

THOR ROI

The Health and Occupation Research network in the Republic of Ireland

Centre for Occupational and Environmental Health

The University of Manchester

<http://www.medicine.manchester.ac.uk/oeh/research/thor/schemes/ireland>

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September 2015

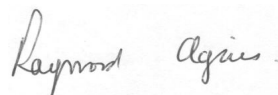
INTERIM REPORT, covering the reporting period: April to June 2015

Dear colleague,

Thanks to your input and that of other colleagues in the British Isles, the scientific output of THOR goes from strength to strength. Since January of this calendar year we have published 15 peer reviewed papers.

However we are also keen to ensure that your participation in THOR is of more benefit to you personally. As detailed below, as from this report, we shall be providing you with more educational material. Moreover I am pleased to share the good news that the Board of the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland has agreed that participation in OPRA should count for CPD purposes. The exact details of this have yet to be worked out and announced – so please bear with us meantime.

Best wishes



Raymond Agius
Professor of Occupational Medicine

BACKGROUND

Chest physicians and dermatologists in the Republic of Ireland (ROI) have been reporting voluntarily to The Health and Occupation Research network (THOR-ROI) since January 2005, whilst occupational physicians have been reporting since January 2007. THOR-GP is the newest ROI scheme enabling general practitioners with an interest in occupational medicine to report, with data collection commencing in January 2015. This document provides a brief update of the cases reported during the inclusive period April to June 2015. The practice within all the THOR schemes is to work on an approximate three month lag to enable thorough data cleaning procedures to be carried out. This should not be viewed as a 'stand alone' document but as a supplement to previous interim quarterly reports and 'substantive' annual reports (the most recent of which was submitted in June 2015).

NEW FEATURES - THE BECK REPORT AND CASE OF THE QUARTER

We are adding a number of new features to the interim report which are routinely included in the UK reports and that we believe ROI reporters may find of interest. The first is The Beck Report, which provides a summary of the work-related skin cases reported to THOR UK during the reported quarter. For over 10 years this feature was written by Dr Mike Beck, Consultant Dermatologist at Salford Royal Hospital. When Dr Beck retired, Dr Mark Wilkinson, Consultant Dermatologist at Leeds General Infirmary took over the duty but decided to keep the mantle of The Beck Report.

The idea behind a "case of the quarter" is to give the opportunity for THOR reporters to share information which they have gathered with their peers and colleagues about an interesting case they have reported / encountered.

An interesting case may reflect a "new" occupational exposure (to physical, chemical, biological, or psychological factors), problems relating to a "new" industry or workplace, or a resurgence of an old problem due to changing conditions and circumstances. A reporter may also see a group of cases which (s)he feels would be of interest to colleagues, especially if workplace factors play a significant part in development of the case.

If you have seen a case which you feel may be a potential "case of the quarter" we would ask you to summarise the information in about 250 words and send this to us. Important factors which we have to take into account include data protection, consent issues, and ethical considerations, so we need you to obtain the patient's consent to allow release of information before sending your case of the quarter to THOR. In addition, it is prudent to try to minimise the amount of personal data you provide (i.e. that which would allow identification of an individual) if at all possible.

We hope that you enjoy these two new features and welcome your feedback. Please email Annemarie.money@manchester.ac.uk if you have any comments or indeed have a case of the quarter that you would like us to include in forthcoming interim reports.

OVERVIEW OF CASE REPORTS

OPRA-ROI

The 25 occupational physicians currently reporting to OPRA-ROI returned 29 case reports (31 diagnoses) during the second quarter of 2015, taking the total number of cases returned by OPs since the scheme commenced in 2007 to 1286. Figure 1 provides the number and proportion of work-related ill-health cases by major diagnostic category.

