

Please think about FAQs that might come up when presenting this proposal to safety groups. Jot them down straight away so that we can compile answers. These will be used when we recruit "Champions" from safety groups for delivering the project and they will help the champions



Preventing Dermatitis in the Workplace

It's in Your Hands

(this must be agreed with BSIF so do not discuss at present)

(good hand and bad hand picture)

INTRODUCTION

The Health and Safety Executive (HSE) has set up a Diseases Reduction Programme (DRP) with the aim of reducing work-related ill health resulting from exposure to substances hazardous to health and wet working. The DRP has identified areas for action, which include work-related dermatitis. By 2008, the industry is expected to reduce the incidence/prevalence rates of work-related dermatitis by 10% based on the figures for the year 2000. The figures for 2000 are: Prevalence rate - ; Incidence rate - .

In response to this challenge, the National Health and Safety Groups Council (NHSG) has set up a Working Group (WG) to identify approaches for helping the members of the Health and Safety Groups (HSG). In turn, the WG has developed this project for helping the members of the HSGs. HSGs are invited to promote the project amongst their members and seek their participation. In addition, HSGs and their members should endeavour to promote the project amongst Small and Mediums sized Enterprises (including sub contractors of HSG members) who are not members of HSGs.

The project outlined in this document includes details of the approach, methodologies for implementing the project, facilities for providing feedback and benefits to the members of HSGs including the potential for sharing information with the help of case studies.

BACKGROUND

Occupational skin diseases (OSD) are among the most frequent workplace diseases reported in the UK with contact dermatitis (see note below) being the most common (Cherry, et al, 2000), accounting for around 20% of all work-related health problems. The most affected parts of the body being the hands. Potential causes of work-related dermatitis include exposure to irritant chemicals, contact allergens and frequent wet work.

- This situation has severe implications, which include the following: Worker absenteeism resulting from OSD costing the employers an estimated £200 million a year.
- Dermatitis is often recurrent and chronic. These factors have a considerable impact on the quality of the sufferer's life (Adishes, et al., 2002).
- Treating people with work-related dermatitis (a preventable disease) consumes scarce resources of the National Health Service.

Because of the high cost to the employers and the UK economy and the detrimental impact upon the well being of the workforce, HSE has set up the DRP and employers are expected to reduce work-related dermatitis.

HSE wants to develop an effective and efficient engagement of key influencers to achieve the aims and objectives of DRP. NHSG Council believes that HSGs and their members are key players in the health and safety system and can make a significant contribution to the DRP. This project is aimed in that way.

It is worth noting that studies in the UK and elsewhere have shown that suitable awareness raising campaigns and a sustained hazard and risk management can significantly reduce work-related dermatitis.

AIMS AND OBJECTIVES

Aim

The overall aim of this study is to help members of the HSGs and others to reduce work-related dermatitis.

Objectives

To achieve this aim the following key objectives are proposed:

- To develop a common brand and logo for promoting the aims and objectives of the project.
- To develop a simple easily understood electronic leaflet, promoting a better understanding of how processes may be modified for reducing dermal exposure.
- To develop a Toolbox (PowerPoint type). This will be used in the workplaces of the members of the HSGs.
- To collect and provide case studies detailing approaches taken to control dermatitis at the workplace.
- To develop and provide a questionnaire for assessing and controlling dermal exposure.

METHODOLOGY

A two-phase approach is proposed.

Phase 1

Phase 1 is a pilot, which will start on 1 April 2005 and end on 31 December 2005. We are proposing that this phase will run with the help of 15 HSG volunteers recruited by the WG members. The drafts arising from items 3 to 5 (see below) will be tested by the volunteers and finalised during this phase. During this period, we aim to complete the following:

1. Develop a brand and a logo for the project
2. Recruit 15 volunteers for Phase 1
3. Develop a leaflet
4. Develop a toolbox
5. Develop a questionnaire
6. Collect case studies (as many as possible)
7. Start recruiting "Champions"

Brand and Logo

The WG will develop the brand and the logo. These are anchors for promoting the project and will be incorporated in all materials developed by the WG. The members of the HSGs may wish to use the brand and the logo. To facilitate this, WG will develop a framework setting out the boundary within which the brand and the logo could be used.

