POLICY FOR CONTROLLING AND PREVENTING CONTACT DERMATITIS AND OCCUPATIONAL SKIN DISEASE

BACKGROUND AND LEGISLATION

Contact dermatitis is inflammation of the skin caused by contact with a range of materials. These include detergents, toiletries, chemicals and even natural products like foods and water (if contact is prolonged or frequent). It can affect all parts of the body, but it is most common to see the hands affected. There are three main types of contact dermatitis:

- Irritant contact dermatitis
- Allergic contact dermatitis
- Contact urticaria

Irritant contact dermatitis is caused by things that dry out and damage the skin, eg. detergents, solvents, oils and prolonged or frequent contact with water.

Allergic contact dermatitis occurs when someone becomes allergic to something that comes into contact with his or her skin. The allergic reaction can show up hours or days after contact. Common causes include chemicals in cement, hair products, epoxy resins and some foods.

Urticaria is a different kind of allergy. It occurs within minutes of the material touching the skin. Things like plants, foods and natural rubber latex gloves can cause it.

Employers are required to control exposure to any substance that could cause damage to health from workplace skin exposure under the following items of legislation.

Health & Safety at Work etc Act 1974 (HSAWA) Control of Substances Hazardous to Health Regulations 2002 (COSHH).
The Management of Health and Safety at Work Regulations 1999
Control of Substances Hazardous to Health Regulations 2002 (COSHH)
Personal Protective Equipment Regulations 2002
Chemicals (Hazard Information and Packaging for Supply) Regulations 2002

Damage is not limited to actual skin disease. Many chemicals can penetrate the skin and contribute to systemic damage, ie. damage to internal organs.

The primary duty placed on the employer is to conduct a risk assessment, ie to establish where exposure is occurring (or might occur) and to decide to what extent this represents an unacceptable risk of damage to health. Where appropriate, suitable measures must be taken to manage this risk.
CHEMICALS THAT CAN CAUSE OCCUPATIONAL SKIN DISEASE

It is important to differentiate between chemicals that cause direct damage to the skin (corrosive, irritant), those that can be absorbed into the skin and cause immune reactions (sensitisers) and those that may penetrate the skin and cause damage to internal organs (systemically toxic). The vast majority of chemicals to which exposure in a workplace tends to occur will be primarily irritant in nature. However, many chemicals can be both sensitising and irritant.

What is important to recognise is that many chemicals that do not have risk and safety phrases are capable of causing dermatitis. Therefore reliance on the data in the Material Safety Data Sheet (MSDS) may not be sufficient.

PREVENTION

In some cases the only way to prevent dermatitis and occupational skin disease occurring is to completely avoid contact between chemicals and the skin. However, in practice this is seldom possible.

There are no skin exposure limits. Inter-individual differences in skin behaviour and many other factors will serve to make determining what is a safe level of exposure often extremely uncertain.

The hierarchy of controls, eg. elimination, substitution, technical control measures, working practice and personal protective equipment is a well known control system that can apply to dermal exposure.

Where reliance is on gloves to protect against chemical exposure, the selection and use must be organised with considerable care. The way in which gloves work and fail is complex. It is possible for a glove to appear in perfect condition, yet fail to protect due to the chemical being able to permeate the glove without the user being aware of this.

Much of this can be achieved by ensuring that the risks associated with dermatitis are included in the COSHH risk assessment. If it is possible to substitute a chemical for a less harmful alternative this will minimise the risk. If this is not possible or practical, staff and students are to use carefully selected gloves and barrier cream as part of their daily routine.

DERMATITIS HIGH RISK AREAS

Particular attention to the prevention and control of contact dermatitis and occupational skin disease should be considered in the following high risk areas at Lews Castle College:

- Hairdressing
- Catering
- Healthcare
- Metal Machining
- Construction
- Estates and Maintenance
MINIMISE THE RISK OF CONTRACTING CONTACT DERMATITIS

Use the APC, 3 stage approach for minimising the risk of contracting contact dermatitis.

AVOID – direct contact between unprotected hands and substances, products and wet work where this is practical and sensible to do.

Remember that not all harmful substances come in labelled containers. Substances generated during work activities such as wood dusts from sanding, solder and welding fumes and natural products can cause harm to the skin.

- Get rid of the substance/product/wet work altogether
- Substitute the product/substance for something less harmful
- Introduce controls (such as tools and equipment) to keep a safe working distance between the skin and the substances/products/wet work

PROTECT – the skin by implementing a good skin care regime

- Provide suitable personal protective equipment such as gloves
- Provide mild skin cleaning cream that will do the job and washing facilities with hot and cold water
- Tell staff and students to wash their hands before eating and drinking, and before wearing gloves
- Remind staff and students to wash any contamination from their skin promptly
- Provide disposable paper towels – remind staff about the importance of thorough drying after washing
- Protect the skin by moisturising as often as possible and in particular at the end of the working day as this replaces the natural oils that help keep the skin’s protective barrier working properly
- Use suitable pre-work creams

CHECK – your skin on a regular basis for early signs of dermatitis such as itchy, dry or red skin.

- When skin problems are spotted early, they can be treated, which can stop them from getting too bad
- Seek advice from a medical practitioner if you suspect that you may have skin problems
REPORTING

If you suspect you may be suffering from contact dermatitis or other occupational skin disease you must inform the Head of Department or managed area.

In the case of students they must inform their class tutor.

Where occupational contact dermatitis has been diagnosed in writing by a registered medical practitioner, this must be reported under the RIDDOR Regulations 2013 as it is classed as an occupational disease.

It is not necessary for there to have been time lost, the diagnosis is sufficient. Other skin diseases that are reportable, are such as chrome ulceration, folliculitis and skin cancer.