

Tertiary Prevention: Return-to-Work (RTW) for Nurses with Hand Dermatitis Related to Wet Work

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Research that makes a Difference



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Background

- Occupational skin disease (OSD) is common in nurses
- If HCW develops moderate to severe dermatitis, stay-at-work (SAW) or return-to-work (RTW) may be challenging
- Little detail in literature re: programs that assist with RTW and the specific work practice changes made
- German and Danish investigators demonstrate positive results with prevention programs for workers with occupational contact dermatitis (OCD), but little detail provided re: actual RTW interventions



Objective

- To review impact of a RTW program on the work status of nurses with occupational hand dermatitis
- To identify successful RTW intervention methods and strategies

St. Michael's Hospital OHC

Occupational Disease Specialty Program:

- Multidisciplinary
 - occupational hygienist, dermatologists, occupational medicine physicians, patch test technicians, RTW Coordinator (RTWC)
- RTWC:
 - Liaison between workplace parties and clinic
 - Outlines workplace recommendations
 - Arranges modified work duties
 - Monitors RTW implementation and progress
 - Identifies potential RTW barriers

St. Michael's Hospital OHC

- Assessment includes:
 - Interview with clinical occupational hygienist
 - Obtains detailed occupational exposure history
 - Complete report for dermatologist
 - description of work history, job tasks, review of MSDS, description of skin problem, skin care management, provided recommendations for PT from OH perspective
 - Assessment with dermatologist
 - Patch testing where required
 - Final visit with dermatologist
 - Referral to RTW Coordinator where required
 - Coordinates implementation of recommendations based on dermatologists final report with OH input

RTW Strategies for HCWs

- 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
- Optimize skin care management
 - Avoid irritant/allergen exposure
 - Glove recommendations
 - Medications and skin products for work and home
 - Skin monitoring

Methods

- Approved by REB
- 18 nurses presenting with bilateral hand dermatitis were assessed in the ODSP between 2006 and 2014, diagnosed with ICD and/or ACD and received comprehensive RTW service
- Main outcome analyzed was work status pre- and post-RTW program intervention
- Other variables included RTW intervention strategies, barriers and facilitators

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 Strategy	Percentage
Graduated shifts	67%
Graduated hours	33%
Modified work between shifts or hours	78%

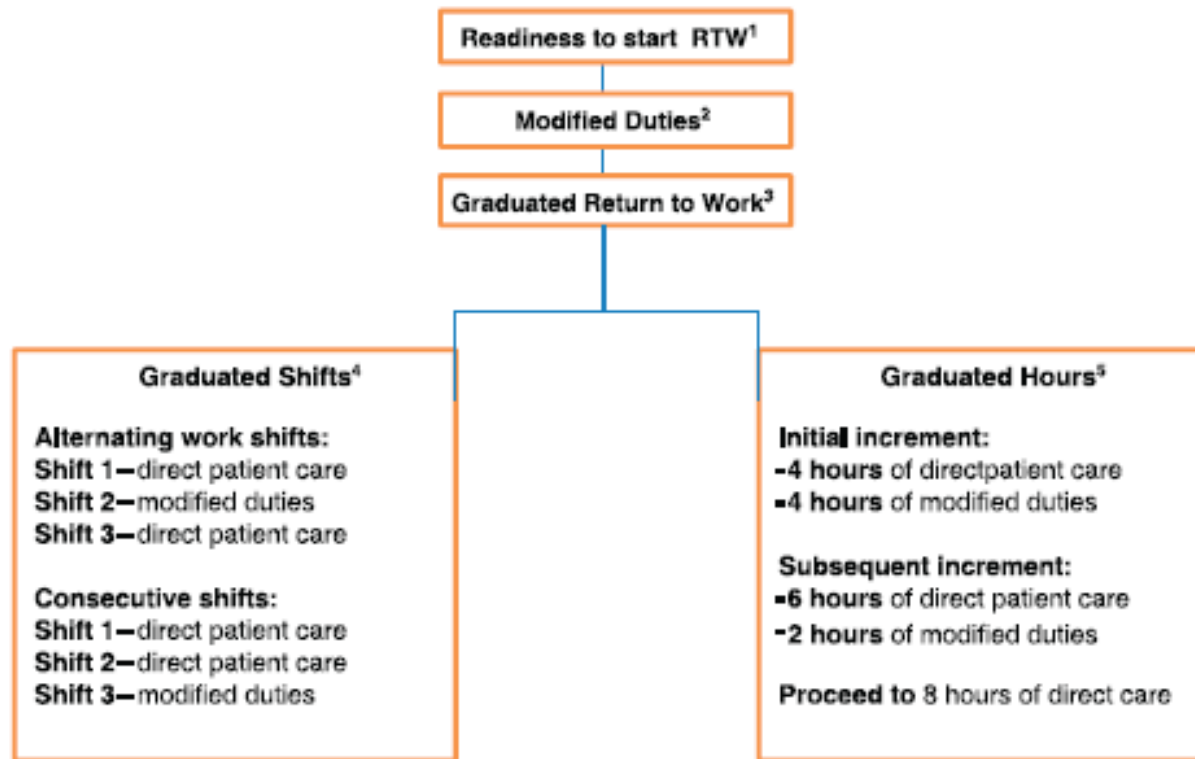


Figure 1. Nurses' RTW plan by way of graduated shifts or graduated hours.

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	Percentage
Ongoing symptoms	39%
Continued exposure	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%

Key Learnings

1. A multidisciplinary team integral to diagnose and treat hand dermatitis
2. RTWC integral as a liaison between all parties for successful implementation of RTW trials
3. Adjustments must be made to workplace exposures to prevent further disease deterioration and improve functional outcome
4. Graduated RTW trials and optimized skin treatment are two pillars to achieve both medical and functional recovery
5. Barriers and facilitators arise from disease control as well as workplace logistics