Leaflet

The purpose of the leaflet is to provide user centred good practice advice. There is an extensive HSE publication (priced and free) in this area. Following a review of the information, the WG will prepare a draft leaflet for testing by the volunteers. This will then be finalised for use during phase 2. The leaflet will cover facts about dermatitis, approaches needed for controlling it (including a new approach called Safe Working Distance (SWD)), key factors to be considered when selecting and using gloves and work creams.

Toolbox

The purpose of the toolkit is:

- To improve understanding of the business benefits arising from dermal exposure control to substances hazardous to health and wet work
- To help improve the knowledge of those involved in H&S management
- To improve awareness of good practice advice and the need to maintain exposure control
- To help management in the correct selection and use of PPE including a better engagement of suppliers of PPE when selecting gloves
- To use the toolkit as a vehicle for providing easily understood information to employees

WG will collect and analyse information before constructing an effective toolbox, which is likely to contain several sections. The draft toolbox will be tested by the volunteers and will be finalised for use in phase 2.

Questionnaire

It will be designed for use by the member of the HSGs. It will enable them to collect information on workplace conditions before using and implementing the “products” developed by the WG and to assess conditions that are prevailing after the introduction and implementation of the “products”. WG will develop a summary sheet for the participants to summarise the information collected. This summary (which will not identify individual members) information will be used for statistical analysis and for providing feedback on the overall project. The lessons learnt will help NHSG and HSGs in their future projects.

Case Studies

The WG, with the help of the volunteers and others, will collate case studies for circulation to the members of the HSGs. The case studies are intended to improve behavioural barriers for correct use of control measures and for not implementing suitable control measures.

Champions

The intention of the project is to engage all HSGs and their members. To do this effectively and efficiently we will need a “Champion” in each HSG. Champions are key players in this project and the WG will develop a methodology for training these champions so that they are able to manage the project at the local level.

Phase 2

A series of presentations will be made to all HSGs to make them aware of the project and its products. HSGs should endeavour to attract non-member SMEs to these meetings. In this phase, a significantly large number of HSG members will take part in the project. WG will continue to collect case studies and circulate to participating members. It will prepare a final report on the project for circulation to the participants and other interested parties.

PROJECT PLAN AND DELIVERABLES

Project Plan

It is anticipated that the project will begin in April 2005 and continue until 2008 with an initial review in January 2006. A summary of the project milestones and planned dates for their completion is shown in the table below.

Milestone	Description	Anticipated start date	Anticipated completion
1.1	Brand and Logo	April 2005	May 2005
1.2	Recruit 15 volunteers	May 2005	July 2005
1.3	Develop and test Leaflet	May 2005	Dec 2005
1.4	Develop and test Toolkit	June 2005	Dec 2005
1.5	Develop and test questionnaire	July 2005	Dec 2005
1.6	Recruit and train Champions	Oct 2005	Feb 2006
1.7	Phase 1 review		Feb 2006
1.8	Case studies	April 2005	Dec 2006
1.9	Recruit members for phase 2	March 2006	May 2006
1.10	Meetings to raise awareness	Feb 2006	April 2006
1.11	Run Phase 2	June 2006	June 2007
1.12	Phase 2 Report	Sept 2008	Dec 2008

Deliverables

The expected main deliverable of this project is the reduction in work-related dermatitis. In addition, there are a number of planned outputs.

These include:

- A unique brand and logo
- An electronic leaflet
- A Toolkit (employers and employees)
- Phase 1 report
- Phase 2 report.

The project is expected to deliver an improved understanding of work-related dermatitis; improved understanding of control processes including a new approach called Safe Working Distance; improvements in correct selection and use of gloves and work creams; Overall a higher profile of the importance of work-related dermatitis.

