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**NATIONAL OCCUPATIONAL HEALTH STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

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Diagnostic Criteria of Occupational Ulcers

职业性皮肤溃疡诊断标准

(English Translation)

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Foreword

Article 4.1 of this standard is recommended and the remainder is mandatory.

According to the "People's Republic of China Occupational Disease Prevention Law" to develop this standard. Since the implementation of the standard date, the original standard GB 16382-1996 inconsistent with this standard, the standard shall prevail.

Occupational skin ulcers are a special type of skin disease in occupational skin diseases, although the incidence is not high, but this collapse it is difficult to heal. If you do not leave the production environment, you can delay a few months later, to the patient caused great pain. To protect contacts the health, effective prevention and treatment of occupational skin disease, the development of this standard.

Appendix A to this standard is an informative appendix.

This standard is proposed and centralized by the Ministry of Health of the People's Republic of China.

This standard by the Chinese Center for Disease Control and Prevention Occupational Health and Poison Control, Shanghai Dermatology and STD Hospital grass.

This standard is interpreted by the Ministry of Health of the People's Republic of China.

Diagnostic criteria for occupational skin ulcers Occupational skin ulcers refers to the direct contact with some of the production of chromium, beryllium, arsenic and other compounds due to the form of more specific, Typical eyebrows, slow course of skin ulcers, such as chrome ulcers (chrome sore), beryllium ulcers and so on.

1 Scope

This standard specifies the diagnostic criteria and principles of occupational skin ulcers.

This standard applies to occupational exposure to chromium, beryllium, arsenic and other compounds caused by the diagnosis and treatment of specific skin ulcers, not Applicable to occupational chemical skin burns, burns, frostbite and other diseases caused by or other follow the blood barrier caused by skin ulcers of the clinic Break and deal with.

2 Diagnostic principles

According to a clear history of occupational exposure, special skin performance, combined with the operating environment of labor hygiene survey data, excluding its He is similar to the skin damage before being diagnosed.

3 Diagnostic criteria

Early lesions are mostly edematous erythema or papules, followed by the center evolved into light gray or grayish brown necrosis, and in the number Days rupture, around the flush. And then gradually higher than the ulcers around the skin. Typical ulcers are round, about 2 to 5 mm in diameter, the surface often a small amount of secretions, or covered with gray and black scab, the surrounding is wide 2 ~ 4mm texture solid dark red embankment So that the entire skin lesions like bird eyes. During the recovery process inflammation gradually subsided, ulcers shallow, narrow, healed, and finally embankment Uplift gradually flattened, leaving a slight atrophic scars.

Such as continue to contact, ulcers difficult to heal, the course can be up to several months and even years.

Ulcers may have mild tenderness; pain is generally not obvious, but can be increased after exposure to strong stimuli.

4.1 Principles of treatment

Timely removal of the skin on the residual pathogens; clean wounds, symptomatic treatment.

4.2 Other processing

Occupational skin ulcers generally do not affect the labor force. In the case of enhanced protection, can continue to engage in the original work.

5 Use the instructions of this standard correctly

See Appendix A (informative).

Appendix A

(Informative)

Correctly use the instructions in this standard A.1 Common pathogens of occupational skin ulcers are hexavalent chromium compounds such as chromic anhydride, chromic acid, chromate and dichromate, and Beryllium fluoride, beryllium chloride, beryllium sulfate and other soluble beryllium compounds. More common in chromium, beryllium smelting and the production and use of its compounds (such as Tanning, chrome) and other industries.

A.2 Occupational skin ulcers before the onset of local skin lesions often history, such as dermatitis, insect bite, scratch and a variety of trauma.

A.3 Occupational skin ulcers occur in more parts of the fingers, back, forearm and calf and other direct contact parts.

A.4 common by the chromium, beryllium compounds caused by skin ulcers were bird-like, sometimes due to trauma was linear or irregular shape, A small number of other pathogens caused by the edge of the edge is often no obvious embankment uplift.

A.5 metal compounds caused by skin ulcers, blood and urine metal content can only prompt the degree of contact, can not be used as the diagnosis of occupational skin ulcers.

A.6 diagnosis of the disease should be the cause of diagnosis, in the name of the brackets marked with pathogens, such as "occupational skin ulcers (chrome Potassium acid caused by ").

A.7 The disease should be noted with the chemical skin burns, ulcers (deep impetigo) caused by ulcers identified.

A.8 occupational skin ulcers are currently based on symptomatic treatment. Treatment, emphasis on repeated cleaning wounds and overlying impervious dressings Fixed, so that both isolated from the disease, improve efficacy, but also without leaving the production conditions for treatment.

After damage to the skin contact with the disease, should immediately rinse with water, and protect the wound, to prevent ulcer formation.