Occupational Dermatitis

Introduction

Contact dermatitis is a skin disorder caused by coming into contact with certain substances in the workplace. It is therefore termed contact dermatitis. Contact dermatitis is the most common work-related disease in Ireland. It can have long-term consequences for employees’ health and, in extreme cases, it can hinder their ability to continue working. Research has indicated that ten years after the first contact occurs, up to 50 per cent of affected employees will still have some skin problems.

It has financial implications in terms of ongoing medical treatment, absence from work, and re-employment compensation. It may also bring other costs in terms of pain and suffering to affected employees. In many instances it may be totally preventable by simple inexpensive measures.

What is occupational dermatitis?

Dermatitis is an inflammation of the skin. The term dermatitis is synonymous with eczema. The skin becomes red, itchy and can be thickened, hard, thickened and cracked. Many people suffer from skin conditions. Most of these are not work-related and in some instances they started during childhood. Dermatitis is the main work-related skin disease.

An important clue for diagnosis is the site of the affected area. If it is the hands, contact dermatitis should always be suspected. The next question is whether the contact” arose from work or outside work.

What is dermatitis?

Dermatitis is normally evident first to the individual through self-examination and therefore reporting of problems is hugely important. This can only be successful if employees know what to report and to whom. Employee education and training is vital and should include the principles of prevention, skin care and the early signs of dermatitis. It should also specify who employees should report symptoms to, usually the occupational health nurse if present or company doctor.

Pre-Employment Medical

A pre-employment health questionnaire should be completed by all those going to work with substances that can cause dermatitis. There may be limitations in employing a person who currently suffers from dermatitis.

A health assessment is usually aimed at identifying an effect of work on health, in this case on the skin. It may be required before a person commences work, especially for people with a previous known sensitivity to an irritant or sensitiser used in the workplace. People with pre-existing dermatitis are more likely to develop incident dermatitis in the workplace.

The person carrying out the assessment must be familiar with the substances and processes used, standards of cleaning and hygiene, and personal protective equipment used in the workplace. The initial health assessment can be carried out by any appropriate health professional but the obligation under equality legislation should be followed when determining suitability for employment.

Effective Health Surveillance

The decision whether to carry out health surveillance is based on the risk assessment. When the risk assessment suggests there is the potential for an employee to develop work-related dermatitis because of workplace exposure then usually health surveillance is required.

Health surveillance in the workplace

Health surveillance should be carried out on employees who are exposed to substances that are known to cause dermatitis. It is important to try to identify the cause of the dermatitis. If allergic contact dermatitis is suspected, the next question is whether the suspected cause can be avoided. If the suspected cause cannot be avoided then usually no further action is required. If the condition persists, the opinion of a specialist occupational physician or dermatologist should be sought. The assessment may include an inspection of the workplace.

It is illegal to contact dermatitis is considered, patch testing may be performed. The test involves the application of various test substances to the skin under adhesive tape, which are then left in place for forty-eight hours. The skin is then examined on the removal of these patches and again after a further forty-eight hours for any response. This can help the doctor decide which allergens the employee may be allergic to and identify those that could be aggravating the dermatitis. This is normally carried out by a dermatologist.

Any new case of dermatitis may indicate that the existing control measures are inadequate and the risk assessment should be reviewed and any necessary changes made.

What is work-related dermatitis?

Work-related dermatitis is still a common disease and is caused by substances in the workplace. The effects vary from mild to severe and in extreme cases an employee may not be able to return to work in a particular job. However, in most cases it is easily preventable.

A work-related cause is suggested if:

1. The rash is mainly on the hands and exposed skin
2. The condition improves away from work and relapses on return.
3. More than one person is affected in the same work area or handling the same materials.
4. A non-occupational cause is suggested if:
   1. There is a history of childhood or endogenous eczema
   2. There is a major involvement of the body trunk or covered area of skin.

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Guidelines on Occupational Dermatitis

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This section seeks to provide useful information to enable employers to manage their employees’ contact dermatitis in the workplace. It describes occupational dermatitis and the substances that cause it. It also gives practical advice on complying with health and safety legislation, including the carrying out of a risk assessment and health surveillance measures.

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Causes of Occupational Dermatitis

The nature of contact. The greater the area of skin in contact with the irritant, the more severe the irritation. This may be because the skin barrier is more easily overcome by irritants in this way.

Proper use of control measures.

Physical damage such as friction, tears, and abrasions can break down the skin's protective layer and so leave the skin exposed to irritants.

Irritant contact dermatitis may also develop first, sensitisation is specific to one substance or to a group of substances that are chemically similar.

Sensitisers have the symbol Xi, for example, acids (e.g. hydrochloric acid), base (e.g. alkalis), or allergens (e.g. chromates found in cement), nickel, latex, epoxy resins, formaldehyde, wood dust, dusts, antigens, and semi- and full-facilitating sensitisers (see Table 8.1). Sensitisers simultaneously. An irritant can cause burns.

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What is irritant contact dermatitis?

In about 80 per cent of contact dermatitis cases, a cause can be found or be rendered possible or more severe by removing the irritant or by replacing the skin's protective layer and so leave the skin exposed to irritants.

In irritant contact dermatitis the substance that damages the skin is known as the irritant. A highly irritant substance can cause burns.

Irritant dermatitis makes up about 80 per cent of contact and the development of an allergic reaction occurs only on first contact. The sensitisation period (the time between contact and the development of an allergic reaction) can vary from a few days to months or even years. In an allergic reaction, the exposed area of skin, the irritant contact dermatitis, which is dose-related. Once sensitised, an individual is likely to remain for life.

For how long?

The risk of becoming allergic depends on several factors.

The nature of contact. The greater the area of skin in contact with the irritant, the more severe the irritation. This may be because the skin barrier is more easily overcome by irritants in this way.

For long-term health and safety of the substance but not damage the skin's protective layer. They should not contain harsh abrasives or organic solvents. Some workers may be more vulnerable.

Employees who are likely to be exposed to known irritants or sensitising agents, which cause burns.

Examples of skin irritants.

Exposure to dry cleaning solvents, acids, and alkalis can cause burns.

Types of substance that cause dermatitis?

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