SKIN : Disorders

Working together for better workplace health
Skin Disorders
The HSE state that occupational skin disease may be defined as a disease in which workplace exposure to a physical, chemical, or biological agent or a mechanical force has been the cause of or played a major role in the development of the disease. Work related dermatitis (sometimes called eczema) forms 80% of occupational skin diseases and is caused by the skin coming into contact with certain hazardous substances at work, because of this it is sometimes also called ‘occupational contact dermatitis’. It is not infectious, so it cannot be passed from one person to another.

Irritant dermatitis is caused by a non-infective agent, physical or chemical, capable of causing cell damage if applied to the skin for sufficient time and in sufficient concentration. (Medical aspects of occupational skin disease guidance note MS24 [HSE]). The fine particles of cement, often mixed with sand or other aggregates to make mortar or concrete, can abrade the skin and cause irritation resulting in dermatitis. With treatment, irritant dermatitis will usually clear up. But if exposure continues over a longer period the condition will get worse and the individual is then more susceptible to allergic dermatitis. Allergic dermatitis (in susceptible individuals) is caused by initial contact with a skin sensitiser (such as epoxy resins and their hardening agents, acrylic resins, formaldehyde and hardwoods), which provoke a chain of immunological events leading to sensitisation. Further skin contact with that particular sensitiser can then cause allergic contact dermatitis.

Under Control of Substances Hazardous to Heath COSHH (2002) and The Management of Health and Safety at Work Regulations 1999 (the Management Regulations) an employer must make an assessment of the risks to any employees liable to be exposed to a substance hazardous to health. In order to do this, the presence of any agents (used in or given off by processes or activities) with known risks of skin damage needs to be established. It should then be determined whether health surveillance is required. Health surveillance is for the protection of individuals, to identify as early as possible any indications of disease or adverse changes related to exposure, so that steps can be taken to treat their condition and to advise them about the future. It may also provide early warning of lapses in control and indicate the need for a reassessment of the risk. The purpose therefore of health surveillance is to assess whether the use particular substances has caused an adverse reaction, and identify early any sign of the onset of occupational skin disease. CBH accredited OHSP’s are able to assist the Construction employer as to the level of health surveillance required.

It is recommended however that all employees who may be exposed to certain substances undergo an initial skin assessment. This provides an opportunity to inform the employee of the hazards of exposure to certain substances as well as establish baseline data.
**Relevant Regulations**

This list is not exhaustive:

- The Health and Safety at Work etc Act 1974
- The Management of Health and Safety at Work Regulations 1999 (as amended)
- Equality Act 2010
- The Data Protection Act 1998
- Access to Medical Reports Act 1998
- Control of Substances Hazardous to Health (COSHH) (2002)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

You have a duty to prevent your workers coming into contact with substances hazardous to health which can cause dermatitis.

Broadly speaking, if it is not reasonably practicable for you to prevent their exposure to these substances, the law says that you must do what you can to control that exposure.

**What should you do?**

Develop a simple policy for dermatitis. An example COSHH policy is given on the back page.

Identify someone who is to be responsible for COSHH on site

This could be a manager or supervisor. You should ensure that they have been given sufficient training and information to recognise related hazards and risks.

Identify who is at risk

**Jobs where dermatitis could be a risk include:**

- **bricklayers, concreters, plasterers and renderers** - Due to cement
- **painters and decorators** - Due to solvents in paints and thinners
- **carpet layers** - Due to solvents in glues and irritant fabrics or treatments/coatings
- **tilers** - Due to cement in tile adhesives and grouts
- **fitters and mechanics** - Due to oil, petrol and diesel, degreasers and detergents
- **plumbers** - Due to fluxes, sealants and cleaning agents

Once you have identified who is at risk and reduced these to a minimum, you will then need to consider what arrangements you will put in place to control any remaining risks.
Put some control measures into place and make sure they are regularly checked to be working well

- if you are using something which can cause dermatitis, can you use something safer?
- if there isn’t a safer alternative, can you do the job in a safer way? Can you stop skin contact with the substance by automating a process?
- tell your workers about any substances they work with that can cause dermatitis and train them to use it properly following all of the control measures provided
- provide the right protective clothing and gloves, be sure that you have chosen the right type for the job, your supplier will be able to advise you
- train your staff on how to use, clean, maintain and store any protective clothing provided and replace as necessary
- have adequate washing facilities. Provide moisturising cream to help replace the natural oils that the skin looses when you wash or come into contact with detergents and solvents

**Elimination or substitution**
The easiest way to eliminate the risk of dermatitis is to stop using substances or materials which damage the skin.

