



CSLNATIONWIDE

**COMPANY
HEALTH
SURVEILLANCE
GUIDANCE -
RESPIRATORY**

SKIN DISORDERS

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 when someone comes into contact with a hazardous agent(s).

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 provokes a chain of immunological events leading to sensitisation.

Further skin contact with that particular sensitiser can then cause allergic contact dermatitis.

Recommendations for Skin Monitoring

For employees who may be exposed to any agent known to cause skin damage (medical aspects of occupational skin disease guidance note MS24 [HSE]) there should be arrangements to identify cases of occupational skin disorders. COSHH (2002) requires employers to provide employees with information about the precautions that should be taken including characteristic signs and symptoms of occupational skin disorders.

Duties exist under COSHH (2002) and MHSW (1999) regulations, where a risk assessment has identified employees to be at risk to ensure employees are under suitable health surveillance.

KEY HEALTH SURVEILLANCE REQUIREMENTS IN THE CONSTRUCTION INDUSTRY

Recommendations for Skin Monitoring

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 Occupational Health practitioner (nurse or doctor).

It is recommended that when a diagnosis of Dermatitis is made by a doctor the employer should be advised of this fact with the employee's consent and this needs to be reported as a case of disease for the purposes of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.