

THE OCCUPATIONAL HEALTH NURSE'S ROLE IN THE CONTROL AND PREVENTION OF DERMATITIS AT THE PLACE OF WORK

J.M. BARNARD

Employment Medical Advisory Service, London, United Kingdom

ABSTRACT

In Britain occupational dermatitis is one of the most important causes of absence from work through incapacity. This paper describes how the occupational health nurse can contribute significantly to the prevention and control of dermatitis occurring at the place of work.

The nurse's skills as an observer, communicator and educator are emphasised. The role of the nurse in controlling dermatitis is discussed, including the identification of vulnerable employees through health screening, and regular surveillance of employees at their place of work, enabling the early recognition of skin disorder. The nursing care, rehabilitation and resettlement of those suffering from dermatitis is mentioned, with emphasis on the importance of health and hygiene education in preventing the condition.

The need for the identification of potential skin irritants and sensitisers in collaboration with other health and safety specialists is stressed. Details of advice required by management and workers regarding skin care and protection are given, and the significance of high standards of workplace hygiene in preventing occupational skin disease is outlined.

The nurse's links with the medical profession and with other specialists in this context are discussed, including the occupational physician, the client's own doctor, and the occupational dermatologist.

As nurses working alone or as members of Occupational Health and Safety teams we have a duty to help reduce the physical, psychological and social distress which Occupational Dermatitis causes for many employed men and women.

During the year ending in June 1977, 65% of the industrial injury benefits paid in Britain for "prescribed" industrial diseases, were to people incapable of carrying out their work, as a result of "non-infective dermatitis of external origin ...".

The occupational health nurse, working with only occasional visits from the company doctor, is in a position to accept considerable responsibility for the prevention and control of dermatitis arising at work. To be effective the nurse should be prepared to undertake health screening, the early identification of skin disorder, the care, rehabilitation and resettlement of those suffering from the

condition and health education. For this she requires well developed powers of observation and assessment, and the ability to attend to detail. She must also be a particularly good communicator at all levels, with teaching skills, but above all she needs to be kind with a sympathetic approach.

In order to control and prevent contact dermatitis, an intimate knowledge is necessary of the work place, working conditions, current products and processes. It is also helpful to have received extra training on the subject from dermatologists and other health and safety experts. Details of occupations, known skin hazards in use and their effects should be obtained and constantly updated. Production staff, as well as health and safety specialists, the company chemist, and the purchasing department can be helpful when attempting to identify potential skin irritants and sensitisers.

CONTROL

For the employee, prevention starts at his initial health screening interview conducted by the nurse. The medical and occupational history are of importance in assessing suitability, and information regarding the current state of health and the need for medication may indicate susceptibility. The skin should be inspected carefully observing excessive dryness, signs of active skin disorder and inadequate personal hygiene. Potentially vulnerable new employees whom the nurse identifies will need to be discussed with the company doctor before placement. Since claims for compensation for dermatitis occasionally arise the nursing and health record of these people should be scrupulously accurate.

The early identification of contact dermatitis is most important. Regular surveillance of those at risk requires periodic visits to the workplace to observe employees on the job. Unsatisfactory working conditions and practices may cause potentially hazardous substances or materials to affect unprotected skin, leading to dryness, irritation and inflammation. Following consultation with management and employee representatives, the early recognition of skin trouble can be achieved by frequently checking hands and exposed skin, thus providing the opportunity for advice and preventive action.

Whenever cases of serious skin disorder occur the nurse should show great understanding towards her patient who will undoubtedly be upset and embarrassed. A careful history should be taken, including details of a second job, hobbies and home activities, establishing whether the condition improves at weekends. A dermatologist may be consulted eventually and will require specific details. Before referral for an exact diagnosis the nurse should examine the skin closely and observe the employee at work. This may reveal recent work or process changes, including the introduction of new materials, or deteriorating working conditions. Deviations from accepted practices, and the neglect or abuse of protective devices and clothing are also significant.

After seeing the company medical adviser, or in referring the employee direct to his own physician, the nurse should indicate her willingness to obtain further information, and to communicate whenever necessary with the doctor or

specialist, to assist in establishing a diagnosis. Where an industrial dermatology clinic exists close liaison should be possible regarding patch tests and treatment.

