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Why it pays to prevent

safehair

EADV Campaign: Healthy Skin@Work
For improved prevention of occupational skin diseases in Europe

ВАШАТА КОЖА. НОУ-ВАЖИТЕ ЕТО БИЛКИ И ВЕЩ. 2m²

DEINE HAUT. DIE WICHTIGSTEN DEINES LEBENS. 2m²

PIELEA TA. CEI MAI IMPORTANTI DIN VIATA TA. 2m²

VAŠA KOŽA. NAJVAŽNIJA VAŠEG ŽIVOTA. 2m²

YOUR SKIN. THE MOST IMPORTANT OF YOUR LIFE. 2m²

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EADV - EUROPREVENTION CAMPAIGN: HEALTHY SKIN@WORK

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David Cameron: I will kill off safety culture

“...we are waging war against the excessive health and safety culture that has become an albatross around the neck of British business. So this coalition has a clear New Years' resolution: to kill off the Health and Safety culture for good.”

UK Prime Minister Mr. David Cameron. Jan 5th, 2012

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Sick @ work: 90% of all occupational diseases in the age 15 – 25 yrs: skin

2m²

34 yrs, hairdresser. Allergy against hair dyes and perfumes



Loss of quality of life



Coenraads P et al. (2004) Hautarzt 55:28-30

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28 yrs



Disease Burden

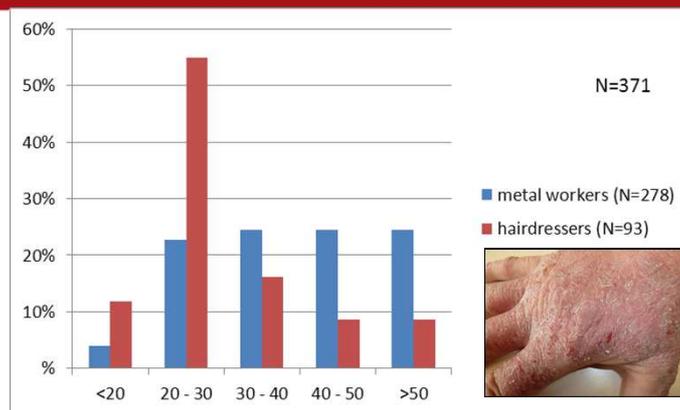
Annual costs by occupational dermatoses for employers
(loss of productivity) :

- UK: > 400 million Pounds (English 2004)
- Netherlands: 99.1 million euro (van Gils, Boot et al. 2011)
- Germany : > 1.5 billion euro (Batzdorfer, Schwanzitz 2005)
- Denmark: 800 million DKK (J. Duus-Johansen 2011)
- EU: > 5 billion euro (Wulfhorst et al 2011)
- US: > 11 billion dollar (Blanciforti 2010)



Age at first notification of accident insurance

randomised German survey (EVA_Haut) 2007-2008



Hairdressers are significantly younger than metal workers at age of onset ($p < 0.001$)

