



# Your skin at work

*All jobs carry the risk of the most common occupational disease*

**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. It can force you to change your occupation.

## Catch it early!

The only way to 'cure' dermatitis is to remove the exposure that 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 work 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 conditions at work are damaging your skin.

**Does anyone else at work have skin problems?** Dermatitis is not infectious so it cannot be passed from one person to another, but

some of your colleagues can also be affected by exposure to the same harmful conditions at work.

**Have there been changes at work recently?** Are you spending more time on a particular job?

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

- Tell them about your job.
- 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 work.

## What you should say at work

- Tell your union rep that your skin is being affected by your work, and that you need their support to ask for changes at work.
- 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 work.

## Cleaning

- Wet work, detergents, ammonia and abrasion.
- Allergy to biocides, fragrances and latex.

## Hairdressing

- Unprotected wet work for more than 2 hours a day and shampoos.
- Allergy to perm solution, some hair dyes, fragrances, and latex gloves.

## Construction

- Water, cold, abrasion, pressure and lime.
- Allergy to chrome in cement, epoxy resins.

\*New regulations (January 2005) reduce the chromium 6 content of cement to 2ppm.



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## Common occupational irritants

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

### 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.

The outlook for cases of chronic dermatitis is poor. From several hospital studies, between 50% and 75% of patients seen in

can start a case of dermatitis. As we get older our skin becomes less robust, and less likely to overcome damaging conditions.

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### Itchy?

Dryness, itching, redness, bumpy skin, a rash, dry scaling skin, small blisters are all symptoms of dermatitis. It usually starts on the hands but the face and neck may suffer if exposed to mists, dusts, and fumes. Other parts of the body can also be affected if the skin is in contact with contaminated clothing, or hands.

### Catch it early!

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.

dermatological clinics were still suffering from hand dermatitis anything between 6 months and 8 years later. About 10% of cases may never recover.

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 work, 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,

Some people do not develop dermatitis till after 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 sensitisers (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 suffering an allergic reaction as an attack of dermatitis. This can be hard to arrange when some sensitisers are commonly found in the home or elsewhere e.g. fragrances.

**New allergens.** The sensitising effects of new chemicals are not predictable. For example acrylates

now have many new uses, as adhesives, and contribute to the high level of dermatitis among 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. If you and your employer are careful about your exposure to irritants or sensitisers at work then you need not suffer from dermatitis.

**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 **latex allergy**. It is also a common reaction to contact with fruit and vegetable juices, meat and fish

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### Occupational sensitisers

Biocides, bactericides  
 Chromate e.g. 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  
 Some wood dusts e.g. iroko, teak  
 Bread flour  
 Pine resins, rosin, colophony  
 Cobalt  
 Nickel

'Exposure to any substance assigned the risk phrase R43 (may cause sensitisation by skin contact) should be reduced to as low a level as is reasonably practicable.'

## COSHH Regulation 7

### Use *The Control of Substances Hazardous to Health Regulations 2002 (COSHH)* to prevent outbreaks of dermatitis at work

- 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.
- As a last resort the employer must provide personal protective equipment, 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 gloves.
- Contamination is common inside protective gloves, it usually happens the second time gloves are put on.

**Latex gloves** can cause allergic contact dermatitis.

**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.

**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** must be 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!

**Return to work.** An employee with a skin problem should be supported by their employer on

their return to work, with changes made to the job to reduce exposure. For example, exposure to wet work, or a skin sensitiser has to be reduced. This must include redeployment to a job where there is no exposure to the sensitiser, if necessary.

### ***The Reporting of Injuries, Diseases and dangerous Occurrences Regulations 1995***

require the employer to report cases of occupational dermatitis diagnosed by a doctor to the Health and Safety Executive.

### **Industrial Injuries Disablement**

**Benefit** is awarded by the Department for Work and Pensions to employed workers who have been disabled by occupational dermatitis.

**Civil compensation** can be claimed from an employer. Ask your Trade Union Legal Department for advice.

## Useful information

*Preventing dermatitis at work.*  
Advice for employers and employees. INDG233 HSE 2004

*Medical aspects of occupational skin disease.* Guidance note MS24 HSE 2004

[www.hse.gov.uk](http://www.hse.gov.uk)

National Eczema Society  
[www.eczema.org](http://www.eczema.org)