



## GMB Safety Representatives guide to Your Skin at Work

**The skin** – or to use the correct term, *cutaneous membrane* - is the largest organ in the human body. There are about two square metres of it covering an average adult and it accounts for about an eighth of the total body weight.

It's the body's first line of defence against a hostile environment, being waterproof (from both directions) and germ-proof. It also acts as a temperature control mechanism and the main access to one of the senses - touch.

**Dermatitis or Eczema?** These names are used interchangeably to describe the same family of skin conditions. It is caused by wear and tear to the skin, or the development of an allergy to a substance. It is never infectious and cannot be passed on by contact or sharing towels. Dermatitis or eczema usually affects the hands or sometimes the face, but not exclusively. It can force you to change your occupation.

### **Catch it early!**

The only way to 'cure' dermatitis is to remove the exposure which causes it. If you struggle on at work the attacks will become worse and more frequent, and your skin will become even more likely to suffer from wet and/or cold conditions or sensitive to other substances as well.

On the other hand if you become allergic to epoxy resin or perm solution for example, then avoidance of any further contact with epoxy or perm solution should result in no more attacks of dermatitis.

**Does your skin improve when you are away from work, on holiday, or during a works shut down?** – Any improvement in your skin when you are not at work could mean that exposure(s) at your workplace are damaging your skin.

**Does anyone else at the workplace have skin problems?** – Dermatitis is not infectious so cannot be passed from one person to another, but some of your fellow workers can also be affected by exposure to the same harmful conditions at the workplace.

**Have there been changes at the workplace recently?** – Are you spending more time on a particular process or task?

**Make sure you visit your GP when you get the first signs of itching or a rash:**

- Tell them about your job; and
- Keep a diary of what you do at work and how you do it, and how your skin is, on workdays and on days away from the workplace.

## **What you should say at work**

- Tell your GMB safety Representative/Shop Steward that your skin is being affected by your work, and that you need their support to ask for changes at the workplaces; and
- Tell your supervisor that you have a skin problem, which could be work-related, and ask for information (data sheets, labels, names) for the substances used at the workplace.

## **High risk jobs**

It is **very common** among hairdressers and beauticians, cleaners, caterers, florists, printers and metal workers. It is **common** among construction workers, health care workers, dental workers, gardeners, wood workers and bakers.

If you put up with hand dermatitis the skin starts to develop cracks, it ulcerates and bleeds, the blisters start weeping, and can become infected. The rash can spread all over the body bit by bit.

Your skin becomes very painful. The outlook for cases of chronic dermatitis is poor.

From several hospital studies, between 50% and 75% of patients seen in dermatological clinics were still suffering from dermatitis anything between 6 months and 8 years later. Unfortunately about 10% of cases may never recover.

### **COMMON OCCUPATIONAL IRRITANTS**

**Water and wet work**  
**Detergents, soaps and shampoos**  
**Cleaning chemicals**  
**Metalworking fluids**  
**Cement and cement products**  
**Solvents and degreasers**  
**Petroleum products, white sprits**  
**Paints**  
**Acids e.g. plating baths, metal strippers**  
**Alkalis e.g. caustic soap, ammonia**  
**Vegetable juices e.g. potato or garlic**  
**Fibreglass**  
**Cold**  
**Friction Excessive heat**

A very mild case of dermatitis, (just a bit of scaling or redness) can be pushed over the edge into persistent dermatitis by an increase in exposure to a particular substance or a change in exposure to harsh conditions.

Cold weather, or wet working, or long hours of wearing gloves will all do this. Many cases of dermatitis have more than one cause, so a combination of wet work with exposure to biocides, or working with cement, abrasive materials and cold conditions, all together, can start a case of dermatitis.

As we get older our skin becomes less robust, and less likely to overcome damaging conditions. Some people do not develop dermatitis till many years in their occupation.

## **Irritant contact dermatitis**

**What is it?** Most work related dermatitis is due to contact with irritants, which damage the skin directly. Irritants have the potential to affect everyone exposed. Some like wet work, paraffin or solvents cause mild irritation, which becomes a case of dermatitis with repeated or high levels of exposure.

Others can cause severe burns like cement or acids.

Irritant dermatitis damages the skin, leaves it less resistant and prone to sensitivity to other substances, making allergic contact dermatitis or continued irritant contact dermatitis more likely.

Many people '*get used*' to using detergents and shampoos, so long as they have not been severely exposed, and their '*new worker*' dermatitis clears up. However, some people never become '*hardened*' and it cannot be predicted who those people will be.

## **Allergic contact dermatitis or skin sensitisation**

**What is it?** – It is less common than irritant contact dermatitis, but it does not have different symptoms, the itching and the rash look and feel the same. Once the skin has become sensitised, dermatitis may be triggered by very small amounts of the substance.

