

Hairdressing and beauty care: European action for safer workplaces

Asthma, respiratory and skin allergies up to and including cancers from handling cosmetic products, musculoskeletal disorders, work pace-related stress...

Il these and more are health risks run by those who work in the hairdressing and beauty care sectors. The European industry federation for services is proposing a European framework agreement to prevent health being injured in this way.

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Hairdressing is a female-dominated occupation, 87% staffed by women.

Over a million people are employed in up to 400 000 hairdressing salons across Europe. The sector is characterized by its young workforce: 83% are under 26 years of age.

Image: © Belga/AFP, Alain Jocard



"The tubes sold to hairdressers often come without either gloves or the warning notices that you get with products sold to the public."

Appearances are deceptive – hairdresser and beautician are high-risk jobs by any standards. The scale of occupational diseases in the hairdressing sector has been revealed by a series of recent studies done in France in particular. The data produced concern mainly male and female hairdressers, but can be applied to beauty salon workers.

According to the most recent statistics put out by the Ile-de-France regional health insurance fund, the number of recognized occupational diseases for hairdressing workers in 2000 was more than five times that for the total employed population in all sectors combined.

The most frequent occupational diseases suffered by hairdressers are allergy-related ill health conditions – eczema, asthma or rhinitis – and musculoskeletal disorders (MSDs). And these are only recognized occupational diseases – i.e., ones actually reported by workers, who very often do not know their rights. The hairdressing sector is made up of a very large number of very small businesses employing staff barely up to double figures, and mostly women. Very few have an employee rep, and even fewer a health and safety committee.

Chemical hazards

Hairdressers daily handle hundreds of chemicals that go into making shampoos, lotions, hair colourings, bleaching/lightening products for high- and lowlighting, perming and curling products, hair lacquer and other sprays. These products are treated as cosmetics, and so fall outside the rules on chemicals used on work places (see box p. 44). But repeated use of shampoos destroys the skin barrier and can produce irritation and allergic reactions. Hair bleaching, colouring and perming products, in particular, contain many corrosive substances, irritants and allergens that affect the skin, eyes and airways.

A field survey by an occupational health service among hairdressers in the Côte d'Or département (Burgundy) found that 41% of hairdressing salon workers have skin problems¹. A quarter of hairdressers have eczema or irritant contact dermatitis of the hands.

Oxidation dyes and tints are most often to blame. Most hairdressing salons have no effective ventilation systems to remove pollutants, so hairdressers breathe in irritant toxic and/or sensitising particles and fumes. The Côte d'Or survey found that hairdressing workers reported respiratory symptoms like rhinitis, persistent coughs and shortness of breath. While the causal link between the respiratory symptoms and the products used may not always be firmly made, hairdressing has one of the highest rates of occupational asthma. In the Côte d'Or field study, 3% of the interviewees had asthma. While none of the workers interviewed had reported their condition as an occupational disease, the study's authors considered that approximately 1% of the workers had asthma that was "clearly work-related". Among women, nearly 20% of occupational asthma cases originate in the hairdressing sector, according to the most recent data published by the national occupational asthma monitoring centre². The alkaline persulphate used to lighten and bleach hair is the primary cause of occupational asthma among hairdressers.

1. Amodeo, M et al. 2004, "La coiffure : une enquête de terrain en Côte-d'Or", *Documents pour le Médecin du Travail*, INRS, n° 99, 3rd quarter 2004.

2. Ameille, J et al. 2003, "Reported incidence of occupational asthma in France, the ONAP programme", *Occup Environ Med*, 60, p. 136-41.

Dramatic rise in MSDs among hairdressers

The incidence of MSDs is rising sharply in the hairdressing sector. The latest available French data show that they account for about half of all occupational diseases. France's health, pensions and welfare institutions for the hairdressing industry together with hairdressing business unions recently launched prevention campaigns against these ill health conditions in hairdressers. Workers are asked to look for the early signs of MSDs and consult their doctor. Business owners/managers are recommended various ways of helping their employees avoid these problems: providing work areas that take the stressors of body movements and moving around into account, paying attention to noise and lighting levels, managing workloads through job rotation, break arrangements, etc.

The framework agreement proposed to the employers' federations details measures to prevent MSDs in the hairdressing and beauty care sector. Its recommendations include height-adjustable chairs for customers and workers to provide an appropriate working height and enable changes in postures, as well as lighter hair driers and the use of floor trolleys to limit load handling. An emphasis is put on work organization, with sufficient breaks and task alternation to reduce physical and psychological stresses.

