

**WORKPLACE INJURY
ALERT**

MARCH 2005

REVISED FEB 2006

**FOR FURTHER INFORMATION
PLEASE CONTACT**

Susan Andersen

☎ 07 3223 6479

✉ sandersen@qmtlaw.com.au

Authorised by:

Christopher Campbell

Managing Partner

QUINLAN MILLER & TRESTON

GPO Box 2500

Brisbane QLD 4001

Telephone: 3223 6403

E-mail: ccampbell@qmtlaw.com.au

DERMATITIS - THE NURSING PROFESSION

Occupational skin diseases are a widespread problem in high risk industries and occupations such as the nursing profession. Detergents, oils, acids, alkalis, organic dyes, biocides and germicides are common irritants causative of dermatitis.

Symptoms

Unfortunately, symptoms such as swollen hands, irritated skin or skin that is hot, painful or itchy, is not immediately diagnosed as contact dermatitis when the patient is a nurse. This is because contact dermatitis is more commonly thought of as a problem plaguing other occupations such as hairdressers and motor mechanics who use chemicals to wash grease from their hands.

Causes

Barrier nursing and general day to day nursing duties require an element of sterilisation for the sake of reducing the risk of transmitting bacteria and other allergens from patient to patient. In the course of washing or in the case of theatre nursing, prolonged contact with synthetic rubber gloves, can all lead to the development of inflammation of the skin.

Some drugs involved in the treatment of cancer are also harmful to the skin and therefore all care has to be taken in administering this medication. What may be useful medication to the patient can be a harmful cocktail for a nurse.

Prevention

Any chemicals used in the workplace should have a label on the container. If so, then it is recommended that this be read so that it can be determined whether the contents pose a skin hazard.

Material Safety Data Sheets (MSDS) should also be available for any of the chemicals supplied in the workplace.

It is also helpful that care be taken not to splatter substances on the external surfaces of containers and bottles as this minimises the risk of skin irritation.

Diagnosis

The difficulty with diagnosing dermatitis in the nursing industry is that there is a prevalence of dermatological problems in other high risk industries and occupations and that a nurse's itchy hands may be

diagnosed as a mild stress-related symptom before a diagnosis of contact dermatitis is made. The nursing industry has more less obvious chemical contact than the, for example, hairdressing industry given the high levels of bleach and other dyes used in the colouring of hair. Further, frequent washing of hands with detergents, the use of latex gloves and exposure to other cleaning substances over a long period of time may have no effect upon one's skin whatsoever. Not all irritating substances affect the skin in an immediate or obvious way.

When symptoms arise after a prolonged period of nursing, a dermatological reaction is not always the first diagnosis made by a medical practitioner. With mild cases, many nurses themselves do not readily identify a dermatological problem which requires medical treatment, notwithstanding their own health expertise.

Dermatitis will remain a common medical problem for the nursing profession. Latex gloves and frequent handwashing are an inevitable part of a nurse's job which cannot be minimised or avoided without increasing medical risks for patients.

Workers' Compensation

Dermatitis is a medical condition that does constitute an *injury* within the meaning of the *Workers' Compensation & Rehabilitation Act 2003*. This means that dermatitis is a medical condition for which a nurse is entitled to apply for workers' compensation benefits. If the dermatological reaction is mild, then this may be a claim for medical expenses only. If the reaction is more severe and a medical practitioner advises an absence from work is required in order to stabilise the dermatological condition, then weekly benefits may be applied for.

Workers' compensation is not just for coverage of injuries associated with the lifting of patients, or for injuries from obvious accidents at work.

Contact dermatitis can have long-term effects upon capacity for ongoing employment and therefore it is important that prompt contact is made with a medical practitioner should symptoms such as red and itchy hands develop. All health care professionals need to be vigilant concerning contact dermatitis. Occupational health and safety groups identify nursing amongst other industries such as manufacturing, food processing, hairdressing and beauty care as a high risk industry for potential dermatological problems. Of all of these industries, nursing is probably the one for which skin irritation can be least minimised. For instance, mechanics can be trained not to wash their hands in kerosene and turpentine but to use organic-based detergents containing vegetable oil as a substitute. In nursing, wearing of latex gloves, sterilisation procedures and efforts to minimise the transfer of bacteria from patient to patient mean that it is difficult to minimise the risks. However, if this condition does occur, then it is a compensable injury for which nurses

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are generally entitled to apply and receive workers' compensation benefits.

Time Limits

Under the *Workers' Compensation and Rehabilitation Act 2003*, there are strict timeframes for lodging a claim for workers' compensation. If a claim is not lodged within 6 months of the date of the injury occurring then WorkCover is not obliged to accept the claim. WorkCover Queensland may refuse the claim on the basis that it has not been lodged within the 6 month period. Generally, workers with contact dermatitis persist with it for a period of time before deciding that a claim for workers' compensation is required. The time clock for lodgement of claim is ticking once dermatitis is diagnosed or symptoms first identified and therefore it is important to lodge within 6 months of these occurrences.

The application for workers' compensation must be accompanied by a Workers' Compensation Medical Certificate completed by your general practitioner.

WorkCover Queensland is obliged to make a decision in respect to the claim within 60 business days of lodgement.

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