The nursing care, rehabilitation and resettlement of those suffering from occupational dermatitis should be carried out in close consultation with all the specialists and medical and nursing personnel concerned. Whenever possible the nurse should endeavour to assist in arrangements for rehabilitation. She has an excellent opportunity, by seeing the employee regularly, to provide general health advice, skilled nursing treatment, care and support.

Discussions regarding job modification, immediately, if remaining at work, or on return from sickness absence, may result in temporary or permanent transfer, particularly if sensitisation has occurred. In such cases the nurse may be able to help identify suitable alternative employment. During rehabilitation and resettlement considerable support, and counselling may be necessary, to restore morale and self-confidence.

PREVENTION

The maintenance of clean, intact and healthy skin is essential in preventing skin trouble, therefore the nurse should spend time educating and advising management and workers, regarding the avoidance of contamination and the use of protective devices and clothing. The nurse and the doctor can offer useful advice on appropriate types of protective clothing and fabric. Periodically the nurse should inspect such items, and gloves in particular, to assess their effectiveness in preventing skin contamination. The importance of personal hygiene, skin care and appropriate cleansing routines should be emphasised by teaching and demonstration. First aid is important and instruction regarding the need for immediate attention and the covering of wounds and skin abrasions should be included. It is also necessary to stress the importance of high standards of housekeeping, workplace hygiene and cleanliness, to include tools, equipment, machinery, washing facilities, cloakrooms and rest areas.

The nurse should ensure that sinks, troughs or washbasins are near the hazardous and dirty jobs and that they are supplied with water at a comfortable temperature. The removal of plugs will allow adequate rinsing under running water. The use of solvents, scouring powders, dirty rags and other traumatising agents must be actively discouraged. Paper towels or clean cotton cloths are recommended for use at the workbench, and continuous cotton roller towels or soft disposable paper towels in the washroom.

Suitable barrier creams, applied according to the manufacturer's instructions may protect the skin to an extent, and may encourage regular cleansing habits. The nurse can assist with the appropriate selection of these and of skin cleansers and after work conditioning creams, ensuring that these are conveniently sited in clearly labelled dispensers or individual containers.

Maintenance workers, development engineers, stores, cleaning and service staff require special attention in any programme of health education and long-term supervision. They are often peripatetic and may be in contact with new or

concentrated materials. During routine maintenance work and emergency calls, protective measures and clothing may be forgotten or abandoned. Contact with accumulated dust, dirt and spillages is likely. Spattering liquids and oils, or fumes normally extracted safely, may contaminate exposed skin and cause immediate problems, or sensitisation months or years later.

Ideally the nurse should contribute sessions to the company induction course and to apprentice and supervisors training programmes. In high "risk" areas the use of talks, films and tape/slide presentations are valuable. The provision of cards or leaflets in addition to items in company booklets or bulletins may reinforce such teaching. Suitable posters, strategically placed, will act as a constant reminder of the need for care and vigilance.

In the event of an outbreak of dermatitis management are often pleased to accept the offer of a reassuring and informative talk to small groups of affected employees. This may assuage the fear of contagion and loss of jobs, and calm a potentially difficult industrial situation. In the long term it may prevent lost time and lengthy periods of sickness absence, affecting productivity.

CONCLUSION

By means of appropriate teaching, observation and advice, the full-time nurse supported by a part-time doctor, or a nurse visiting regularly from the parent company or a group Industrial Health Service, should be able to offer a service of prevention and control. In my own work as an Employment Nursing Adviser for the Health and Safety Executive I frequently visit companies to advise on this subject. On occasions I am also able to give advice to young people, with a history of atopic dermatitis, regarding the choice of a suitable occupation. If our teaching is good and if our methods prove effective in economic as well as health terms, then I hope that others will assist us in reducing the stress, discomfort and inconvenience of this occupational condition. However, the occupational health nurse herself must never lose sight of the need to encourage the maintenance of general health and a balanced lifestyle, through adequate nutrition, recreation and exercise, rest, mental relaxation and spiritual fulfilment. If we can raise overall standards of fitness many of the occupational health problems we encounter today may not arise.