

Occupational health & safety in hairdressing: evidence of risks and solutions

Dr Elizabet Paunovic

Programme manager, Environmental Exposures and Risks,
European Centre for Environment and Health, Bonn
WHO Regional Office for Europe



**World Health
Organization**

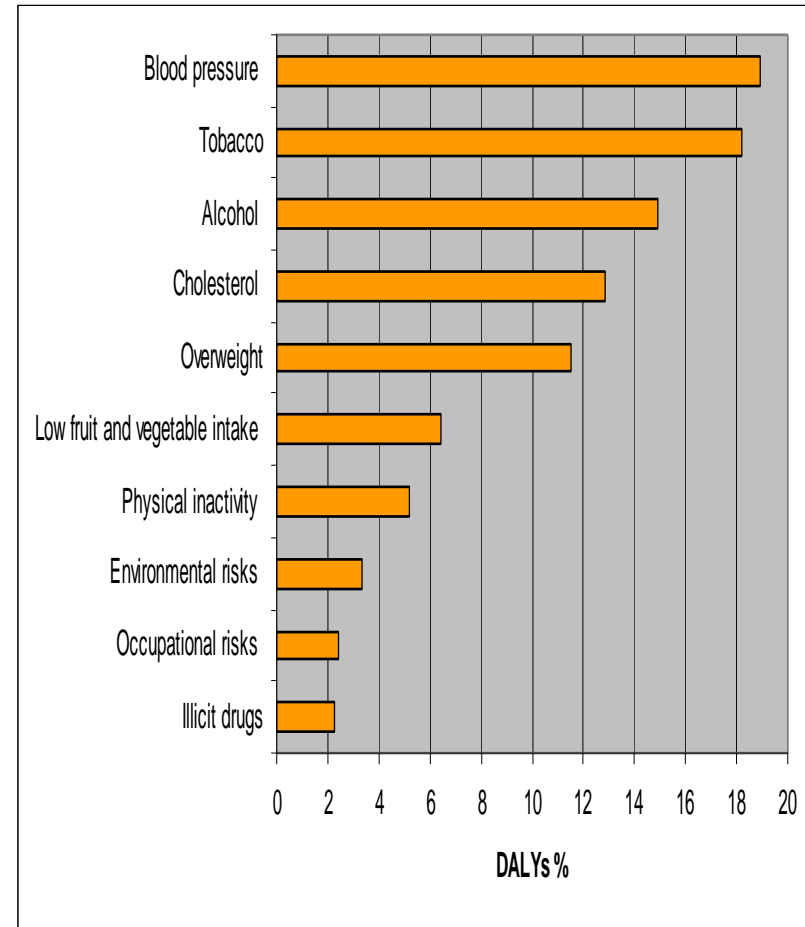
REGIONAL OFFICE FOR **Europe**

Outline

- WHO mandate in occupational health and safety
- WHO guidelines and positions in the areas recognized as the main occupational risks in hairdressing sector under the Agreement
- Consumers' safety as the added value of the Agreement
- Conclusion

Occupational burden of disease in Europe

- 400 million workers
- 300 000 deaths from work-related diseases per year
- 27 000 deaths from accidents at work per year
- >4% GDP loss from direct cost of occ. dis. & injuries



Occupational skin diseases (OSD)

- Work-related skin diseases seem to be mainly occupational hand dermatitis accounting for up to 95 per cent of the cases. Atopic individuals are more prone to develop contact dermatitis.
- Apart from human suffering, OSD present a considerable socio-economic burden. In Europe, costs amount to more than €5 billion, mainly due to OSD-induced loss of productivity
- The biggest risk factors are wet work, exposure to chemicals and exposure to UV radiation. The permanent increase of allergens to which people are exposed at their workplace adds to the complexity of the challenge. There is furthermore a lack of information on the risks. Here primary prevention is of utmost importance

(Source: Occupational Skin Diseases, WHO/EADVSummary report, Feb.2011)

Good practice in hairdressing sector: German example

- Training advisory campaigns
- Ban of specific chemicals
- Integrated evaluation mechanisms
- 80% of the participants in the intervention strategies remain at their workplaces
- Rehabilitation costs reduced by 77%