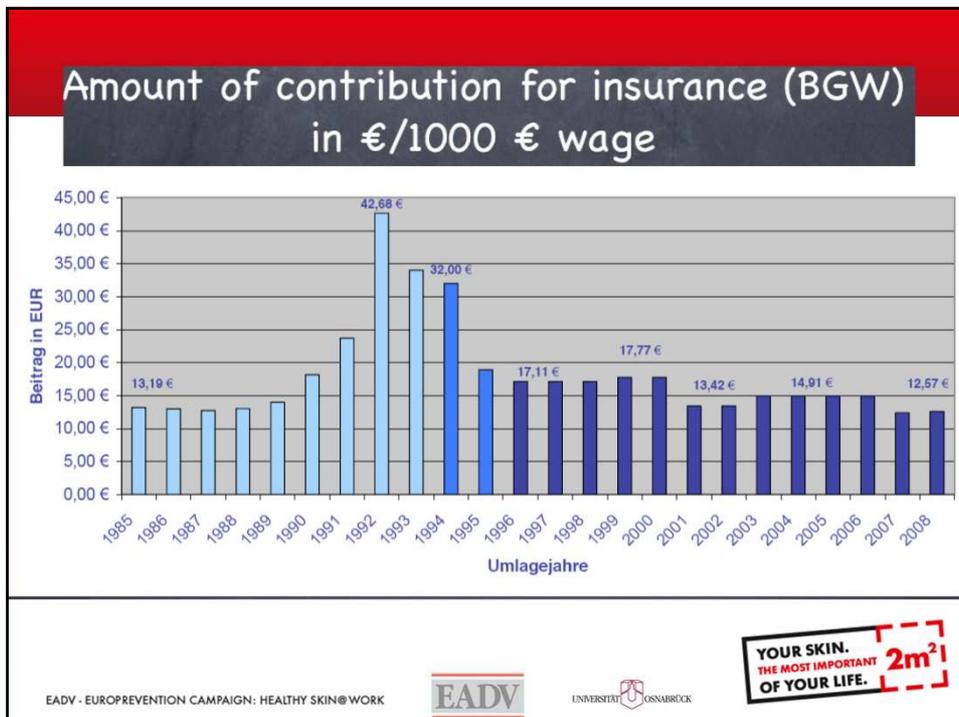
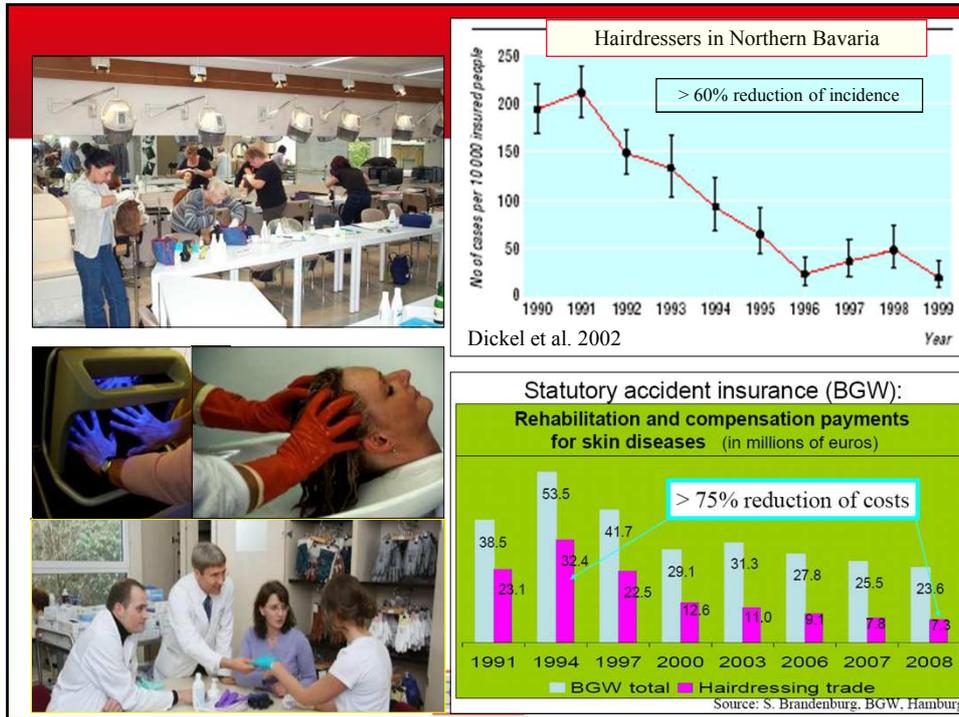
Voss, Skudlik, Maier, John et al. 2012; submitted

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Results for 15 participating countries

Quantitative effects of OSH

Prevention costs (for companies)		Prevention benefits (for companies)	
Value in € per employee per year		Value in € per employee per year	
Personal protective equipment	168	Cost savings through prevention of disruptions	566
Guidance on safety technology and company medical support	278	Cost savings through prevention of wastage and reduction of time spent for catching up after disruptions	414
Specific prevention training measures	141	Added value generated by increased employee motivation and satisfaction	632
Preventive medical check-ups	58	Added value generated by sustained focus on quality and better quality of products	441
Organizational costs	293	Added value generated by product innovations	254
Investment costs	274	Added value generated by better corporate image	632
Start-up costs	123		
Total costs	1.334	Total benefits	2.940

**RoP
= 2.2**

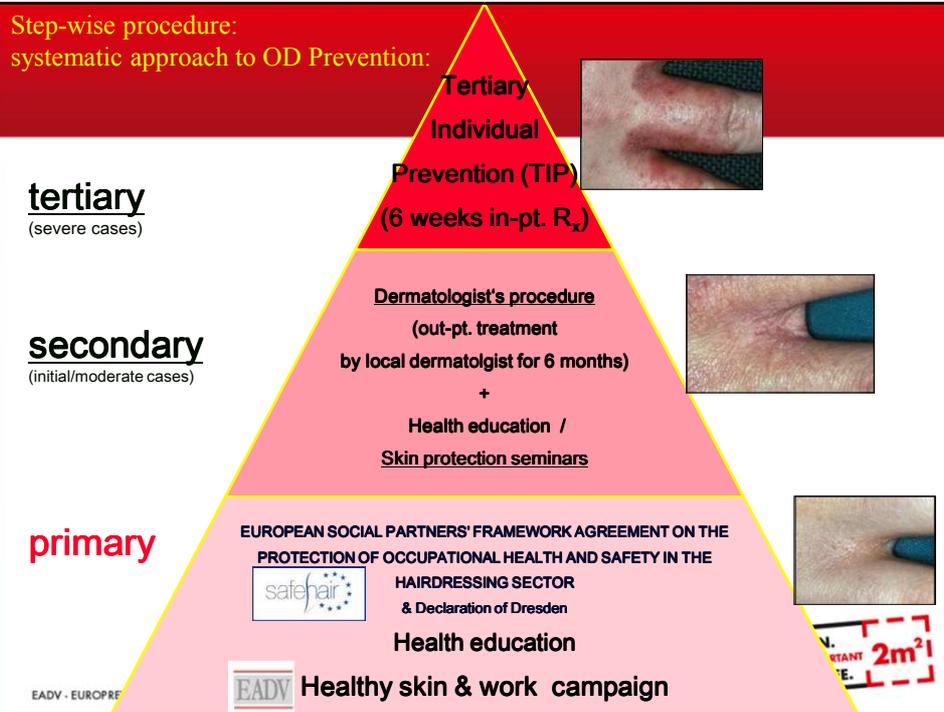


15 countries (April 2011):