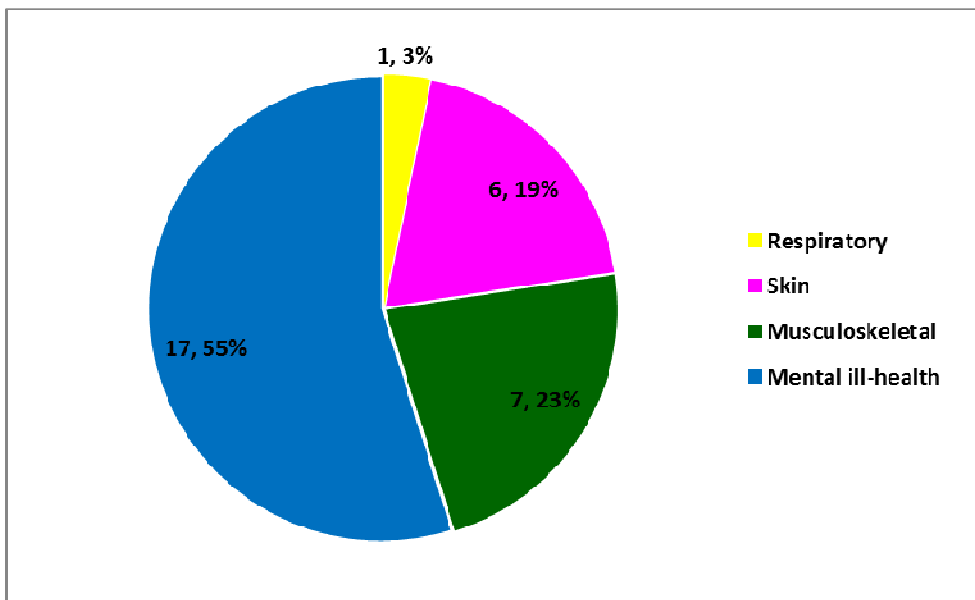


Figure 1 Work-related ill-health diagnoses by major diagnostic category reported to OPRA-ROI (April-June 2015)

62% of cases were reported in females and the age range (all cases) was 27 to 63 years (mean age = 44years).

Over half of the cases (55%) were reported under the mental ill-health category and comprised 12 diagnoses of work-related stress, 3 diagnoses of post-traumatic stress disorder (PTSD) and 2 diagnoses of anxiety. The precipitating events (as recorded by the physicians) associated with the mental ill-health cases included bullying, work load excess, assault, conflict at work, and traumatic events at work.

A further 7 cases reported by OPs this quarter were musculoskeletal disorders. 3 cases of back and neck disorders, 2 cases of upper arm disorders, 1 knee disorder and 1 other musculoskeletal disorder (diagnosed as assault). The tasks and movements associated with the musculoskeletal cases (as recorded by the physicians) included accident, assault, driving, kneeling, lifting and carrying.

6 skin cases were reported by OPs this quarter, 5 diagnosed as irritant contact dermatitis attributed to wet work, hand washing and repetitive glove use, and 1 case diagnosed as enzymatic sensitisation attributed to multi-enzymatic cleaner. A further

case was reported under the respiratory category and was diagnosed as an inhalation accident; the agent was reported as smoke.

Figure 2 provides the cases reported by industry sector, the majority of the cases 13/29 (45%) were reported in the health and social care sector, with a further 8 in transport and storage, 3 in education, 2 in public administration and defence, 2 in manufacturing and 1 in agriculture. Occupations reported this quarter included nurses, paramedics, bus and train drivers, teachers, prison staff, admin assistants, and laboratory technicians.

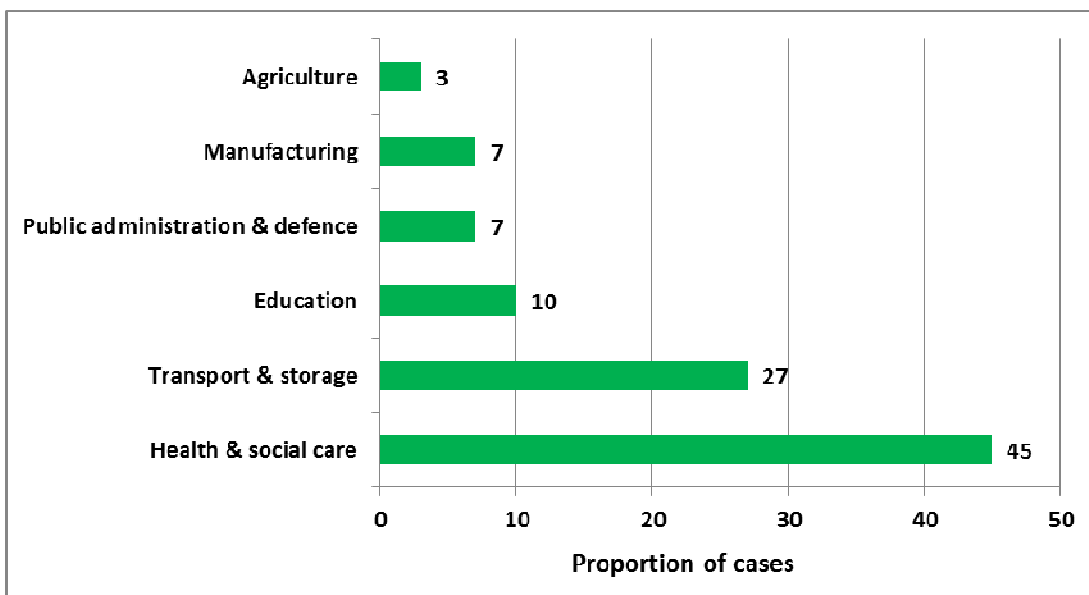


Figure 2 Proportion of cases of work-related ill-health by industry sector reported to OPRA-ROI (April-June 2015)