BENEFITS

The project has the potential to reach over 4000 members of the HSGs. This in turn has the potential to reach over 250000 employees and subcontractors of the members of HSGs. The brand and the logo will act as anchors for improving the awareness of work related dermatitis. The successful completion of all or major parts of this project provides a significant opportunity for improving the image, reputation and value of NHSG and HSGs amongst the stakeholders including HSC/E.

RISKS

The members of the WG are volunteers and their services may not be available throughout the projects	WG will take note of this and develop a plan for replacing any member who may have to leave the WG.
Finance	NHSG is aware of the need. WG members have been asked to keep the T&S cost to a minimum.
Failure to recruit volunteers for phase 1	WG is confident that they will be able to recruit. Most of the work on other areas of the project is planned to follow volunteer recruitment.
Failure to recruit Champions	Our experience and the initial feed back indicate that this should not be a serious problem.
Phase 2 may not run	The project has a shorter phase 1 to assess progress etc.

QUALITY ASSURANCE AND PROJECT MANAGEMENT

Products developed will be subjected to user tests and feed back. In addition, WG will seek expert help (on a volunteer basis) as and when necessary.

WG is responsible for the management and delivery of the project. The WG leader is responsible for the overall management.

GLOSSARY

Prevalence rate	
Incidence rate	
Occupational skin disease	A disease in which workplace exposure to a physical, chemical, or biological agent has been a causal or a major and necessary contributing factor in the development of the disease.
Dermatitis	An inflammatory condition of the skin caused by outside agents . Often resulting in irritation, redness, cracking and blistering.
Eczema –	A common itchy skin disease characterised by reddening and blister formation, which may lead to weeping and crusting. Outside agents do not play a primary role. The effect is due to ones' genetic make-up .
Contact dermatitis	Is a disease resulting from skin coming into contact with an outside agent. These agents can be chemical, biological or physical in nature. There are two types of contact dermatitis associated with dermal exposure to chemicals: Irritant contact dermatitis (ICD) and allergic contact dermatitis (ACD). There is no absolute visual distinction between ICD and ACD, for the untrained eyes.
ICD	Is a local inflammation of the skin. It can develop after a short heavy single exposure (acute) or due to repeated and prolonged exposure (chronic) to hazardous agents including chemicals. In some cases, more than one agent will be involved, for example water and detergents. The irritant action of a chemical depends on its ability to cause changes to the horny layer of the skin. Some substances can remove skin oils, fats and moisture from the surface. This action reduces the protective action of the skin and increases the ability of the irritant substance to enter or infiltrate the skin. The removal of fatty substances from the skin causes dryness, cracking and paleness of the skin.
ACD	<p>Develops in stages. There is a period (days to years or life time) during which an individual's skin may be exposed on a daily basis to an allergenic substance without any reaction. The allergic reaction begins with a process called sensitisation. The process of sensitisation starts with the skin penetration of an allergenic substance (e.g. chromium in cement). The entry provokes a chain of immunological reactions and responses. The process can last from four days to three weeks. Once infiltrated, the allergenic substance combines with natural skin proteins present in the LC cells. The substance-protein combination is carried by the LC cells into the lymph nodes, then throughout the body by the white blood cells. White blood cells are part of the immune system, which guard the body against chemicals and germs, which are not normally present in the body and recognised as foreign by the body. The immune system has a "memory" to recognise and fight-off external substances and germs encountered more than once.</p> <p>When a sensitised person is re-exposed to an allergenic substance, white blood cells recognise the allergen and react with it to protect the body. However, they also release chemicals called lymphokines. These cause itching, pain, redness, swelling and blisters on the skin. The inflammation is normally confined to the site of contact with the allergen. In some cases, the allergic reaction may spread to skin in other parts of the body. Once sensitised the allergic reaction is likely to remain with the individual until death. If further contact is prevented, the level of sensitivity may gradually decline. The description given here is a simplified version of a highly complex chemical and immunological reactions and responses.</p> <p>As indicated earlier some individuals may be exposed to an allergenic substance thorough out their working life, but may not develop an allergic reaction. This is purely due to their genetic makeup.</p>