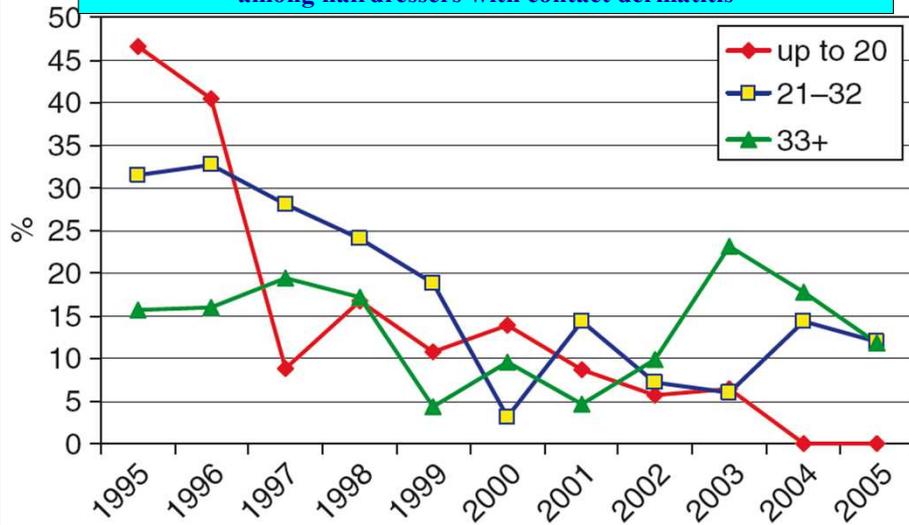
Australia, Austria, Azerbaijan, Canada, Czech Republic, Germany, Hong Kong (China), Romania, Russian Federation, Singapore, Sweden, Switzerland, Turkey, United States, Viet Nam

www.issa.int

Walter Eichendorf, German Social Accident Insurance



Positive patch tests to GMTG (Acid Perm) among hairdressers with contact dermatitis



W. Uter et al. 2006

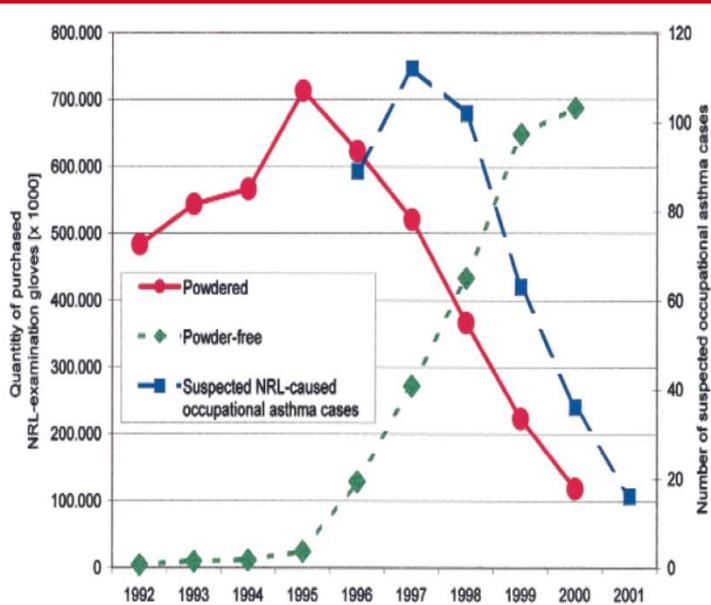
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UNIVERSITÄT LINZ

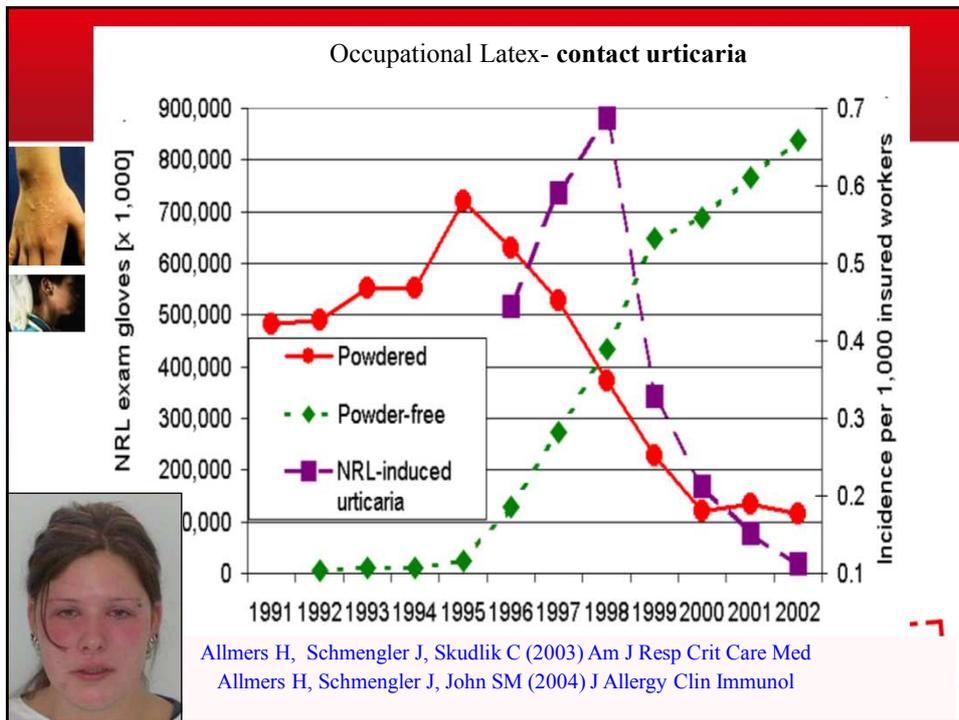
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Occupational Latex-Asthma (Airways disease)



