varnishers

Aluminum ct
Turpentine peroxide 0.3%
Benzoyl peroxide 2%
Bisphenol A 0.5%
DIBUTYL PHthalate 5%
DIETILENDIAMINA 1%
Dimethyl phthalate 5%
Toluen diisocyanate 0.1%
Triethylentetramine 1%
Urea-formaldehyde resin 10%
Phenol-formaldehyde resin 10%
Tricresyl phosphate 2%
Methyl acrylate 1%

Hydroquinone monobenzyl ether 1%
Epichlorohydrin 0.1%
Phtalic anhydride 1%
Maleic anhydride 1%
Hexamethyleneentetramine 1%
Hexamethylene isocyanate 1,6
Disphenylmethane 4 diisocyanate
Dimethylaniline
Epoxy acrylate
**Patch test for preservatives**

- Vaseline 10%
- Benzoyl peroxide 2%
- Ammonium persulphate 1%
- Sodium bisulphate 5%
- Sorbic acid 5%
- Butylated hydroxyanisole (BHA) 2%
- Butylated hydroxytoluene (BHT) 2%
- Propyl gallate 0.1%

- Lauryl gallate 0.1%
- Ethylenediaminetetraacetic acid (EDTA) 1%
- Sodium benzoate 5%
- Diallyl disulphide 1%
- Benzoic acid 5%
- Benzyl alcohol 5%
- Amaranth 1%
- Menthol 1%

**Patch test for office clerks**

- Control (vaseline)
- Tricresyl phosphate 2%
- Triphenyl phosphate 5%
- Dibutyl phtalalate 5%
- Resorcinol 1%
- p-Aminophenol 1%
- p-ter-Butylphenol 2%

- Diethyl tiourea 1%
- Abietic acid
- p-Aminonitrobenzene
- Chlorophenol
- Tiourea
- Iron chloride

**Patch test for plants**

- Control (vaseline)
- Alantolactone
- Alpha-methylene-gamma-butyrolactone
- Arnica montana
- Roman chamomile
- Chrysanthemum cinerariaefolium

- Diallyl disulfide
- Parthenolide
- Propolis
- Tanacetum vulgare
- Taraxacum officinale
- Geraniol
Patch test for cosmetics

Vaseline
Cinnamyc acid 5%
Usnic acid 1%
Cetyl stearyl alcohol 30%
Cinnamyc alcohol 5%
Cinnamyc aldehyde 2%
Bithionol 1%
Beta Carotene 5%
Citronellol 2%
Citronellol hydroxide
Imidazolidinil urea 1%
Bergamot oil
Lavander oil 2%
Propolis 20%

Sodium laurilsulphate 0,1%
Benzyl benzoate
Dimethylaminopropylamine
1% in H2O
Sesquiterpene Lactone
0.1%
Dibromocyanobutane 0.3%
Lyral 5%
Caruone 5%
Benzyl alcohol 5%
Benzyl salicylate 2%
Polyethylene glycol
OUTPATIENTS’ CLINIC – VASCULAR PATHOPHYSIOLOGY AND NEUROPHYSIOPATHOLOGY
Prof. Massimo Bovenzi, Dr. Federico Ronchese, Dr. Francesca Rui

Activities:

- Medical exams - visits
- Digital plethysmography with cold test
- Tactile/thermal threshold test
- Vibrotactile threshold test
- Manual dexterity test
- Electroneurography of the upper extremities

Pletysmography is a diagnostic procedure used to study peripheral vascular disorders. The test is neither invasive nor painful and lasts about one hour.

This test is suitable for:

- Primary and secondary Raynaud’s phenomenon
- Vascular disorders associated with the use of vibrating tools
The commonest risks associated with this diagnostic procedure are:

- Possible increase in blood pressure and/or chest pain in patients suffering from ischaemic heart disease.

Contraindications for the test:

- High blood pressure poorly controlled by drug therapy;
- Recent acute myocardial infraction;
- Severe ischaemic heart disease.

The test is not performed during the summer season from June to September, because of possible false negative results due to high air temperature.

OUTPATIENTS’ CLINIC - ELECTROCARDIOGRAPHY
Prof. Massimo Bovenzi

Open from 07.00 to 13.00 by appointment only
ECGs are performed on the following:

- Workers sent to the clinic by external physicians (firms/companies)
- Day hospital patients of the Unit
- AOUTS employees
- University of Trieste employees

**OUTPATIENTS’ CLINIC – SPECIALIST EXAMINATIONS**  
Prof. Corrado Negro

- Specialist occupational medicine examinations for occupational related diseases

**OUTPATIENTS’ CLINICS FOR THE HEALTH SURVEILLANCE OF AOUTS STAFF**

**Competent outpatients’ clinic** (D.Lgs 81/08 and amendments)  
**Outpatients’ clinic authorized** for radioprotection (D.Lgs 230/95 and amendments)

