

dermatitis, their skin condition were evaluated by a dermatologist/allergologist and by TEWL (trans-epidermal water loss) measurements. Information on skin disease, occupational and non-occupational exposure were recorded using a standardized questionnaire. Workers participated to a second control after 3 months, to verify the effectiveness of the training.

Results 80 workers with an occupational hand dermatitis accepted to participate to a training course and 62 (77.5%) completed the 3 months follow-up. Symptoms improved after the training for the 73% of subjects that adhered to suggestions and followed recommendations and for the 38% of workers that partially followed recommendations ($p < 0.01$). TEWL values improved at the end of follow-up, confirming the positive effect of protective measurements suggested on skin barrier function.

Discussion Our intervention was effective, leading to a reduction in clinical signs of dermatitis in people that strictly adhere to recommendations, mainly on cleaning habits and skin cream use. The educational intervention permitted to improve skin condition in a short-term follow-up. More efforts are needed to train workers on skin protection procedures.

1618d SCIN TRIAL (SKIN CARE INTERVENTION IN NURSES)

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Introduction The high prevalence of hand dermatitis in nurses is attributed to frequent hand washing with soap and infrequent use of hand moisturisers. We tested the hypothesis that a behavioural change programme (BCP) coupled with hand moisturisers, can reduce the prevalence of hand dermatitis in at-risk nurses over a 12-month period.

Methods We conducted a cluster randomised design at 35 sites. We recruited two groups of at-risk nurses:

- first year student nurses with a history of atopic tendency;
- intensive care unit (ICU) nurses.

The BCP was offered to participants at intervention plus sites only and participants were asked to form implementation intentions for performing each hand care behaviour in the workplace. Student nurses were provided with personal supplies of hand creams and ICU nurses encouraged to make use of the moisturisers on the wards. All participants, including those at intervention light sites, were provided with an advice leaflet on optimal hand care. Participants had their hands photographed at baseline and 12 months and these were objectively assessed by a dermatology research nurse and two dermatologists. We also measured changes in hand dermatitis, beliefs and behaviours and collected health economic data.

Results Overall the results indicate that the intervention had a positive (but not statistically significant at 5% level) effect in reducing the prevalence of hand dermatitis compared to usual care and had a positive effect in changing behaviours and beliefs associated with dermatitis prevention. The BCP was also found to be of low cost to implement. (Please note, final results were not available by the abstract submission date but will be provided to the Secretariat in due course).

Discussion A hand-dermatitis prevention BCP plus optimal provision of hand moisturisers has been shown to be effective in reducing hand dermatitis in nurses.

1618e MINIMUM STANDARDS ON PREVENTION, DIAGNOSIS AND TREATMENT OF OCCUPATIONAL AND WORK-RELATED SKIN DISEASES IN EUROPE – POSITION PAPER OF THE COST ACTION STANDERM (TD 1206)

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Introduction Skin diseases constitute up to 40% of all notified occupational diseases in most European countries, predominantly comprising contact dermatitis, contact urticaria, and skin cancer. While insufficient prevention of work-related skin diseases (WRSD) is a top-priority problem in Europe, common standards for prevention of these conditions are lacking.

Objective To develop common European standards on prevention and management of WRSD and occupational skin diseases (OSD).

Method Consensus amongst ca. 100 experts within occupational dermatology was achieved with regard to the definition of minimum evidence-based standards on prevention and management of WRSD/OSD (Delphi Technique).

Results By definition, WRSDs/OSDs are (partially or fully) caused by occupational exposure. The definition of OSD sensu stricto additionally includes diverging national legal requirements, with an impact on registration, prevention, management, and compensation. With the implementation of the classification of WRSD/OSD in the International Classification of Diseases (ICD) 11th Revision in future, a valid surveillance and comparability across countries will be possible. Currently, WRSDs and OSD are still under-reported. Depending on legislation and regulations, huge differences exist in notification procedures in Europe, although notification is crucial to prevent chronic and relapsing disease. Facilities for early diagnosis, essential for individual patient management, should be based on existing guidelines and include a multidisciplinary approach. Patch testing is essential if contact dermatitis persists or relapses. Workplace exposure assessment of WRSD/OSD requires full labelling of product ingredients on material safety data sheets helping to identify allergens, irritants and skin carcinogens. Comparable standards in primary, secondary and tertiary prevention must be established in Europe to reduce the burden of WRSD/OSD in Europe.

Conclusion The adoption of common European standards on prevention of WRSD/OSD will contribute to reduce the incidence of OSD and their socio-economic burden.

REFERENCE

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Education and Training

1080 HOW HEALTHY ARE MALE HEALTH SCIENCES STUDENTS AT IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY?

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Objectives This study aimed to collect information on the personal health status of health sciences students in Imam Abdulrahman Bin Faisal University. It also aimed to investigate the