Allmers H, Schmengler J, Skudlik C (2003) Am J Resp Crit Care Med
Allmers H, Schmengler J, John SM (2004) J Allergy Clin Immunol

2m²



Downloaded from oem.bmj.com on January 24, 2012 - Published by group.bmj.com
 OEM Online First, published on January 20, 2012 as 10.1136/oemed-2011-100294

Workplace

ORIGINAL ARTICLE

Prevention of hand eczema among Danish hairdressing apprentices: an intervention study

Anne Bregnhøj,¹ Torkil Menné,² Jeanne Duus Johansen,³ Heidi Søsted¹

► An additional appendix is published online only. To view this file please visit the journal online (<http://oem.bmj.com/content/early/2012>).

¹Research Centre for Hairdressers and Department of Dermato-Allergol Copenhagen University Hospital Gentofte, Hellerup

²Department of Dermato-Allergol Copenhagen University Hospital Gentofte, Hellerup

³National Allergy Centre, Department of Dermato-Allergol

ABSTRACT
Objectives To investigate whether an evidence-based intervention could reduce the incidence of hand eczema in a cohort of Danish hairdressing apprentices during their training, as hairdressing apprentices are known to

What this paper adds

► Hairdressing apprentices have a high incidence of occupational hand eczema.

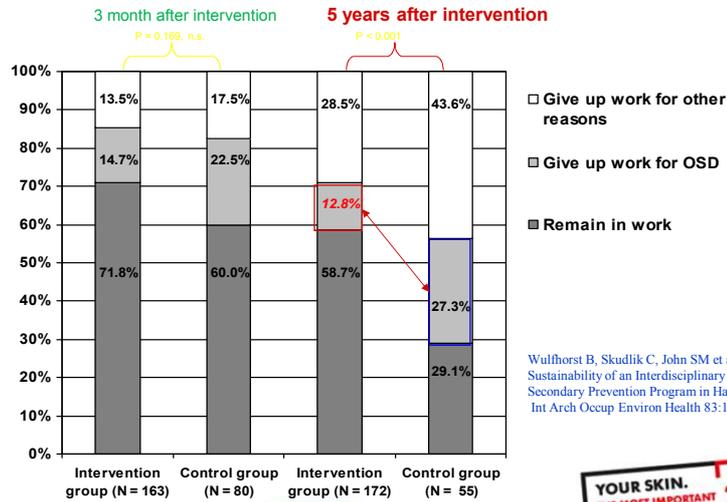
Clinically controlled prospective cohort study

- N= 502 hairdressing apprentices (250 controls)
- 18-month study period
- intervention group (p=0.04):
 - glove use ↑
 - hand eczema ↓
- Atopy risk factor irrespective of intervention

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Frequency of remaining in work among intervention and control group, 5 year follow-up, details in percent



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La CSC veut plus de prévention et une meilleure législation

Des études européennes ont démontré que les travailleurs de la coiffure sont plus exposés aux maladies professionnelles que les travailleurs d'autres secteurs.

☞ La CSC demande un renforcement de la directive européenne sur les produits cosmétiques et une interdiction des produits les plus nocifs.

☞ La CSC encourage l'industrie cosmétique capillaire et les fabricants des autres produits utilisés dans le secteur à intensifier leurs travaux de recherche en rapport avec l'utilisation de substances moins dangereuses pour la peau et les voies respiratoires.

☞ La CSC demande que dans tous les salons, les travailleurs puissent disposer de gants de protection adaptés et de crèmes hydratantes. Par ailleurs, elle invite les employeurs à utiliser les produits les moins agressifs possibles pour la peau.

☞ Grâce à la CSC nous aurons bientôt une convention avec les employeurs pour fixer des normes de santé et de prévention dans le secteur.

☞ La CSC demande que dans les écoles et dans tous les programmes de formation, on attire l'attention des élèves sur les risques pour la santé et sur les mesures de prévention.

E.R. CSC bâtiment - industrie & énergie, rue de Tivoli 31, 1040 Bruxelles / Septembre 2011

Coiffure
Fitness et
Soins de beauté

CP 314

Faites-le 3 fois par jour !

Pour conserver de belles mains
et votre emploi.

L'eau et les shampoings éliminent les graisses qui protègent votre peau. La barrière dermique disparaît et la peau agit comme une éponge qui absorbe l'eau, les substances irritantes et les allergènes des produits cosmétiques. Hydratez votre peau 3 fois par jour.

