



30 March 2001 12.15 to 2.00pm, Health and Safety Laboratory

Introduction to occupational health and skin disease.

Diane Etchell, Head of Health and Safety, Action for Employment, Sheffield.

Surveillance for occupational skin disease in the UK.

Dr John Meyer, Centre for Occupational Health, University of Manchester.

Many things can cause occupational dermatitis, and the symptoms can range from mild irritation to crippling disablement. In this network group we will review many aspects of occupational dermatitis, with the aim of providing more information to aid in the risk assessment procedure and the rehabilitation of affected workers.

To book a place please either return the slip below or contact Jo Elms on 0114 289 2679

**A light buffet will be provided.
Please park in the pay and display directly outside the building.**

Name:

Position:

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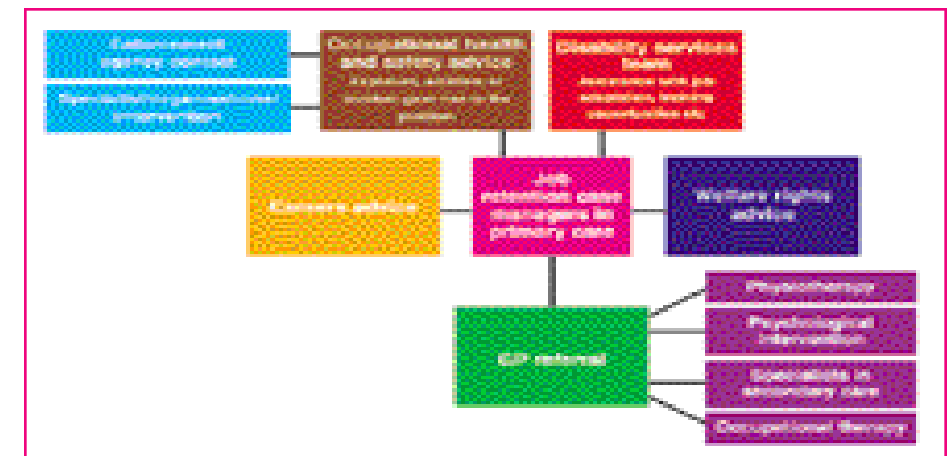
and send to: **Jo Elms
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Broad Lane
Sheffield S3 7HQ**

the newsletter of the Sheffield Health Development Group

Job retention advice in primary care

The future of job retention lies in preventive action by employers; looking at the demands of work before the health problems arise. As the workforce ages and as women work for larger parts of their lives, new needs at work must be planned for. An improvements in the availability of job retention advice is one of the targets in the national Occupational Health Strategy. For details, contact the Sheffield Occupational Health Advisory Service on 0114 2755760.

Job retention is about helping workers remain in employment when they suffer from an activity-limiting health problem. It has many benefits; for workers who would face problems finding work if they became unemployed, for employers who otherwise risk losing experienced staff, for the health service because unemployment is damaging to health and for the government because of the costs to the Exchequer of Health and unemployment related social security.



Primary care settings - GPs and their staff in health centres and surgeries - are the obvious place to provide support for individuals with health problems which put their work at risk. Sheffield Occupational Health Advisory Service has developed a range of methods for helping patients who are taking sickness absence or face doing so. (see opposite).

(e.g. an ergonomist) and the employer. Patients may conclude that they need to change jobs and need retraining. Advice on benefit entitlement is also useful in case of any change in income or temporary gap in employment. A range of referrals and direct provision of advice starts in primary care.

Often relatively simple changes to job design or working patterns can make work viable again. Many of these correspond with the requirements of health and safety law in any case. More difficult job modifications may require contact between a specialist

Treatment services must also respond to the particular needs of patients with this kind of problem. Speedy service delivery is essential, and skills in short supply at present; occupational therapy, physiotherapy and psychological services, play an essential part.

This Issue

- Job retention advice in primary care
- Are Occupational Health Nurses educated to meet your needs?
- Occupational health matters
- Occupational Dermatitis in Sheffield
- Network meeting - Occupational Skin Disease

Editorial

Welcome to the third issue of Healthy Work Matters. In this issue we take a look at Occupational Dermatitis, which will be the focus of the network meeting 30 March 2001. We also have information regarding job retention and the education issues surrounding occupational health.

Full details of the next network meeting can be found on the back page.

Finally, I would like to encourage you to send in your thoughts, comments and views on the Newsletter and any occupational health issues you would like us to cover. Also, don't forget to visit our Website which is full of useful information, and back issues of the newsletter.

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**Occupational
Health
Matters**

A distance learning programme, Occupational Health Matters in General Practice, was launched at the Royal College of General Practitioners on 30 October. It was jointly sponsored by a number of government departments and the professional bodies.

The programme is designed to help those in primary care, such as GPs, practice managers and practice nurses, to develop a better understanding of both the occupational health problems of their patients and their occupational health responsibilities as employers to staff. It is being run by the Staffordshire University's Centre for Health Policy and Practice. For further information they can be contacted on 01785 353758. The book on which the programme is based, also titled Occupational Health Matters in General Practice, is available from Radcliffe Medical Press Ltd., 18 Marcham Road, Abingdon, Oxon OX14 1AA. Telephone no. 01235 528820. This book can also be used as a reference source.