Potentially carcinogenic and reprotoxic

As well as skin and airway problems, repeated daily exposure to many cosmetics is suspected to cause occupational cancers. An expert group set up by the World Health Organization's International Agency for Research on Cancer recently classified the occupation of hairdresser and barber as "probably carcinogenic" (see box).

Various researchers have also looked at the possible toxicity for reproduction of products used by hairdressers. A study by the University Hospital Department of Occupational Medicine at Lund in Sweden³ found that hairdressers had a slight increased risk of having intrauterine growth-retarded infants and infants with birth defects. The researchers were unable to make a link with a specific chemical but did note an association between intrauterine growth retardation and frequent permanent waving or use of hair sprays by workers. Another Scandinavian study has looked at the link between facial malformations – cleft palates and hare lips – in newborns and their mother's occupation during pregnancy⁴. They found a higher incidence of cleft palates among the children of mothers who were

3. Rylander, L et al. 2002, "Reproductive outcome among female hairdressers", *Occup Environ Med*, 59, p. 517-22.

4. Lorente, C et al. 2000, "Maternal occupational risk factors for oral clefts. Occupational Exposure and Congenital Malformation Working Group", *Scand J Work Environ Health*, 26 (2), p. 137-45.

5. De Kruif, F 2001, Working conditions in the hairdressing salon sector. The agreement on improvement of working conditions (Arbo) as an example in the Netherlands of the emergence of managed improvements in working conditions for hairdressers at European level, presentation to the European Social Dialogue for the hairdressing salon sector, 9 April 2001.

hairdressers. Other studies, however, have found no significant association between the mother's occupation as a hairdresser and the risk of birth defects. The IARC experts, however, do not consider the findings of these different studies show sufficient evidence of the existence of a reprotoxic risk.

Diseases of the bones, joints and blood vessels

Back bowed, head bent over, elbow raised, arms stretched, wrist twisted: when shampooing, cutting or blow-drying, hairdressers' bodies are under strain all day long. "Hairdressing is a physically exhausting job, I was stood up all day long, in a warm, humid atmosphere", recalls Sandrine, a former hairdresser who left the line of work. Prolonged standing positions and constrained postures are the main factors associated with MSDs, which are particularly common ill health conditions among hairdressing salon workers. Breaks that are too-short and too far apart, long working stretches, unsuitable equipment like unwieldy hair driers, hair-washing sinks that are set too low or customer seating with no height adjustment can also contribute to the development of MSDs.

According to a study by the Orbis improvement of working conditions department in the Netherlands, half of hairdressers suffer from neck, shoulder and wrist MSDs, and a third complain of low back pain⁵. The Côte d'Or survey finds approximately the same prevalences: low back pain among at least half, and neck pains among a third, of respondents. Shoulder and wrist conditions are common. As hairdressers work mainly standing and walking, they often have vein problems. In the Côte d'Or survey, 60% of workers complained of aching legs and 20% had varicose veins, although the average age of interviewees was under 30. A quarter took venotonic drugs, while some also wore support stockings, in a bid to relieve their physical pain.

Tired and stressed

The Côte d'Or occupational health service doctors also quizzed hairdressers about their stress levels. Half reported feeling fatigued and/or stressed. Many suffered from sleep disorders. Permanent client contact, customer satisfaction requirements, secrets imparted by clients during styling, were sources of stress. But it was time pressures that most professionals cited as stress factors, with stylists having to organize themselves to minimise customer waiting times.

EVEREST (small firm risk assessment and monitoring by a health and safety at work network), a French network run by occupational hygienists and doctors, investigated

Professionals ignored by the Cosmetics Directive

The EU rules on cosmetics date from 1976. To enable products to move freely within the European market, the Member States adopted a number of common provisions that are meant to ensure that consumer safety and information. But the regulations do not require a toxicity assessment to be made of cosmetic products and their ingredients for use by hairdressing or beauty care professionals. A proposal to overhaul the 1976 Directive will certainly improve consumer safety, but once again does nothing to protect the health of professional users. The proposed revision has become the focus of organized action by trade unions representing the hairdressing and beauty care sectors in Europe. As well as drafting a framework agreement, they also had a meeting in Brussels with the employee reps from world cosmetics market leader L'Oréal. The aim is to set an intersectoral European dialogue going to protect the health of all workers concerned by cosmetics, both upstream in manufacturing, and downstream among daily professional users.

Studies have suggested that hairdressers are at increased risk of bladder cancer.