EPIDERM-ROI

The 13 dermatologists currently reporting to EPIDERM-ROI returned 2 cases of work-related skin disease for the second quarter of 2015 (total ever cases = 418).

Both cases were reported as contact dermatitis, 1 diagnosed as irritant (plastics operative attributed to epoxy resins) and 1 diagnosed as allergic (carpenter attributed to epoxy resins).

SWORD-ROI

9 cases of work-related respiratory disease were reported by chest physicians between April and June 2015 (total ever cases reported = 134). All cases were reported in males with a mean age of 59 years (age range 48-76 years).

The cases were diagnosed as asthma (1 case), bronchitis / emphysema (2 cases), pneumoconiosis (6 cases: including 2 cases of silicosis and 1 of asbestosis),

The industries reported were coal mining (6 cases) and construction (3 cases). The suspected agents recorded by physicians for the 9 cases of work-related respiratory

disease were blast fumes, coal / rock / slate dust; fungal spores, rats, asbestos and sandblasting.

THOR-GP-ROI

The 22 general practitioners enrolled into the GP reporting scheme in ROI returned 2 cases of work-related ill-health during the second quarter of 2015. The cases were reported under 'other work-related ill-health' and were both recorded as lacerations to the hand, one reported in a chef and the other in a tiler both attributed to accidents. The tiler was provided with 7 days sickness certification.

BECK REPORT

We are most grateful to Dr Mark Wilkinson for this quarter's 'Beck Report', which provides a commentary for cases of work-related skin disease reported to THOR and THOR-GP UK this quarter

Methylisothiazolinone (MI), and allied compounds seem to be such a persistent and common cause of problems and we're constantly talking about them.

EPIDERM has published on the topic recently¹ using data you've provided confirming the rise in occupational cases to this allergen particularly amongst, unsurprisingly, hairdressers and beauty workers who are exposed to cosmetics but also in healthcare workers and manufacturing workers in general. We couldn't confirm the rise in painters reported by others although this is surprising given that of the 111 cases reported to EPIDERM this quarter 12 were attributable in whole or in part to MI and paint was the source of exposure in 3. That >10% of reported occupational dermatitis is in part attributable to MI suggests that exposure should be addressed in an occupational setting as well as domestically.

The EU has yet to legislate to control exposure to MI in cosmetic products, the proposal being to ban its use from leave-on products and limit exposure to 15ppm in rinse-off items, such as shampoos. There is an even greater issue in an occupational context. Currently, MI does not have a harmonised classification under Classification Labelling and Packaging (CLP) regulations as an allergen and consequently labelling of MI on safety data sheets (SDS) isn't mandatory. The current proposal² published in July 2015 is recommending labelling above a level of 0.06% when 'H317 may cause an allergic skin reaction' will have to be added to the SDS. Regrettably 0.06% is above the level at which patients already sensitised will react so if not altered, avoidance in the workplace may still prove difficult. Even in rinse-off products such as soap, 0.005% (50ppm) is sufficient to cause dermatitis³.

On a lighter note, I felt sorry for the swimming instructor and personal trainer who developed fungal nail and groin infection attributed to 30 years spent in and around swimming pools – time to retire perhaps?

References

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2.Proposal for Harmonised Classification and Labelling

<http://echa.europa.eu/documents/10162/Od4c2335-6009-4e65-9278-c7f10a3a2dad>

3.Methylisothiazolinone in rinse-off products causes allergic contact dermatitis: a repeated open-application study. Yazar K, Lundov MD, Faurschou A, Matura M, Boman A, Johansen JD, Lidén C. Br J Dermatol. 2015; 173: 115-22

CASE OF THE QUARTER

We would like to thank Dr Gill Harris for this interesting report describing work-related upper limb conditions attributed to the use of hand held tablet computers in health care professionals.