(Source: Occupational Skin Diseases, WHO/EADV Summary report, Feb.2011)

Occupational skin diseases in ICD11

- Developing diagnostic and exposure criteria for occupational skin diseases, risk assessment and reduction and on reflecting the clinical entities and their causes
- Dermatology Topic Advisory Group of the ICD Revision Project and participants of WHO and European Academy for Dermatology and Venerology Workshop on Occupational Skin Diseases developed a comprehensive section on contact dermatitis and occupational dermatoses in the ICD 11 draft, which can be viewed at

http://apps.who.int/classifications/icd11/browse/f/en#/%40%40who_3_int_1_icd_2_Class_1394

This will greatly facilitate the recording and epidemiological study of occupational skin disease and of its most common presentation, contact dermatitis

(Source: Occupational Skin Diseases, WHO/EADV Summary report, Feb.2011)

Work-related musculoskeletal disorders

Definition: The term musculoskeletal disorders denotes health problems of the locomotive apparatus, i.e. of muscles, tendons, the skeleton, cartilage, ligaments & nerves. Musculoskeletal disorders include all forms of ill health from light, transitory disorders to irreversible, disabling injuries

(Source: Preventing Musculoskeletal Disorders in the Workplace, WHO 2003)

Work-related musculoskeletal disorders

- About 30% of health-related absences from work are due to musculoskeletal disorders
- Work conditions and workload are important factors for the development continuance of these disorders
- Cumulative trauma disorders or repetitive strain injuries

(Source: Preventing Musculoskeletal Disorders in the Workplace, WHO 2003)

Gender aspects in musculoskeletal disorders

- Musculoskeletal disorders represent the largest category of occupational diseases. Within this category, repetitive strain injuries are particularly common among women

(Source: Building healthy and equitable workplace for women and men: a resource for employers and worker representatives, WHO 2011)

Prevention of musculoskeletal disorders

- Balance between the activity & rest
- The principle of ergonomics
- Work performance strategies
- Engineering controls and appropriate organizational arrangements

(Source: Preventing Musculoskeletal Disorders in the Workplace, WHO 2003)

Maternity protection- Gender, Work and Health

Some suggested preventive measures:

- Adopt or expand legislation on maternity, paternity and child-care leave (including occasional leave for emergencies and health-care seeking), and leave due to the prolonged illness of a family member;
- Facilitate work-family balance through public programmes
- Increase the systematic education and training of workers on specific occupational risks, and of managers and supervisors on work-family balance, workplace violence, and other health and safety issues from a gender perspective;
- Establish work arrangements that facilitate work-family balance (e.g. formal variable work schedule arrangements (flexitime), self-scheduling, options for periodic unscheduled leave, etc.) and foster a work culture that is supportive of family responsibilities

(Source: Gender, Work and Health , WHO 2011)

Mental Health and Wellbeing

- Mental health problems can affect work performance in terms of increase in error rates, poor decision-making, loss of motivation and commitment, tension and conflicts between colleagues (Harnois & Gabriel, 2000)
- Burnout and depression as well as stress-related physical conditions such as high blood pressure, sleeping disorders and low resistance to infections can result in an increase in overall sickness absence. Work-related stress and poor mental health are major reasons not only for absenteeism but also for occupational disability and for workers seeking early retirement.
- Mental disorders affect individuals and their employment much beyond the economic issues. People with mental disorders face stigmatization, social exclusion and barriers in obtaining equal opportunities at all levels of life

Source: mental health and well-being at the workplace-protection and inclusion in challenging times, WHO 2010

Consumers' safety

- Underlining the importance of the provisions from the Agreement that are regulating the use only of products and tools authorized on the European market

Conclusion

- Occupational exposures and risks affecting hairdressers' health should be assessed and controlled on an ongoing basis to minimize them
- Continuous monitoring and evaluation of the effectiveness of workplace interventions should guide the future activities

THANK YOU FOR YOUR ATTENTION

paunovice@ecehbonn.euro.who.int