



Letter to Editor

Are new roles being established for occupational health nurses in the health surveillance of workers exposed to reprotoxic agents?

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Real Decreto (RD) 665/1997, of May 12, transposed Council Directive 90/394/EEC, of June 28, 1990, on the protection of workers from the risks related to exposure to carcinogens at work and establishes the minimum provisions applicable to activities in which workers may be exposed to carcinogenic or mutagenic agents, with the aim of protecting them and preventing risks related to exposure (1).

Since the approval of the aforementioned Directive, it has undergone several modifications that have led to successive updates of RD 665. The most recent one, in compliance with Directive (EU) 2022/431, incorporates protection against reprotoxic agents, agents that can have adverse effects on the sexual function and fertility of adults, as well as on the development of offspring (2). This update represents a significant step towards safer and

healthier work environments but will require a joint effort from all occupational health professionals for its effective implementation.

The amendment to the RD was subjected to prior public consultation procedures, during which the most representative trade union and business organizations were consulted, in addition to considering contributions from the National Commission on Safety and Health at Work (2). However, it is unknown whether the proposed changes submitted by *Asociación de Especialistas en Enfermería del Trabajo* (AET) were evaluated, as no response was received, nor have the changes requested by AET, related to the inclusion of our professional role in the text, as described and discussed below, been incorporated:

1. Article 8, paragraph 4 states that ‘the physician responsible for workers' health surveillance may propose individual preventive or protective measures for each individual worker, thus limiting these measures exclusively to the physician. This is restrictive, as both the prevention and protection of workers' health are also within the remit of occupational health nursing and disregards the crucial role of highly qualified and essential professionals in workers' health surveillance.
2. Point 1 of Annex II states that ‘The physician and/or the authority responsible for the health surveillance of workers exposed to carcinogens, mutagens, or reprotoxic agents must be familiar with the exposure conditions or circumstances of each worker.’ This wording appears to disregard the fact that occupational health nurses should also be familiar with the exposure conditions and circumstances of workers. Given the numerous occasions on which we are in direct and continuous contact with workers, familiar with their risks, and managing them independently, are we not the responsible authority? Or is this a euphemism to avoid mentioning us?

3. Point 2 of the same Annex states that 'The health surveillance of workers must be carried out in accordance with the principles and practices of occupational medicine; it must include at least the following measures:
 - a. Recording each worker's medical and occupational history.
 - b. Personal interview.
 - c. Where appropriate, biological monitoring, as well as detection of early and reversible effects.

Given that there are specific principles and practices of occupational health nursing that are applied to health surveillance, we believe that our professional role should also be mentioned at this point. Furthermore, considering that we also actively participate in the recording of health and occupational history, in the personal interview, and, primarily, in the detection of early and reversible effects, as we are often the first to identify initial signs and symptoms of exposure (3).

The inclusion of our professional role in the text would explicitly acknowledge the role of occupational health nurses, who are fully qualified to assess and manage occupational risks, eliminate ambiguities regarding responsibility, and more accurately reflect current occupational health practice. Furthermore, it would foster a multidisciplinary team approach, essential for effective and comprehensive health surveillance.

The current wording of the RD, which also places particular emphasis on training and information, again, fundamental elements of our functions, could be considered an underestimation of our competencies and responsibilities. The lack of mention of our professional role or recognition of our body of knowledge in this and other publications is becoming increasingly dismissive.

Despite these omissions and drawing upon the resilience of which our profession should be proud, and, above all, prioritizing the care of workers, the RD obliges us to consider reprotoxicity, now with particular emphasis, primarily due to existing legislation protecting

working women during pregnancy and lactation, such as Article 26 of the *Ley de Prevención de Riesgos Laborales* (4), RD Legislative 2/2015 (5), Law 39/1999 (6), Council Directive 92/85/EEC (7), or Organic Law 3/2007 (8). Now, the reprotoxicity of the substances to which workers are exposed compels us to assess potential risks during the fertile period, affecting sexual function, which must also include men, and which may affect offspring development. To this end, the Nursing Process, through its systematization and organization, will provide us with a particularly useful guide in situations with which we may not be fully familiar, enabling us to make informed and more effective decisions and perhaps, should it not adequately address the needs that arise, allowing us to contribute to the body of nursing knowledge with a diagnosis, intervention, or improvements in the description or characteristics. Examples include intervention 7160, *fertility preservation*, where, to the information about factors related to infertility (maternal age over 35, sexually transmitted diseases, chemotherapy, and radiation), exposure to reprotoxic agents should be added; or the review of the obstetric history to identify risk factors related to pregnancy, where exposure to reprotoxic agents should also be added within intervention 6800, *high-risk pregnancy care*; as well as others related to hormonal changes, libido, or cancer (9).

In conclusion, the revision of the RD entails, if not novel duties, then new considerations for professionals within occupational health services, where occupational health nurses fulfill a significant role that we must not only execute but also advocate for to ensure recognition of our professional standing in worker health.

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