Start with substances or materials which are marked ‘Harmful’, ‘Irritant’ or ‘Corrosive’. Often there will be a safe alternative substance which you can use which does not cause damage to skin for example:

- **use** water based paints rather than solvent based products
- **use** water based adhesives or surface coatings rather than those with solvents
- **use** ready mixed concrete rather than mixing your own on site, or use precast elements
- **use** pre painted or pre assembled materials or components to reduce the need for on site painting or finishing

If you cannot think of an alterative product speak to your supplier or the product manufacturer and ask if there is a safer way to do the job.

Don’t let your workers become a statistic

**What is skin health surveillance?**
*It is recommended that a ‘responsible person’ should be trained and appointed to carry out regular (at least monthly) skin checks and annually to use a brief skin questionnaire. Any employees identified with or reporting skin problems must then be referred for more detailed assessment with an OHSP*

**Pre-placement assessments**
Do you assess your workers on commencement of employment with you? If not, how do you know whether or not they have been exposed to sensitisers in the past?

A pre-placement assessment is a good way of obtaining base line information about a person, ie. they may, because of previous jobs, already suffer a degree of dermatitis, and may require a higher degree of protection.
Remember that this makes good business sense, especially in light of the increases in litigation claims.

It does not have to be a complex or complicated system, it could be as simple as a questionnaire which is sent to the employee who then completes and forwards it to an occupational health provider. This need not be expensive either, a simple assessment costs on average between £18 and £25 per pre-employment questionnaire reviewed.

Please note: A pre-placement health questionnaire should in all cases be assessed by a suitably qualified person, such as an accredited OHSP and NOT left to the HR department!

**Formal health surveillance is required if you answer ‘yes’ to all of the following:**

- *is the work known to damage health in some particular way?*
- *are there valid ways to detect the disease or condition? (Health surveillance is only worthwhile where it can reliably show that damage to health is starting to happen or becoming likely. A technique is only useful if it provides accurate results, is safe and practicable)*
- *is it reasonably likely that damage to health may occur under the particular conditions at work?*
- *is surveillance likely to benefit the employee?*

Where you are using a substance that can cause dermatitis, it is likely that the answers to each of the questions will be ‘yes’, and therefore health surveillance will be required by law.

Surveillance should include a system of post exposure skin checks for workers.

**Reports**

*A Health Record should be set up, including:*

- Employee surname and forenames
- Gender
- Date of birth
- Permanent address and postcode
- National Insurance number
- Date of commencement of present employment
- A historical record of jobs involving exposure to processes requiring health surveillance in this employment
- Date and results of the skin checks, with any conclusions only relating to an individual’s fitness to work.
Conclusions should be expressed in terms of the employee’s fitness for task and will include the conclusions of the occupational health professional or responsible person, but NOT “confidential clinical data.” Health records should not contain personal medical information. This must be kept separately and in confidence by the OHSP.

Each health record should be kept up to date and retained for as long as the employee is under health surveillance. It is good practice to offer individual workers a copy of their health records when they leave the job.

**Example COSHH policy**

'The Control of Substances Hazardous to Health Regulations 2002 apply to our working environment. We recognise that some substances have the potential to cause ill health and we will introduce measures to identify what substances our workers use or are exposed to in the course of their work.

Wherever we can, we will discontinue the use of harmful substances (so long as this can be done without serious detriment to our business). These substances will be sent for disposal and no more obtained. Where a harmful substance is being used, we will replace it with a suitable and less hazardous substance wherever possible.

Substances that we must use will be assessed and control measures introduced to prevent risk to our workers or others affected by our business operations. Where reasonably practicable, these measures will not involve personal protective equipment (PPE). We will assess the use of all new substances introduced into the workplace. At least once a year, we will make an inventory of all substances present on site and review our control measures, to ensure that the management controls are still appropriate and effective.

Where PPE must be used, workers will be provided with the appropriate equipment, which will be maintained, repaired and tested as required by each class of protection.

Information, instruction and training will be provided for all workers who may be exposed to hazardous substances. The necessary information and training will also be provided for any non-workers working on site who may be exposed to hazardous substances.
Signed

(Chairman / Managing Director / Senior Partner)

Date

You may wish to make it a company policy to eliminate the causes of Noise Induced Hearing Loss in all work activities, for example hiring and using generators and compressors with silencers fitted.

Expert help is available from:

Constructing Better Health
Contact us for impartial and confidential advice:
tel: 0845 873 7726 or click on www.cbhscheme.com

CBH accredited occupational health service providers listed on the CBH website

Further information regarding preventative measures can be found on the HSE website in the Construction Occupational Health Management Essentials toolkit (COHME).

www.hse.gov.uk