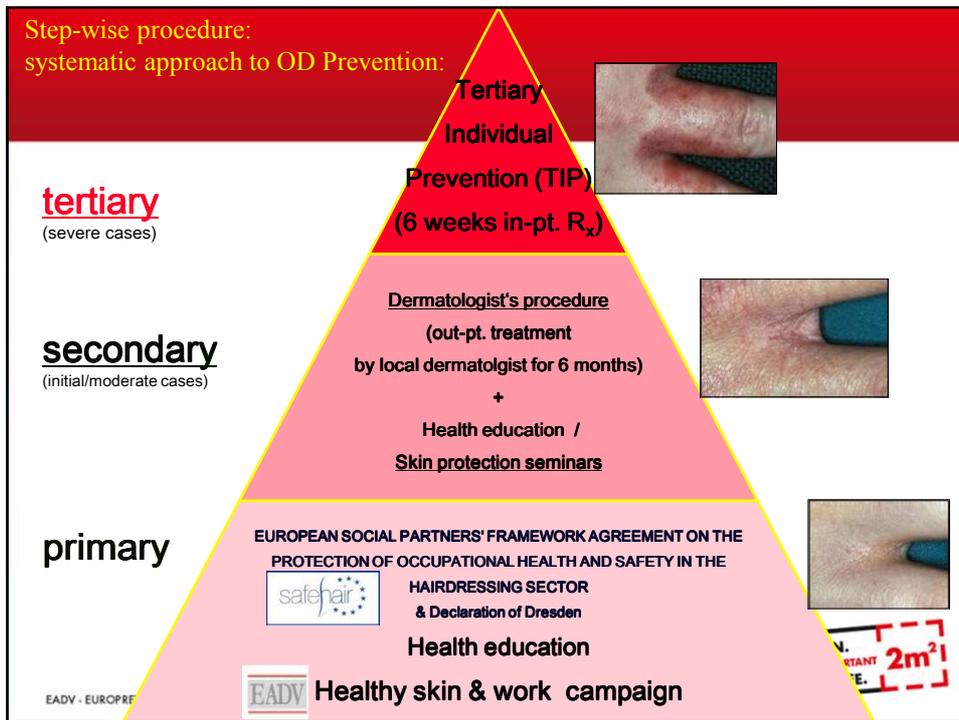
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Septembre 2011

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The EU Clinical Trials Directive Jeopardises Consumer and Occupational Safety

A. Schnuch, W. Uter, I. White et al. Contact Derm 2011, 65(5) :251-253

Regulatory activities of the European Union are implemented through Regulations and Directives. While a 'regulation' is immediately applicable in all member states, a 'directive' needs to be translated into respective national laws by each member state. One directive and the consequences of a regulation that have remained largely unnoticed by dermatologists, although seriously interfering with clinical practice and research activities, are the 'Clinical Trials Directive' (1) and the 'Regulation on Cosmetics' (2).

surface, are not distinguished from protein allergens such as pollens or nuts, which are specifically introduced into the skin and thus into the body. Whereas in the former case, there is practically no risk at all for the subject (save possibly an annoying local reaction or, rarely, active sensitization), in the latter, potentially serious risks (e.g. anaphylactic shock in the extreme) are possible.

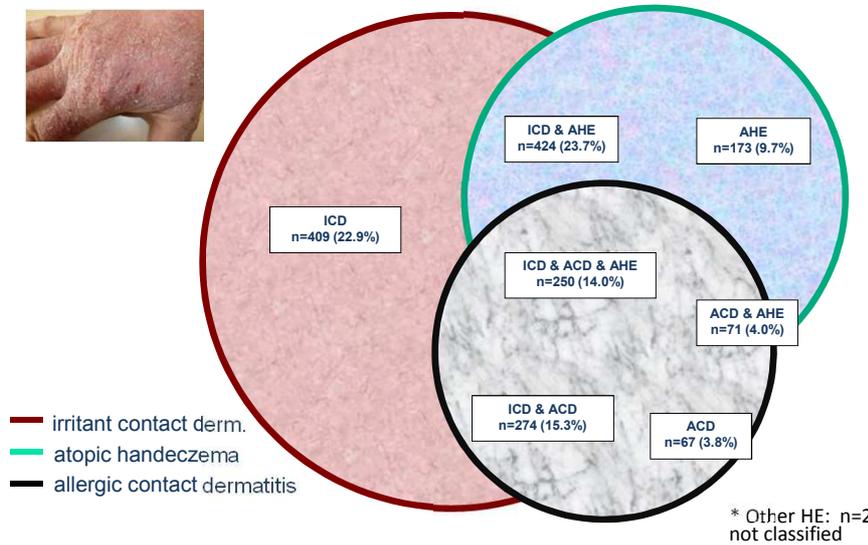
This has rather bizarre consequences. Established cosmetic components without systemic toxicological properties, used sometimes in large quantities (e.g. in body lotion or perfume), or products from the workplace (e.g.