**Are Occupational
Health Nurses Educated
To Meet Your Needs?**

Changes in legislation governing the nursing profession have meant a move to an academic education for all nurses. Qualified nurses were invited to extend their registration as a nurse by becoming a specialist practitioner. For occupational health nurses, this meant that those holding a qualification at certificate or advanced diploma level, recorded with the United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC) were automatically given specialist practitioner status. Nurses wishing to gain a specialist qualification since then have had to take a degree course.

Here at the University of Sheffield we have made every effort to design the degree course content to meet not only UKCC standards but also to enable our graduate, your employee, to work effectively as a business colleague as well as a professional adviser. To ensure your needs were met we conducted a random postal survey asking recipients to itemise in order of priority those elements of the role they felt most important to them, those they felt should be delivered as essential subjects and those they felt should be self directed and supported by the course. 3320 questionnaires were dispatched to eleven different groups of people with the work or the employment of occupational health nurses. A 49% overall response rate was achieved, with the highest return 72%, coming from small and medium sized companies.

Sheffield University's Bachelor of Medical Science (Hons) course has been designed to meet those identified needs. The study period consists of sixty-four days over two semesters on the full time programme and over four semesters (two years) on the part-time route. The students and tutors meet with managers to agree assignment topics that are topical, workplace related and part of the nurse's ongoing workloads. This design has worked well and produced excellent innovative work with many students attaining high awards.

To meet the demand for practical skills training a series of one and two day courses, in the main dealing with health screening though other topics such as Occupational Health Law are covered, are available. These are open to allied members of the workforce and are designed to offer a skill mix approach to economical compliance with the occupational health side of Health and Safety Legislation.

More information on all our courses is available from Annette Cunningham, Course Secretary, on 0114 222 9607.



**Occupational dermatitis
in Sheffield**

Skin disease arising from occupational exposure is common and second only to musculo-skeletal disorders as a cause of industrial ill-health. Accurate estimates of the incidence of occupational skin disease are difficult to find but a recent report from the EPIDERM and OPRA occupational skin disease surveillance project suggests a rate of 13 per 100,000 per year (Cherry et al, 2000) and a prevalence of 15 per 10,000 of those ever employed has been quoted (Health and Safety Executive, 1998). There may be a perception that industrial skin disease is trivial and does not preclude work but estimates of morbidity argue otherwise. In the USA, 25% of individuals with occupational skin disease lose a mean of 11 days per year because of their skin problem (US Bureau of Labor, 1997).

Contact dermatitis makes up about 80% of all occupational skin disease but other skin problems can result from work exposure. For example, contact urticaria to latex is now seen very commonly especially but not exclusively in healthcare workers. Infective conditions, e.g. herpes simplex in healthcare professions, may go unrecognised as being occupation-related as can skin cancer found, for example, in workers exposed to the sun through prolonged outdoor work or chloracne in chemical workers exposed to noxious substances.

Not surprisingly, different professions have differing risks for occupation skin disease. Those at the highest risk for a contact dermatitis are hairdressers (yearly rate 120/100,000), printers (rate 71/100,000), machine tool operatives (rate 56/100,000), chemical/petroleum plant operatives (rate 45/100,000), assemblers (rate 35/100,000) and machine tool setters (rate 34/100,000) (Cherry et al, 2000).

The ultimate aim of all involved in occupational skin disease is to prevent it occurring in the first place but what can be done in the meantime for those workers whose occupational physicians or GPs suspect an industrial dermatosis? Accurate diagnosis of the nature of the problem is vital and key to this is a good understanding of what the worker's job actually involves and the chemicals and processes to which he or she is exposed. This information coupled with a full personal history (paying attention to any history of endogenous skin disorder and previous occupations) and a thorough examination of the skin should allow a differential diagnosis to be drawn up. Investigations such as patch testing, prick testing (e.g. for latex) or a blood test for allergen-specific IgE (e.g. latex) may be needed before a final diagnosis can be made. For occupational dermatitis, consideration needs to be given to the relative roles of workplace irritants and allergens, and any contribution from constitutional factors.

In Sheffield we are fortunate in having one of the few dermatology departments in the U.K. with a dedicated clinic for occupational skin problems, together with the availability for full investigation including patch testing and prick testing. Referrals can be made directly to me, Dr Gawkrödger at the Royal Hallamshire Hospital, Sheffield.

References

Cherry N, Meyer JN, Adishes A et al. *Surveillance of occupational skin disease: EPIDERM and OPRA. Br J Dermatol 2000; 142; 1128-34.*
Health and Safety Executive. *Self-reporting work-related illness in 1995. Norwich: HSE books. 1998.*
US Bureau of Labor Statistics. *Non fatal occupational illnesses by category of illness, private industry 1992-5. Washington DC:US Department of Labor. 1997.*

