

Development and Implementation of European  
Standards on Prevention of Occupational Skin  
Diseases (StanDerm)

**COST TD1206 Action „StanDerm“  
Final Workshop Berlin, 18-19 May 2017**

**creod**



COST is supported by  
the EU Framework Programme  
Horizon 2020

# Return to work for workers with occupational skin disease

**D Linn Holness**

**Centre for  
Research Expertise  
in Occupational Disease**

*Research that makes a Difference*

# Disclosures

- Occupational Disease Specialty Program funded by the Ontario WSIB
- Research components funded by Ontario WSIB and Ministry of Labour



# Content

- Brief review of RTW
- Brief review of WSIB approach
- Review of ODSP RTW experiencece
- Occupational Disease Action Plan

# Background - RTW

- RTW programs
  - Focus on MSK
  - Components, barriers and facilitators
  - Principles – IWH principles of RTW
    - Communication, coordination, offer of modified work, early contact
    - “Doctors get in the way of RTW”

# Background – RTW for OSD

- Very little information about RTW for most occupational diseases
  - If anything – report percentage at work
- Exception - German prevention model

# Background - WC

- Workers' Compensation in Canada
- Provincial – Ontario 1915
- Worker gave right to sue for damages in exchange for guaranteed payment
- No fault, employer funded, publically administered

# Background - WSIB

- WCB
  - 1953 built rehabilitation hospital
  - then outpatient clinics (rehab professionals)
- Workplace Safety & Insurance Board
  - 1997 – decided to close their clinics and create specialty clinics in academic hospitals

# Background - WSIB

- WSIB
  - Specialty clinics
    - Focus on diagnosis and RTW for complex cases
    - Access to leading specialists plus multi-disciplinary team
    - Research opportunities
    - Initially focused on traumatic injury and MSK - the clinics the WCB had run internally



# Background – ODSP

- 2002 WSIB asked St Michael's Hospital to create Occupational Disease Specialty Clinic
  - Occupational skin disease
  - Occupational lung disease
  - HAVS

# Background – ODSP

- Key addition to clinical team was the clinical occupational hygienist
  - Obtains detailed exposure history
  - Involved in recommendations related to workplace

# Background – ODSP

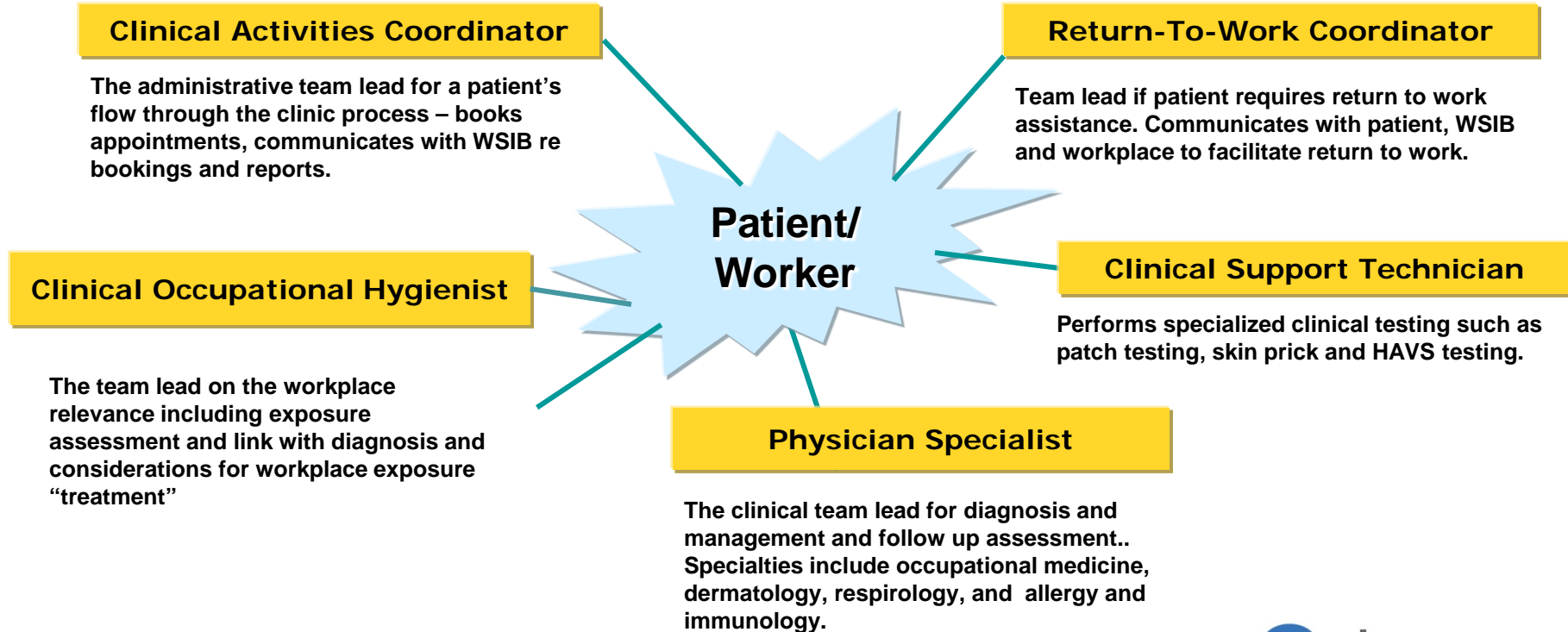
- In 2006 WSIB asked to add return to work component to the ODSP
  - RTW coordinator - occupational therapist