**Activities:**

- Preventive screening tests
- Periodical medical checkups
- Extraordinary medical exams upon request from the worker
- Visits for sick leave > 60 days

**Competent physicians:**

Prof. C. Negro, Dr. P. De Michieli, Dr. F. Larese, Dr. F. Ronchese, Dr. F. Rui

**Authorized physicians:**

Prof. M. Bovenzi, Dr. F. Rui
Ospedale Maggiore Outpatients’ Clinic:
The clinic is located in Via della Pietà, 19 First floor, Room N°10, Tel.040 – 399 2462

Cattinara Hospital Outpatients’ Clinics
The clinic is located in the Poliambulatori Building on the first floor, rooms 98,99 and 100, Tel. 040 – 399 4792: 040 – 399 4793

OUTPATIENTS’ CLINICS FOR THE HEALTH SURVEILLANCE OF UNIVERSITY OF TRIESTE STAFF

Ospedale Maggiore:
The Outpatients’ clinic is located in Via della Pietà, 19 First floor, Room N°2 Tel. 040 – 399 2312

OUTPATIENTS’ CLINIC - AUDIOMETRY
Dr. Federico Ronchese
Activities:
- Pure-tone audiometry screening
- Impedance audiometry (exclusively for Day Hospital patients)
OUTPATIENTS’ CLINIC ERGO OPHTALMOLOGY
Prof. Corrado Negro

Attività:

🎉 Ergovisual test for workers working with video terminals
🎉 Ergovisual test for the renewal of drivers’ licenses: field of view, contrast vision, mesopic vision, and high beam headlamp test (D.M. 30/11/10)

OUTPATIENTS’ CLINIC – BLOOD SAMPLES
Open from 07.00 to 10.00
Blood samples are taken from:

- Workers sent to the clinic by external physicians (firms/companies)
- Day hospital patients of the Unit
- AOUTS employees
- University of Trieste employees

NOTE

This booklet contains information valid at time of printing and is periodically updated. Among the other issue, however, may take changes in the OP – operatives.

KEEP IN MIND THAT ALL THE INFORMATION YOU PROVIDE DURING YOUR HOSPITAL STAY IS TREATED IN A STRICTLY CONFIDENTIAL MANNER, WITH FULL RESPECT FOR YOUR PRIVACY.

NOTE

This booklet contains information valid at time of printing and is periodically updated. Among the other issue, however, may intervene in the operation changes.
From the train station
WE ARE HERE
### Bus lines

<table>
<thead>
<tr>
<th>Route</th>
<th>Destination</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>P.zza Perugino - Roiano</td>
</tr>
<tr>
<td>11</td>
<td>Ferdinandeo – P.zza della Borsa</td>
</tr>
<tr>
<td>22</td>
<td>Cattinara – Central train station</td>
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<tr>
<td>26</td>
<td>Chiadino – Largo Osoppo</td>
</tr>
<tr>
<td>37-48</td>
<td>Cattinara – Largo Barriera</td>
</tr>
<tr>
<td>40</td>
<td>San Dorligo – Central train station</td>
</tr>
</tbody>
</table>

### Symbols

- **Emergency room**
- **Bus stops**
- **Visitors’ entrance**
- **Taxi**
- **Disabled entrance**
- **ASS1 Area**
- **Disabled parking**
- **Areas undergoing re-development**
- **Church**
- **External areas**
- **Public parking**
- **Information point**
Questionnaire – Evaluation of the services provided by the outpatients’ clinic

Dear Sir/Madam.
I would be grateful if you could answer the following questions. Your opinion will help us to continue to improve our services.

Best regards
Prof. Massimo Bovenzi

DATE: ________________

Was the waiting room comfortable? YES/SOMEWHAT/NO

Was the clinic clean and orderly? YE/SOMewhat/NO S

Were the nurses helpful? YE/SOMewhat/NO S

Did the physicians devote enough time to you? YE/SOMewhat/NO S

Did the nurses devote enough time to you? YE/SOMewhat/NO S
Did you feel at ease?  
YE/SOMEWHAT/NO S

Was your privacy respected?  
YE/SOMEWHAT/NO S

Did the physician provide exhaustive information on your condition and on your diagnostic and treatment plan?  
YE/SOMEWHAT/NO S

Did the nurses provide exhaustive information?  
YE/SOMEWHAT/NO S

Your overall assessment is:

UNSATISFACTORY
SATISFACTORY
GOOD
EXCELLENT

COMMENTS:
Drafted by the Communication Office in collaboration with the Public Relations Office, on the basis of text and images provided by the Clinical Unit of Occupational Medicine.
tel. 040 – 399 6301; 040 – 399 6300; fax 040 - 399 6298
e-mail: comunicazione@aots.sanita.fvg.it
Strada di Fiume 447 – 34 149 Trieste

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