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WATCH COMMITTEE

Disease Reduction Programme (DRP): Skin Disease Project development, exemplified by the approach planned to reduce skin disease incidence in the hairdressing sector

Issue

1. To seek views and input from WATCH on the approach intended to reduce skin disease incidence among hairdressers, based on Outcome Relationship Mapping.

Timing Considerations

2. Routine.

Recommendation

3. WATCH is invited to consider the issues noted in this cover paper and to respond to the actions in paragraph 19.

Background

4. A major priority for HSE is to deliver a substantial reduction in the incidence of occupational ill-health in the UK in the next few years. To this end, the contribution sought from a reduction in ill-health caused by occupational exposure to chemicals is contained within the Disease Reduction Programme (DRP). A key component of the DRP is the Skin Disease Project, aimed at reducing occupational skin disease.
5. There is a desire to obtain from "skin disease" activity a significant contribution to HSE's Revitalising Health and Safety (RHS) target of a 20% reduction in the incidence of occupational ill-health in 2010 compared with the year 2000. Even more pressing is the need to demonstrate significant movement in the right direction in the next 3 years; in this respect HSE has new Public Service Agreement (PSA) targets that, in relation to skin disease, have translated into a target to reduce by 10% the incidence of skin disease in 2007-08, relative to a 2004-05 baseline.
6. HSE statistics for the incidence of skin disease are derived from two data sources: Surveys of Self-Reported Work-related Ill-health (SWI); and The Health and Occupation Reporting network (THOR). The former data source (SWI) gives an estimate of the incidence (and prevalence) of occupational skin disease based on responses from a sample of the national population. Its design is such that it does not capture information on specific occupations and causes of skin disease.
7. In comparison THOR, which is based on voluntary reporting by specialist physicians, including dermatologists and occupational physicians, does provide information on occupational causes. Within THOR, information on skin disease comes from two reporting schemes: EPIDERM, which gathers information from consultant dermatologists; and OPRA, which collects information from occupational physicians, based in the National Health Service and private industry. From these schemes, it is possible to identify the occupational sectors that have the highest incidence rates of skin disease reported within this system. However, many cases of work-related skin disease will fall outside the catchment of THOR, since many workers will not have access to an occupational physician at their place of work, and dermatologists will largely see only the more serious

or difficult-to-resolve cases that are referred to them by other doctors. Therefore, figures from THOR should be regarded very much as minimal estimates of the true incidence of work-related skin disease.

8. During 2004, the approach developed by the Skin Disease Project in response to the RHS target has been to focus attention on five occupational sectors that, according to the most recent THOR statistics, are amongst those with the highest annual average numbers of cases and/or highest incident rates of skin disease. These sectors are:
 - Hairdressing
 - Construction
 - Printing
 - Health care
 - Metalworking
9. Selection of these sectors also took into account availability of current intervention initiatives, to capitalise on existing activities. For example, in the construction sector, there is a current initiative on prevention of skin disease (allergic contact dermatitis) via the restriction of the marketing and use of cement and cement preparations that contain more than 2 ppm Cr (VI). There is similar 'foundation work' to build on in relation to skin disease in the printing industry, and in relation to the latex content of gloves in the health care sector
10. In addition to the sector-specific approach, the Skin Disease Project also includes a generic activity to develop a tool for the correct selection and use of personal protective equipment (PPE), focussed especially on selection of gloves for reducing chemical exposure.
11. HSE is currently in the process of establishing whether or not the scope of the Skin Disease Project as described above, is capable of delivering the required new PSA target of a 10% reduction in skin disease incidence between 2004-05 and 2007-08. Issues related to how performance against target will be measured and assessed are also being addressed, along with inter-dependencies with other elements of HSE's overall Strategic Programme (Fit for work, fit for life, fit for tomorrow) for reducing ill-health.

Argument

12. The pattern of thinking thus far, in relation to achieving a substantial reduction in skin disease incidence, will be exemplified with reference specifically to HSE's work that is already underway for the hairdressing sector. The approach being used involves first identifying the scale and causes of the skin disease problem in the industry; and then uses the technique of Outcome Relationship Mapping (ORM) to help identify what are likely to be the most productive routes to follow to achieving the desired outcome.
13. HSE has undertaken a literature-based review to establish the nature and scale of the skin disease problem among hairdressers, and to elucidate what are the main causes of skin disease within this sector. This review is attached at Annex 1. Section 2 of Annex 1 describes the information that is available from published sources on the causes of occupational skin disease in hairdressers.
14. The causes of occupational skin disease among hairdressers fall into two categories: causative agents and behavioural aspects. In the former category, exposure to sensitising (and possibly irritating) substances in hairdressing products (hair dyes, perming solutions etc) and wet working, possibly in combination with soaps and shampoos, are the main causative agents. In terms of behaviours, the evidence indicates three main aspects: failure and/or improper use of gloves, particularly for wet work (i.e. hair washing); inadequacies in the treatment of occupational skin disease in the hairdressers' training curriculum; and inconsistency in the awareness and approach to skin disease hazards among hairdressing salon managers.

15. In terms of the pathways through to a prospective solution, the generic ORM that is being utilised by the Disease Reduction Programme is attached at Annex 2. This map shows the series of outcomes, and their inter-relationships, that will lead to an overall reduction in disease. Broadly, the left-hand side of the Map deals with 'engineering control'-type outcomes as steps towards achieving disease reduction; the right-hand side of the Map addresses 'behavioural change'-type outcomes that will lead to disease reduction. Both elements must necessarily be addressed to achieve the overall aim of disease reduction. HSE is currently in the process of populating the ORM for skin disease, including for the hairdressing strand of the Project. In doing so, the activities required to secure a reduction in skin disease among hairdressers should emerge. As soon as the ORM for skin disease reduction in hairdressers is available, it will be forwarded to WATCH Members.

Link to HSC Strategy

16. The Skin Project is part of the Disease Reduction Programme, which in turn contributes to the Fit3 (Fit for work, fit for life, fit for tomorrow) Strategic Programme.

Consultation

17. 'Headline' information from Annex 1 has been shared and discussed with key hairdressing stakeholders, including representatives from major hairdressing product manufacturers, industry and trade associations, hairdressing training colleges and the Local Authority Environmental Health Officers who have responsibility for health and safety inspection and enforcement within the hairdressing sector.

European Context

18. There are no links to EU activities.

Action

19. WATCH is asked to consider the issues described in this paper and to:

- i) Provide views on the conclusions reached in relation to the causes of skin disease among hairdressers (in Annex 1);
- ii) Help HSE to further develop the ORM, particularly in relation to the securing of better control of exposure to the causative agents (Annex 2).

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References / Attachments

- Annex 1: Evidence base for the nature, scale and causes of skin disease in hairdressers, and information on interventions that have been introduced in other EU countries
- Annex 2: The Generic Outcome Relationship Map
- Annex 3: The Outcome Relationship Map for hairdressers