# Return to Work Coordinator

- Communication, case conferences, worker education, work site visits, involvement of WSIB RTW mediator
- Outlines workplace recommendations
- Arranges modified work duties
- Identifies potential RTW barriers
- Monitors RTW implementation and progress

# Multidisciplinary Model





# “Workplace Prescription”

St. Michael's

Inspired Care.  
Inspiring Science.

WORKPLACE RECOMMENDATIONS FOLLOWING DERMATOLOGY ASSESSMENT®

Patient's Name: \_\_\_\_\_

Physician: \_\_\_\_\_

Date: \_\_\_\_\_

EXPOSURE MODIFICATIONS		SKIN CARE MANAGEMENT SUGGESTIONS	
<b>NO Exposure</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Hand Washing</b>	<b>What to Use</b> <input type="checkbox"/> alcohol hand rubs <input type="checkbox"/> non-foaming cleanser <input type="checkbox"/> lukewarm water <input type="checkbox"/> Other (specify): _____	<b>Additional Information</b> <input type="checkbox"/> Cetaphil Cleanser <input type="checkbox"/> CeraVe Cleanser <input type="checkbox"/> rinse /dry thoroughly (including spaces between fingers) <input type="checkbox"/> avoid wearing rings <input type="checkbox"/> refer to allergen information sheets
		<b>Treatment</b> <input type="checkbox"/> moisturizer <input type="checkbox"/> skin diary <input type="checkbox"/> follow up with physician if worsens  <input type="checkbox"/> prescribed medication	<input type="checkbox"/> apply before work <input type="checkbox"/> apply after each break <input type="checkbox"/> apply after work <input type="checkbox"/> apply after each hand washing <input type="checkbox"/> CeraVe Moisturizing Cream <input type="checkbox"/> CeraVe Moisturizing Lotion <input type="checkbox"/> Cetaphil _____ <input type="checkbox"/> Prevox <input type="checkbox"/> Other (specify): _____
<b>REDUCE as much as possible</b> <input type="checkbox"/> wet work <input type="checkbox"/> prolonged glove use (>20 minutes) <input type="checkbox"/> fragranced products <input type="checkbox"/> harsh products for hand washing (gritty soaps, solvents, etc.) <input type="checkbox"/> mechanical irritation (friction, trauma, heavy use of hands, etc.) <input type="checkbox"/> extreme heat or cold <input type="checkbox"/> Other (specify): _____	<b>Gloves</b>	<input type="checkbox"/> single-use (disposable) <input type="checkbox"/> multi-use (re-useable) <input type="checkbox"/> cotton liner <input type="checkbox"/> nitrile <input type="checkbox"/> natural rubber/latex <input type="checkbox"/> vinyl <input type="checkbox"/> accelerator-free <input type="checkbox"/> anti-impact <input type="checkbox"/> other (specify): _____	<input type="checkbox"/> hands should be clean prior to donning gloves <input type="checkbox"/> discard after each use <input type="checkbox"/> discard at first sign of damage <input type="checkbox"/> discard at first sign of sweating <input type="checkbox"/> discard after 20 minutes <input type="checkbox"/> review donning/doffing techniques <input type="checkbox"/> N-Dex Free <input type="checkbox"/> Other: _____
		<b>Other Personal Protective Equipment</b> <input type="checkbox"/> protective arm sleeves <input type="checkbox"/> disposable gown/coveralls <input type="checkbox"/> face shield	
<b>Workplace Modifications</b> <input type="checkbox"/> return-to-work/stay-at-work with no changes <input type="checkbox"/> return-to- work /stay-at-work with modifications <input type="checkbox"/> return-to-work with graduated # of hours: _____  <input type="checkbox"/> maximum # of back to back shifts: _____  Other strategies: <input type="checkbox"/> reduce duration of exposure (eg., job rotation) <input type="checkbox"/> use of long-handled tools (eg., brush, sponge, scoops etc.) <input type="checkbox"/> Other: _____			

