



**OCCUPATIONAL
HEALTH RISKS**

**PAINTERS &
DECORATORS**

**A diagnostic toolkit for physicians
and primary health providers.**

Prevention information for workers.

Give pages 3 and 4 of this booklet to your doctor.

They give your doctor information about the health risks of your job.

This booklet was prepared by the Ontario construction industry's Occupational Disease and Research Labour-Management Health and Safety Committee with assistance from the Infrastructure Health & Safety Association (IHSA), the Ontario Ministry of Labour, Training and Skills Development (MOL), the Workplace Safety and Insurance Board (WSIB), and labour and employers in Ontario construction.

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Tasks and possible hazards

All tasks

- > **Hazardous materials from industrial worksites** (coke ovens, refineries, chemical plants, pulp and paper mills, power plants)
- > **Awkward postures, vibration, and hazardous noise** when using power tools, grinders, saws, and mobile equipment
- > **Dust** and **insulation fibres** on construction sites
- > **Injection injury** caused by high pressure liquid can be serious

Painting

- > **Solvents and epoxies**
- > **Injection hazard** when spray painting
- > **Carbon monoxide** from heaters and generators

Sanding

- > **Asbestos** in plaster, paint, or textured wall coatings
- > **Lead** in paint
- > **Wood dust**
- > **Silica** in drywall
- > **Noise** and **vibration** from power tools

Sandblasting

- > **Solvents**
- > **Silica**
- > **Lead**

Cleanup

- > **Solvents**

How to protect your health

- > Ask your supervisor or employer for **safe work instructions** and training.
- > Consult industrial clients on site-specific **health and safety procedures**.
- > Ask about any **hazardous materials or unknown chemicals** when entering an industrial site for work.
- > Ensure proper **ventilation**.
- > Wear a proper **respirator** when:
 - you suspect asbestos may be present
 - working in dusty atmospheres
 - welding
 - using solvents.
- > **Protect your skin** by wearing gloves, coveralls, or welding jackets, or by using barrier creams.
- > Wear **hearing protection** when exposed to loud noise.
- > Consult the **safety data sheet** (SDS) for information about any hazardous chemicals used at work.
- > Obey the workplace **health and safety rules**.
- > **Never eat, drink, smoke, or chew gum** in areas contaminated with asbestos, lead, or toxic chemicals.
- > **Wash or wipe hands** clean before eating, drinking, and smoking.
- > Always **clean up** and change out of **contaminated clothing** before going home at the end of the shift.
- > **Wash work clothes separately** from casual and other family members' clothes.
- > When **working in the heat** or near heat sources, drink lots of water and take frequent rest breaks to prevent heat stress.
- > When working in the **cold** take frequent breaks in a warm area to prevent cold stress.
- > **Report** hazards to your employer.

Workers who are without symptoms and who have been exposed to asbestos may participate in a research study at Princess Margaret Hospital by volunteering to be screened for mesothelioma/asbestos.

Phone: 416-340-5686 • Fax: 416-340-4964

For more information about health and safety in your job, contact your union or

Infrastructure Health & Safety Association: 1-800-263-5024 • ihsa.ca
 Ontario Ministry of Labour: 1-877-202-0008 • labour.gov.on.ca
 Workplace Safety and Insurance Board: 1-800-387-5540 • wsib.on.ca



Occupational diseases and hazardous agents encountered by painters and decorators

Job function: Workers in the painting and decorating trade operate machines or use brushes and spray equipment to apply paint, enamel, lacquer or other non-metallic protective and decorative coatings to surfaces of various products.

Asbestos-related Diseases

- > **Asbestosis**
- > **Cancer** (lung, mesothelioma, gastrointestinal)

Cancer

- > **Gastrointestinal**—*asbestos*
- > **Lung**—*asbestos, diesel exhaust, environmental tobacco smoke, nickel, hexavalent chromium.*
- > **Skin**—*ultraviolet (UV) radiation*

Miscellaneous Disorders

- > **Hepatitis (chronic solvent toxicity)**—*chlorinated solvents*
- > **Infertility, male**—*lead, chlorinated solvents*
- > **Noise-induced hearing loss**—*noise, power tools, heavy machinery, grinders, industrial noise*
- > **Renal disease**—*lead, degreasers, solvents*

Neurological

- > **Chronic solvent toxic syndrome**— *solvents, paints, degreasers, thinners, epoxies*
- > **Hand-arm vibration syndrome**—*vibrating tools*
- > **Lead, subacute toxic effect**—*lead*

Respiratory Diseases

- > **Asthma, occupational**—*isocyanates*
- > **Bronchitis, chronic**—*silica dust, environmental tobacco smoke*
- > **Hypersensitivity pneumonitis (HP), acute/chronic**—*fungi/mould, wood dust*
- > **Metal fume fever**— *metallic oxide fumes such as zinc, copper or magnesium from welding*
- > **Silicosis**—*silica*

Skin Disorders

- > **Dermatitis, allergic/contact**— *epoxies, paints, degreasers, glues*

The next page provides important diagnostic criteria for screening, early detection, and diagnosis.