Prevention through early diagnosis



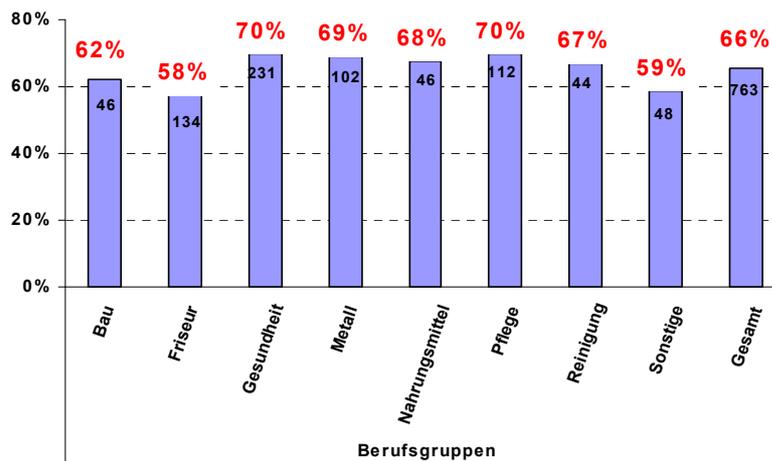
Multiple etiology of occupational handeczema (n=1670*)

(n=1670 [93.4%] of all pts admitted had handeczema)



Skudlik C, John SM, Weisshaar E, Scheidt R, Elsner P, Wulfhorst B, Schönfeld M, Diepgen TL (2012) First Results from the Multicentre Study "Rehabilitation of Occupational Skin Diseases - Optimisation and Quality Assurance of Inpatient Management (ROQ)". Contact Dermatitis 66:140-7

Berufsverbleib, n = 1162

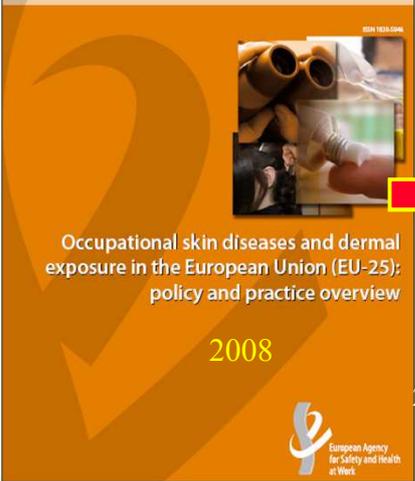


Skudlik C, Wulfhorst B, Gediga G, Bock M, Allmers H, John SM (2008) Tertiary individual prevention of occupational skin diseases - a decade's experience with recalcitrant occupational dermatitis. Int Arch Occup Environ Health 81(8): 1045-1058

European Agency for Safety and Health at Work

EUROPEAN RISK OBSERVATORY REPORT

EN 6



Occupational skin diseases and dermal exposure in the European Union (EU-25): policy and practice overview

2008

European Agency for Safety and Health at Work

EADV-Campaign 2010:

for Improved Prevention of Occupational Skin Diseases in Europe



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EADV- europa preventivna kampanja:

Zdrava koža @ rad

Prema nedavnom izvješću EU-25, vodeći uzrok zdravstvenih problema vezanih uz rad na području Europe čine profesionalne kožne bolesti (PKB). Zbog njihovog kroničnog tijeka oboljele osobe mogu...

Dosađi učinci u sura mjesto obvezni osiguranje najčešć u malim velikim te preč uzrokuju nezapašteni i strade radnike Stoga, učinak prevencije PKB će pridonij konkurencija na tržištu trošak produkt

važno za vrijeme recesije. Kampanja Europske akademije za dermatologiju i venerologiju (EADV) „Zdrava koža @ rad/europska preventiva“, pokrenuta 2010, ima za cilj suvremena postignuća u dermatološkoj prevenciji učiniti dostupnim svakom stanovniku EU, provođenjem znanosti u praksu.



Вашата кожа. Най-важните във Вашия живот. 2m²!

SKIN @ WORK LA LA LOCUL DE MUNCA DE PREVENTIE A LOGICE OCUPATIONALE RESTI, 2011

PIELEA TA CEI MAI IMPORTANTI DIN VIATA TA 2m²!

EVENIMENT INITIAT DE EPOS SUB EGIDA ACADEMIEI EUROPENE DE DERMATO-VENEROLOGIE (EADV)