It is caused when an individual person develops a specific allergy to a substance. You could be the only person at your workplace affected. Some substances sensitise the skin of many people, e.g. methacrylates, others are less potent sensitizers (also called allergens) and only affect some people. Who will be affected cannot be predicted.

Sensitisation builds up with time, and it can take weeks, months or sometimes years, to show itself. Once sensitised you can never be exposed to the substance again, even in very small quantities, without an allergic reaction as an attack of dermatitis.

This can be hard to arrange when some sensitizers are commonly found in the home or elsewhere e.g. fragrances.

**New Allergens** – The sensitizing effects of new chemicals are not predictable. For example acrylates now have many new uses, as adhesives and contribute to the high level of amongst dentists and dental technicians. New fragrances, e.g. citral, lylal and limonene used in perfumes, cosmetics and cleaning fluids have caused recent outbreaks of dermatitis.

**Testing for allergies** – A specific allergy (sensitisation) to a substance can be tested for, only at a hospital dermatology clinic, by patch testing. Rarely the tests can provoke a flare-up of serious dermatitis, and occasionally they give false positive or false negative readings.

### **What makes sensitisation more likely?**

- High exposures to a sensitiser;
- Damaged skin e.g. by cold or friction;
- Twenty percent of the population is "*atopic*". Did you suffer from eczema as a child? Then you are more likely to develop either irritant contact dermatitis, or allergic contact dermatitis.

### **OCCUPATIONAL SENSITISERS**

**Biocides & bactericides - Chromate found in cement;  
Formaldehyde and its resins - Rubber processing chemicals;  
Some hair and leather dyes - Epoxy resin;  
Methacrylates - Perfumes and fragrances;  
Plants e.g. chrysanthemums & garlic;  
Most wood dusts e.g. iroko, teak  
Bread flour;  
Pine resins, rosin, colophony;  
Cobalt & Nickel**

**Urticaria or nettle-rash** – appears as a wheal with itch, swelling and redness within 2 minutes to 2 hours of contact. The most common cause is contact with latex gloves in someone with a **latex allergy**. It is also a common reaction to contact with fruit and vegetable juices, meat and fish.

**Use The Control of Substances Hazardous to Health Regulations 2002 (COSHH) to prevent outbreaks of dermatitis at the workplace:**

- Read the label The Chemicals (Hazard Information and Packaging for Supply) Regulations 1999 (CHIP);
- CHIP Risk phrases: R38 – irritates the skin, R43 – may cause sensitisation by skin contact, R66 – repeated exposure may cause skin dryness or cracking;
- Use a safer alternative but make sure the alternative does not cause other problems;
- Do the job in a safer way, e.g. reduce hand contact with materials, or wet work, or the number of times you have to wash your hands; and
- At last resort the employer must provide free of charge personal protective equipment (PPE) e.g. gloves, over sleeves, splash guards.

## **Protection**

**Personal Protective Equipment at Work Regulations 1992 – to protect your hands:**

- Gloves must be made of suitable materials to prevent exposure;
- Gloves must fit you comfortably and be long enough to have 2 inches clean at the cuff;
- You must be trained in the correct way to put on, wear and take off the gloves; and
- Contamination is common inside protective gloves. It usually happens the second time gloves are put on.

**Pre work or barrier creams** – cannot be relied on for protection of the skin. Never rely on a cream if gloves will do the job. However, they make washing your hands easier when you finish a job or process.

**After work creams** – should be used regularly after washing to restore the skin's natural oils, especially if you have been wearing gloves, or you have to wash your hands very frequently.

**Washing facilities** – provided by the employer, even for workers on building sites or in the field. The workplace (Health, Safety and Welfare) Regulations 1992. Never wash your hands in paraffin or other solvents, or use abrasive cleaners for your skin. They do more harm than good!

An employee returning to work with a skin problem should be supported by their employer, with changes made to the job or process in reducing exposure. For example, exposure to wet work or a skin sensitiser has to be reduced. This must include re-deployment to a job or process where there is no exposure to the sensitiser, if necessary.

**The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995** – places a statutory duty on the employer to report cases of occupational dermatitis by a doctor to the Health and Safety Executive (HSE).

**Industrial Injuries Disablement Benefit** – is awarded by the Department of Work and Pensions (DWP) to employed workers who have been disabled by occupational dermatitis.

## **Information**

Safety Representatives have a right to access information that the employer has on health, safety and welfare issues. In relation to hazardous substances, safety representatives should be able to access the following documents:

- **Safety data sheet;**
- **Risk assessments carried out on hazardous chemicals;**
- **Results of any monitoring or analysis on hazardous chemicals;**
- **Engineering reports;**
- **The collective results of any health surveillance;**
- **Any reports from the HSE including inspection reports.**

This information can be used to identify hazardous substances and check whether control measures are working. For example, if the results of health surveillance show that a large number of people in one area are suffering from skin problems this could be related to the hazardous substances that GMB members are exposed to in the workplace.