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Asbestos-related disease

Asbestos-caused fibrosis of the lungs and pleura may lead to shortness of breath. It usually takes 15 or more years from the onset of exposure for radiographic abnormalities and symptoms to arise. Radiologists should be alerted to the suspected diagnosis. Painters occupationally exposed to asbestos are at increased risk of cancers of the lungs and pleura.

Screening for cancer has not been proven to reduce mortality; however, it can result in early detection. If there is any suspicion of asbestos-related illness (i.e., not screening scenario), patients may be referred directly to Princess Margaret Hospital's program where immediate assistance, rapid assessment, and specialized treatments are available.

Phone 1-877-LUNG 911 (5864 911) Fax 416-340-3353. Asbestos-exposed workers should be counselled about smoking cessation.

Contact dermatitis

Contact dermatitis is an inflammatory skin reaction to direct contact with noxious agents in the environment. Substances that produce this condition after single or multiple exposures may be either irritant or allergic in nature.

Irritant contact dermatitis (ICD) results from contact with external agents that directly damage the epidermis, in contrast to allergic contact dermatitis (ACD) in which the damage occurs through the host's immune response as a result of a delayed type hypersensitivity reaction.

The diagnosis of contact dermatitis should be considered when there is a suspected workplace agent (allergen or irritant). Screening should include determination of the following:

- A. Did the skin condition start after the worker started the job? Or did it become worse after the worker started the job?
- B. Are symptoms better on weekends or holidays off work?

Referral to a specialist with experience diagnosing and treating occupational contact dermatitis should be considered when any of the following are suspected:

- All cases of possible ACD
- ICD with allergic features
- Chronic ICD
- Complicated ICD (e.g., not improving, deteriorating, confounded by another skin disease such as psoriasis).

Hand-arm vibration syndrome and vibration-induced white finger

HAVS and VWF are the major health hazards related to the use of vibrating tools. If workers develop symptoms of tingling or numbness, or if their fingers occasionally become white, blue, or painful—especially when cold—they should be examined by a doctor who knows about the diagnosis and treatment of these conditions.

Diagnostic tests that can be used include plethysmography, arteriography, skin thermography, and sensory tests such as two-point discrimination depth sense, pinprick touch, and temperature sensation. The Occupational Medicine Clinic at St. Michael's hospital in Toronto has diagnostic facilities.

Inhalation disease: Silicosis

Silicosis is an occupational lung disease caused by inhaling crystalline silica dust. Silica inflammation and scarring is manifested as nodular lesions in the upper lobes of the lungs.

Silicosis is progressive and signs may not appear until years after exposure has begun. Symptoms include:

- Dyspnea on exertion
- Dry cough
- Fatigue.

The diagnosis is made by radiographic examination. Because the finding may be subtle, the films should be interpreted by a radiologist with experience in occupational lung diseases.

Neurologic effects

Co-acute Toxic Effect of Solvents: Organic solvents are volatile substances commonly used in the workplace as cleaners and degreasers. The systemic symptoms of acute solvent poisoning resemble those of intoxication from alcoholic beverages.

Toxic Neuropathy: Chemicals that can cause toxic polyneuropathy include lead and N-hexane. Most symmetrical, sensorimotor neuropathies caused by exposure to chemicals are indistinguishable from similar effects caused by systemic diseases such as diabetes or B12 deficiency. The diagnosis of toxic polyneuropathy is usually made on the basis of symptoms following exposure to the chemical and the resolution of symptoms months to years after cessation of exposure.

Noise-induced hearing loss

Noise-induced hearing loss (NIHL) is diagnosed by audiometric testing. With NIHL, there is a characteristic dip (notch) at 4 kHz on the audiogram. This contrasts with presbycusis where there is a continuous dropoff as frequency increases.

Occupational asthma

Sensitizer-induced occupational asthma is caused by an immune response to specific workplace agents such as low-molecular-weight chemicals (such as epoxy compounds). Once a person has been sensitized, even exposure to extremely low quantities will exacerbate the asthma. If this form of occupational asthma is suspected from the patient's history, objective investigation is required to confirm or refute the diagnosis.

Patients with confirmed sensitizer-induced occupational asthma should have no further exposure to the causative agent, since the best outcome is achieved with early diagnosis and complete avoidance of exposure. An objectively confirmed diagnosis is very important. Patients with suspected sensitizer-induced occupational asthma should be referred as soon as possible to a specialist (a respirologist, an allergist, or an occupational physician) with expertise in this area.

Investigations are most helpful if they can be performed while the patient is still working in the suspected causative work area. The primary care physician may be able to initiate one of these.

Source: Occupational asthma: An approach to diagnosis and management. Tarlo and Liss. Canadian Medical Association Journal. Apr 1, 2003. 168(7); 867-71.