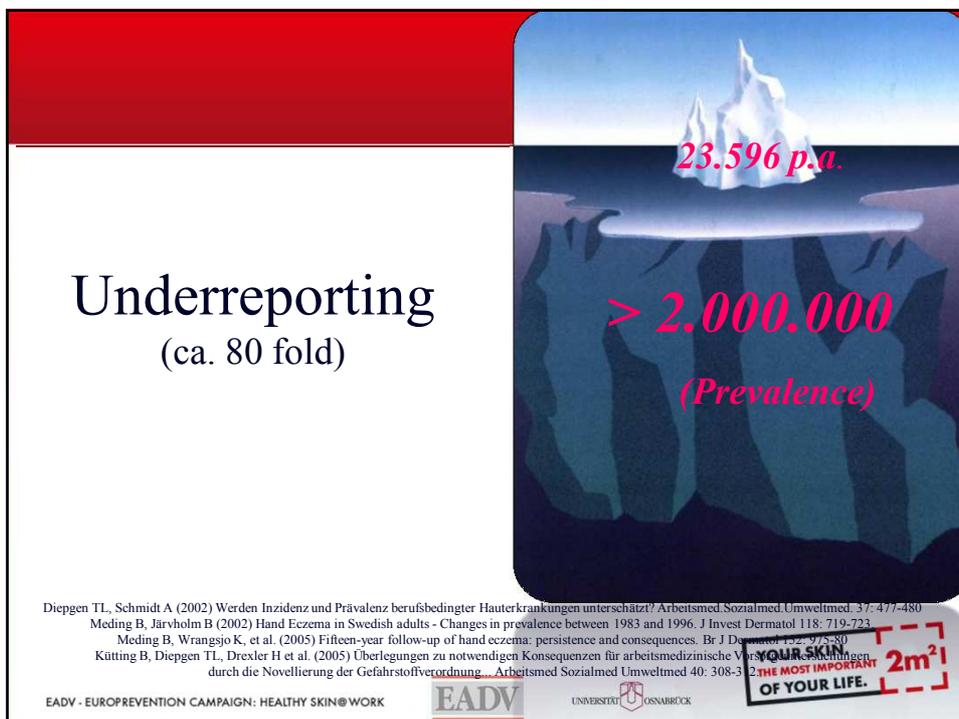
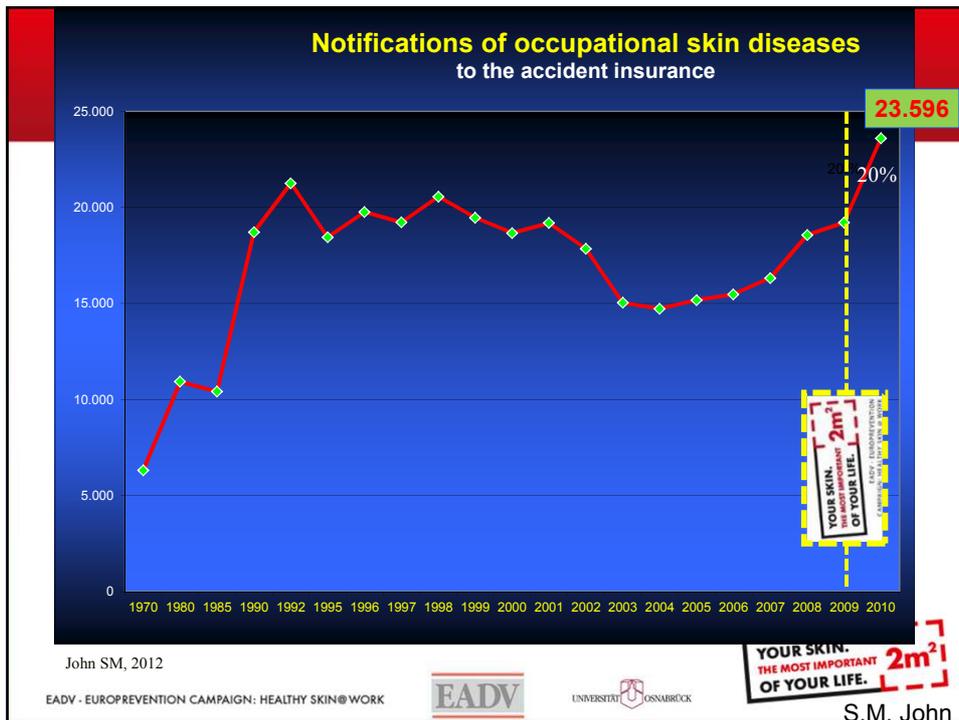
Pristupite EPOS mreži i postanite regionalni partner

<p>Zašto?</p> <ul style="list-style-type: none"> • pomaže Vašim kolegama • pomaže Vašoj ekipi • pomaže Vama • besplatno je • stvarate europsku mrežu 	<p>Kako?</p> <ul style="list-style-type: none"> • registrirate se na: www.epos2010.eu
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http://www.who.int/occupational_health/en/index.html

World Health Organization

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Occupational health

**Global Workshop on Occupational Skin Disease
22-23 February 2011 - Geneva**



Occupational skin diseases are among the three most frequent groups of occupational diseases. In some sectors, for example agriculture, construction, hairdressing, healthcare, occupational skin diseases are a major health problem causing high rates of sickness absence and permanent disability.

Occupational skin cancer is becoming a bigger problem, particularly in the context of increased exposure to solar UV radiation.

For these reasons, WHO in collaboration with the European Academy for Dermatology and Venerology is convening this meeting to explore countries' experiences and the strategic directions for prevention and early detection of occupational skin diseases.

Healthy workplaces: a global model for action

The WHO healthy workplaces model, a comprehensive way of thinking and acting that addresses:

- work-related physical and psychosocial risks;
- promotion and support of healthy behaviours;
- broader social and environmental determinants.

Healthy workplaces: a global model for action on the occasion of the World Day for Health and Safety at Work

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Occupational health newsletter
GOHNET (Global Occupational Health) Newsletter
NEW! GOHNET 17 - Occupational health of health workers
Call for contributions - we are now looking for input
More information on newsletter:
Join GOHNET
Online survey

Just published
New Global Workplan 2009-2012
Download new Global Workplan page

Events
WHO International Consultation on Healthy Workplaces WHO New Delhi, India - last date of inscription 1 February 2011
16-18 March 2011
WHO International Consultation on Healthy Workplaces WHO New Delhi, India, 16-18 March 2011

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http://www.who.int/occupational_health/en/index.html