This report describes 2 cases of work-related upper limb conditions in community health care professionals, directly attributable to use of a hand held tablet. This device has a 7 inch screen, similar in size to the electronic book. There are many advantages to using this tablet device as an aid for nurses to add clinical information to patient records, which can then be accessed by other care professionals involved in the care of the patient, allowing a multi-disciplinary and collaborative approach to patient care. The tablet also provides quick access to an array of useful information at all times. However, on a precautionary note, these devices are not without risk, as poor posture and overuse can result in work-related neck and upper limb symptoms.

The first case is a 40 year old female district nurse who attended Occupational Health with a 3 month history of pain at the base of her left thumb. Six months prior, she had started using the device initially to supplement her paper notes. More recently the department had adopted a “paperless” mode of working i.e. all patient information was now captured electronically on the device, a task which could result in periods of up to one hour inputting data. She described symptoms of pain at the base of the thumb which occurred after holding the device for more than 5 minutes. She used the left hand to hold the tablet and the right hand to input data. The prolonged gripping action required, with the wrist and thumb in a flexed position, for periods of up to one hour, triggered symptoms and clinical signs consistent with De Quervain’s tendonitis.

The second case occurred in a community practitioner, responsible for the Occupational Therapy needs of patients. She was right handed and experienced symptoms of pain over the extensor tendons of the right forearm, which occurred after repeated and prolonged periods of inputting data onto the device, usually between patient visits when seated in the driving seat in the car. She too had moved to a “paperless” mode of working in the months preceding development of symptoms.

The two cases illustrate that inappropriate use of certain devices can lead to different problems in both upper limbs, one as a result of prolonged gripping and the other as a result of repetitive data inputting in unsuitable ergonomic settings. Both cases were referred to the Health and Safety Executive as work-related upper limb conditions and risk assessments undertaken on the use of the particular device.

These cases emphasise the importance of the following:

- 1 Introduction of a robust policy to ensure management and employees are fully aware of the ergonomic risks associated with such devices. The focus should be on ensuring a risk assessment is completed for tasks where such devices are to be used. Implementation of a health and safety training programme for potential users, the aim being to raise awareness of the risk involved in inappropriate use of this device. Training should cover

the adoption of optimal posture with emphasis on suitable locations for inputting data. Working practices should ensure the devices are used for short periods only and, where required for longer periods, employees should utilise aids to improve posture and help prevent ergonomic issues developing e.g. laptop tray, keyboard and car mount for use in the car. Employees should be encouraged to sit in the passenger seat when inputting data onto the device.

2 The optimal situation is one where data is quickly entered onto the device in short bursts maximising the use of tick box facilities. This reduces repetitive hand movements over long periods, which occur when inputting free text. In the event that the employee is required to use the device for longer periods of time, particularly if it is to be a substitute for paper notes, the Display Screen Equipment regulations are likely to apply.⁽¹⁾⁽²⁾

3 As tablets' popularity continues to grow, blurring of the boundary between personal and work life is inevitable and managing the work/life balance is likely to become more challenging⁽³⁾ It is now recognised that the use of tablets places employees at risk of developing musculoskeletal disorders. Several reports published have warned against the potential risks related to tablets since the launch of the iPad in 2010.⁽⁴⁾ These include bad posture⁽⁵⁾, so called RSI⁽⁶⁾ and neck discomfort.⁽⁷⁾ Tablets encourage poor posture and a prolonged use could lead to neck, back, wrist and finger discomfort. Employers may now need to adjust their policies to address this shift and support their employees who work in multiple locations and manage multiple devices, providing appropriate risk assessments, training and awareness to minimize the risk of ergonomic overuse injuries⁽⁸⁾ Ultimately the design of such devices might be fundamentally flawed from an ergonomic perspective and a better understanding of all issues is now needed to drive the evolution of better technologies in the future.

1. HSE (2003) Work with Display Screen Equipment: Health and Safety (Display Screen Equipment) Regulations 1992 as Amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002: Guidance on Regulations. HSE Publication L26. Sudbury, UK: HSE Books.

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3. Hill, E.J., Ferris, M., and Martinson, V. (2003), 'Does It Matter Where You Work? A Comparison of How Three Work Venues (Traditional Office, Virtual Office, and Home Office) Influence Aspects of Work and Personal/Family Life', *Journal of Vocational Behavior*, 63(2), 220-241.

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8. Vartiainen, M., & Hyrkkänen, U. (2010) "Changing requirements and mental workload factors in mobile multi-locational work", *New Technology, Work and Employment* 25(2).

THOR CONTACTS

Many thanks for your continued support of THOR-ROI, please contact us (Table 1) if you have any queries or data requests.

Table 1 THOR Contact details

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