Department of Occupational & Environmental Health, 4<sup>th</sup> Floor Shuter Wing, 30 Bond St., TORONTO, Ontario M5B 1W8 (tel): 416 864 5074 (fax): 416 864 5421 ©

Introducing a “Workplace Prescription” to facilitate return to work for workers with occupational skin disease.

Kudla I, Houle M-C, Velykoredko Y, Gomez P, DeKoven J, Skotnicki S, Holness, DL.

Journal of Cutaneous Medicine and Surgery, in press

# Study 1 - Objectives

- Describe the multidisciplinary RTW program in the ODSP
  - Participant characteristics
  - Program components
  - Barriers and facilitators
  - Outcomes
    - Program components, barriers and facilitators



# Methods

- Approved by St Michael's Hospital REB
- All dermatitis stream patients receiving RTW assistance (N=199) between 2006 and 2011
- Charts abstracted for demographics, sector, diagnosis, work status, RTW plan interventions, barriers, facilitators

# Results

- 62% male
- Age 45 (22-63)
- Lost time – 63%
  - Mean 128 days, median 60 days (1-915)
- Sector
  - Manufacturing – 32%
  - Automotive – 16%
  - Health – 11%
  - Services – 10%

# Results – RTW Plan Components

<b>Component</b>	<b>Percentage (%)</b>
Avoidance of exposure	86%
Skin status monitoring	71%
PPE prescription	57%
Skin care products specified	55%
RTW trial	35%
Graduated RTW	23%

# Results - RTW Barriers

<b>Barrier</b>	<b>Percentage</b>
Ongoing skin problem	45%
Continued exposure	37%
No permanent modified work	31%
Employer not responsive to accommodations	14%
Difficulty with skin care mgt	13%
PPE not suitable/available	9%

- Worker non-compliance, non work-related issues, seniority all less than 5%

# Results - RTW Facilitators

<b>Facilitator</b>	<b>Percentage</b>
Good communication between workplace parties	61%
Worker compliant with treatment plan	53%
Modified work available	44%

# Work Status

- At admission
  - Off work because of skin problem : 41%
- On follow-up
  - Off work because of skin problem : 11%

# Study 2 - Objectives

- To review the impact of RTW program on work status of nurses with occupational hand dermatitis
- To identify successful strategies for SAW/RTW

Chen J, Gomez P, DeKoven J, Holness DL, Skotnicki S. Return to work for nurses with hand dermatitis. *Dermatitis* 2016;27:308-312.