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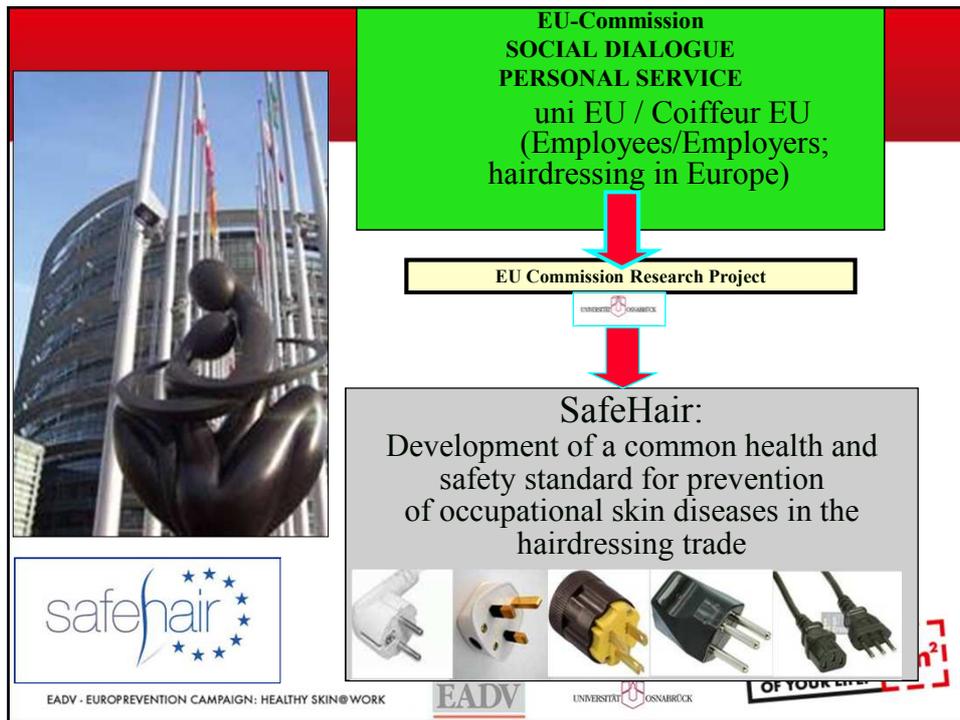
Occupational health

**Global Workshop on Occupational Skin Disease
22-23 February 2011 - Geneva**



- Underreporting
- ICD 11
- WHO Work Plan

http://www.who.int/occupational_health/en/index.html



Paul J Nicholson, Diane Llewellyn, John S English, Evidence based guidelines for the prevention of occup. contact dermatitis. Contact Derm 2010, 63:177-186

Table 4. Key recommendations for occupational health management

Employers and their health and safety personnel should:		
1	Implement programmes to remove or reduce exposure to agents that cause occupational contact dermatitis or occupational contact urticaria (ES16).	** SIGN C
2	Provide appropriate gloves and cotton liners where the risk of developing occupational contact dermatitis or occupational contact urticaria cannot be eliminated by removing exposure to its causes (ES17, ES18).	** SIGN A
3	Make after-work creams readily available in the workplace and encourage workers to use them regularly (ES20).	*** SIGN A
4	Not promote the use of pre-work (barrier) creams as a protective measure (ES19).	*** SIGN A
5	Provide workers with appropriate health and safety information and training (ES21).	** SIGN C
6	Ensure that workers who develop occupational contact dermatitis or occupational contact urticaria are properly assessed by a physician who has expertise in occupational skin disease for recommendations regarding appropriate workplace adjustments (ES24, ES27, ES28, ES30, ES31, ES32, ES33).	* SIGN D
Health practitioners should:		
7	Ask a worker who has been offered a job that will expose them to causes of occupational contact dermatitis whether they have a personal history of dermatitis, particularly in adulthood, and advise them of their increased risk, and to care for and protect their skin (ES12).	** SIGN C
8	Ask the worker who has been offered a job that will expose them to causes of occupational contact urticaria whether they have a personal history of atopy and advise them of their increased risk, and to care for and protect their skin (ES13).	*** SIGN C
9	Take a full occupational history whenever someone of working age presents with dermatitis or urticaria, asking about their job, the materials with which they work, the location of the rash and any temporal relationship with work (ES6, ES7, ES8, ES9, ES10, ES14, ES15).	*** SIGN C
10	Arrange for a diagnosis of occupational contact dermatitis or occupational contact urticaria to be confirmed objectively (patch tests and/or prick tests) and not on the basis of a compatible history alone, because of the implications for future employment (ES27, ES28).	** SIGN C

Prevention

- Social responsibility
- Legal requirement
- *Economical !*

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" The problem with communication is the illusion that it has occurred..."

G.B. Shaw

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PIELEA TA.
CEL NOI IMPORTANȚI
DIN VIAȚA TA. **2m²**
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Swen Malte John, MD

Coordinator EADV "Healthy Skin@Work"/europrevention Campaign
Chair EADV Task Force on Occupational Skin Diseases
Chair European Initiative for the Prevention of Occupational Skin Diseases (EPOS)
Chair ICOH Scientific Committee "Occupational and Environmental Dermatoses"
Chair German Task Force on Occupational and Environmental Dermatology (ABD)
within the German Dermatological Society (DDG)

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ДЕЉА ВАШЕГ ЖИВОТА. **2m²**
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