Hair colourings and occupational cancers

The International Agency for Research on Cancer (IARC) classified the occupational exposure of hairdressers and barbers as 2A - i.e., probably carcinogenic – in 1993. The IARC's conclusions are based on the findings of several epidemiological studies showing an excess of between 60% and 20% in bladder cancers among male hairdressers and barbers. The same significant rise in the risk of bladder cancer, however, is not found among women working in the hairdressing sector. An increased lung cancer risk of 30% was also found in both sexes. Some studies have suggested an excess of ovarian, prostate and mouth cancers and

lymphomas, while others have found no excess risk. Heavy smoking has, however, been shown to be prevalent among hairdressers, which the IARC argues may explain the increase in lung cancers but not bladder cancers.

Other studies published since the IARC's first review have confirmed the increased cancer risk among hairdressers, but the findings are not wholly consistent. The IARC experts have therefore revisited this occupational hazard, this time looking at the chemical composition of hair colourings. This study coupled with a monograph was published in April 2008 in the journal *The Lancet Oncology**. It points to the presence in hair dyes of several aromatic

amines and other carcinogenic dyes. Referring to the slight but significant increase in bladder cancers observed in hairdressers, the experts conclude that the occupations of hairdressers and barbers are "probably carcinogenic" because of their occupational exposure to these dyes. Where women and men who dye their hair are concerned, the experts offer some reassurance. Based on the handful of epidemiological studies carried out, they consider that the personal use of hair colourings does not expose the user to an excess risk of cancer.

* Baan et al. 2008, "Carcinogenicity of some aromatic amines, organic dyes, and related exposures", *The Lancet Oncology*, vol. 9, n° 4, p. 322 - 323, April 2008.

work organization in 22 hairdressing salons in Brittany⁶. They found a high incidence of part-time work, but that unbroken days were the norm. Salons may work long opening hours to fit in with customers' hours of work.

Françoise Wellecam, an activist with the Lille regional branch of the Force Ouvrière union, receives many calls from hairdressers exhausted by their work paces. "The working conditions themselves are pretty harsh. On top of that, employers are constantly changing work and leave rosters to suit themselves", she says. The union official for hairdressers in her region reports that many workers are dropping out of the job because of these constraints. This is borne out by a snapshot of the Côte d'Or hairdressing salon workforce, which shows most to be under 30. "A lot of women are getting out because they are fed-up with the working conditions. It is a particularly high turn-over sector", Françoise Wellecam adds. Low pay combined with unstable working hours do little for work-life balance.

Towards a European framework agreement?

It was this body of medical research describing these work hazards that prompted the European industry federation Uni Europa Hair & Beauty to put a draft framework agreement forward to the employers' federations last spring. The hairdressing and beauty care sectors employ more than a million workers in Europe. "Our strategy is to propose a ready-to-go agreement. Even if changes are made, hopefully we can get an agreement before the end of this year", says François Laurent, national secretary of the Confederation of Christian Trade Unions in Belgium, and Uni Europa's chief negotiator.

The draft framework agreement comes at a time when the European Parliament has just voted for a revision of the Cosmetics Directive. "We wanted the new directive to take occupational exposures into account, but the EU wouldn't go down that road", complains François Laurent. The framework agreement

is a good opportunity for management and labour to look again at the prevention of risks from handling cosmetic products. "The tubes sold to hairdressers often come without either gloves or the warning notices that you get with products sold to the public", adds Guy Marin, a former hairdresser and national secretary of Force Ouvrière's Hairdressers' Federation. "Manufacturers are very reluctant to tell us what goes into the cosmetics we use in our salons", he says.

The draft framework agreement seeks to reduce cosmetics-related occupational diseases by getting the signatory parties to pledge to continue working for Community rules that address professionals' concerns. Specifically, this includes developing a health and safety certification system for hairdressing cosmetics. The agreement calls for effective ventilation, and preferably an extraction system in equipment rooms, for aerosol sprays to be scrapped if possible, and for powders to be replaced by gels. It wants employers to have certain obligations, like providing protective gloves, informing and training staff in preventive measures, storing products safely, etc. As well as prevention of chemical hazards, the agreement contains recommendations for averting MSDs (see box), stress and fatigue, and for improving the work environment. The trade unionists are hopeful of seeing their draft agreement endorsed, because the social dialogue in the hairdressing sector has been established for several years, and the social partners have already adopted EU-level agreements on professional training, quality standards and even health and safety. ●

"A lot of women are getting out because they are fed-up with the working conditions."

6. Bruneteau, A et al. 2004, "Evaluation et prévention des risques dans les salons de coiffure", *Documents pour le Médecin du Travail*, INRS, n° 99, 3rd quarter 2004.