# Methods

- Approved by St Michael's Hospital REB
- 18 nurses who had RTW intervention between 2006 and 2014
- Charts abstracted for demographics, sector, diagnosis, work status, RTW plan interventions, barriers, facilitators



# RTW Strategies

- Graduated RTW
  - Involves slowly increasing increments of bedside nursing duties
  - Benefits include:
    - Reduces cumulative effects of irritant exposure
    - Determines the irritant threshold for each individual

# RTW Strategies

- Optimized skin treatment
  - Avoid irritant/allergen exposure
  - Glove recommendations
  - Medications and skin products for work and home
  - Skin monitoring

# Results – Work Status

Work status (N=18)	Pre RTW	Post RTW
Direct patient care with modification	6 (33%)	14 (78%)
Non patient care positions	12 (67%)	3 (17%)
Not working because of skin	0	1 (6%)

# Results – Graduated RTW

Graduated RTW	
Graduated shifts	67%
Graduated hours	33%
Modified work between shifts or hours	78%

# Results – RTW Interventions

RTW Interventions	
Skin monitoring	100%
Glove recommendations	94%
Recommendations for specific skin products at work	98%
Recommendations for specific skin products at home	61%
Medications	61%
Avoid exposures (allergens)	33%

# Results – Barriers to RTW

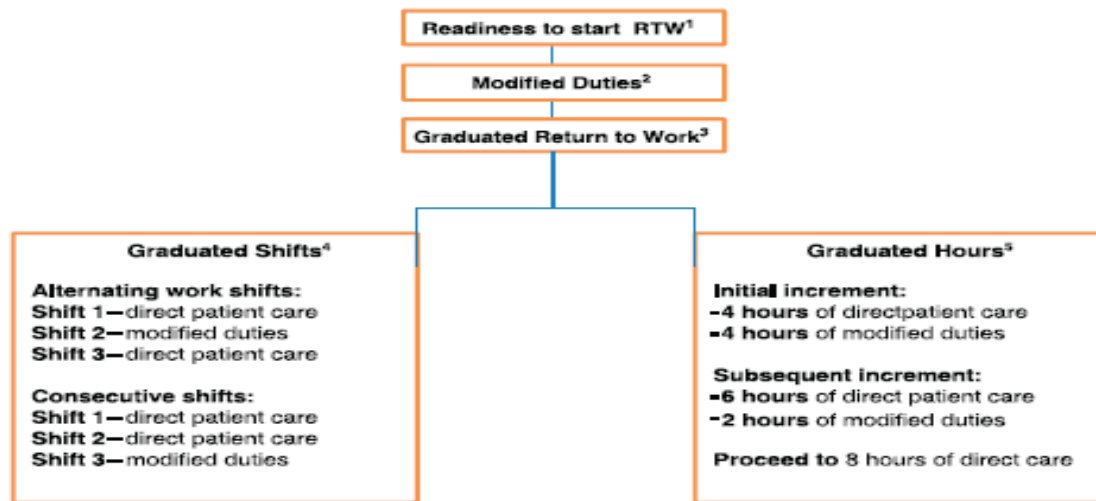
Barrier	
Ongoing skin disease	39%
Continued exposures	28%
Difficult management	11%
Products not accepted by Infection Prevention and Control	11%
Modified work not available	6%

# Results – Facilitators to RTW

Facilitators	
Worker compliant with treatment	100%
Modified work available	94%
Good communication between workplace parties	94%

# Graduated RTW

Chen et al ■ *Return to Work for Nurses With Hand Dermatitis*



**Figure 1.** Nurses' RTW plan by way of graduated shifts or graduated hours.



# Conclusions

- All interventions are based on an accurate diagnosis
- Management includes both workplace interventions and optimized skin treatment
- Barriers and facilitators arise from clinical and workplace factors

# Conclusions

- The multidisciplinary team adds value to not only diagnosis, but also RTW/SAW
  - Rehabilitation practitioners often not involved in disease issues
- All parties contribute to a good RTW outcome – this emphasizes the important health care interventions



# Conclusions

- Need both general RTW principles plus disease specific interventions

# Thank you

- For the invitation to participate in this meeting
- For leadership in raising the profile of occupational skin disease in the EU
  - In advocating for action in Ontario, I was constantly reminding everyone of activity in Europe