Skin Care and the Management of Work Related Dermatitis

For use in (clinical areas): All areas of the Trust
For use by (staff groups): All staff
For use for: Reducing the risk of work related contact dermatitis
Document owner: Occupational Health Service
Status: Approved

Purpose of this document

To provide guidance on the effective skin care and management of work related dermatitis.

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Definitions

Atopy – Predisposed to allergic conditions, i.e., hay fever, asthma, eczema as a child

Irritant contact dermatitis – where agents have a direct effect on the skin e.g. wet work or detergents

Allergic contact dermatitis – this involves a hypersensitivity to skin sensitisers such as cosmetics, fragrances and preservatives

Contact urticaria – which can be sub-divided into two types: non-immunological and immunological, and these are associated with the proteins found in some foods and latex (NRL)

Health surveillance programme – systemically watching out for early signs of work-related ill health in employees exposed to certain health risks. In the case of Work Related Contact Dermatitis (WRCD) it is looking for skin damage on hands from certain work activities for example frequent hand washing and the wearing of gloves
1. **Introduction**

Contact Dermatitis is the most common form of work related skin diseases seen in healthcare professions. The Health & Safety Executive (HSE) estimate that 1,000 nurses per year develop work related contact dermatitis (WRCD) (HSE 2008).

Dermatitis is an inflammatory condition of the skin caused by contact with a substance which can result in irritation, redness, cracking and/or blistering of the skin. Wet work activities and contact with soaps and cleansers are recognised as having the potential to cause WRCD (HSE 2008). The majority of cases are of mild severity but when severe, dermatitis can be a disabling condition.

The Health & Safety at Work Act 1974 imposes a duty on employers to protect so far as is reasonably practicable the health, safety and welfare of their employees and others who may be affected by their work activities.

The West Suffolk Hospital NHS Trust acknowledges that all staff may be at risk of developing WRCD and recognises its responsibilities to provide effective care and information to prevent any employee from developing WRCD and to prevent the worsening of pre-existing dermatitis.

The Management of Health & Safety at Work Regulations 1999 and the Control of Substances Hazardous to Health regulations 2002 require employers to carry out suitable and sufficient risk assessments to identify any substances or work processes that may cause WRCD, and to carry out suitable health surveillance as and when required.

2. **Scope of this Policy**

This policy is applicable to all members of staff who work at the Trust including agency staff and contractors, who may have contact with substances or work processes that may cause or worsen WRCD.

3. **Responsibilities**

4.1 **Trust Board**

The general responsibilities are outlined in the Health & Safety Policy.

4.2 **Chief Executive**

The Chief Executive has overall responsibility for Health and Safety. Day to day accountability is through the Directors, General Managers, Service Managers and Line Managers.

4.3 **Service Managers and Line Managers**

These Managers are responsible for the overall Health and Safety within their respective wards/departments and must:

- Ensure that a general and COSHH specific risk assessment is undertaken with regard to work and clinical activities where the risk of WRCD is inherent within their area of responsibility
- Identify and implement any necessary action and/or control required following the risk assessment
- Ensure that all members of staff are given the necessary information, instruction and training to enable them to prevent and manage the care of their skin
- Ensure that where applicable a health surveillance programme is initiated and an annual health check carried out (see Appendix I)
- An identified competent person may be delegated to carry out the role of checking skin
- Ensure completed health checks are forwarded to the Occupational Health Service
- Ensure an incident form is completed and sent to the Risk Office for all cases of suspected/diagnosed dermatitis

4.4 Employees
- Must follow the guidance given by the Infection Prevention Team on the correct practice for washing their hands and the use of moisturisers to promote infection prevention and skin integrity
- Must promptly report any failings in any control measures to their line manager
- Must promptly report to their line manager and occupational health if they develop any symptoms of WRCD.
- Complete an incident form for any signs of dermatitis and send to the Risk Office.
- Must attend mandatory training on infection prevention.

4.5 Occupational Health Service
- Will assess the annual health check forms completed by members of staff as part of the health surveillance programme and forwarded to the Occupational Health Department by their manager
- Will maintain a record of incidences of WRCD reported to them
- Data will be collected on number of staff requiring health surveillance and number or incidences of WRCD and present such data to the Health & Safety Committee annually.
- Information will be provided on measures to reduce the risk of developing WRCD to all new members of staff on commencement of employment
- Advice will be provided to individual member of staff, who report skin symptoms to the OHD, on measures to improve the skin condition and reduce the risk of developing WRCD
- Advice will be provided to applicants, employees and line managers on the individual's fitness to work with skin irritants or sensitisers and when necessary OH will refer the employee to their General Practitioner for further advice and treatment

4.6 Procurement Manager
The Trust Procurement Department must ensure that a risk assessment is carried out prior to purchase of new products, as required by the Control of Substances Hazardous to Health Regs 2002.

4.7 The Risk Office

- To provide advice to line managers on the completion of general and COSHH specific risk assessments for workplace dermal exposures and the suitability of control measures.
- To provide advice on the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 1995 reporting system as necessary

4.8 Health & Safety Committee

The Health & Safety Committee is responsible for ensuring risks associated with dermal exposure are managed in accordance with this policy and local procedures. Reporting of compliance monitoring will be made to the Corporate Risk Committee following receipt of report from the Occupational Health Department.

5. Instruction, Information and training

All employees will be provided with appropriate information and training to enable them to comply with this policy. This will include:

- Trust induction
- Local (area) induction
- Employment assessment and provision of information leaflet by Occupational Health Service
- Mandatory training by Infection Prevention Department

6. Monitoring and Review

Implementation, compliance and effectiveness of this policy will be monitored by the Health, & Safety Committee as part of the annual policy review. This will be achieved through reporting against defined key performance indicators (below) and exception reporting on the findings of workplace inspections.

Key Performance indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>No. of staff requiring regular Health Surveillance</td>
<td>Occupational Health Department</td>
</tr>
<tr>
<td>- By Ward</td>
<td></td>
</tr>
<tr>
<td>- By Staff Group</td>
<td></td>
</tr>
<tr>
<td>No. of staff reporting WRCD</td>
<td>Occupational Health Department</td>
</tr>
<tr>
<td>- By ward</td>
<td></td>
</tr>
<tr>
<td>- By Staff Group</td>
<td></td>
</tr>
<tr>
<td>Completion of general and COSHH specific risk assessment</td>
<td>COSHH Link Person</td>
</tr>
<tr>
<td>No. of RIDDOR reports made to HSE</td>
<td>Risk Office</td>
</tr>
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7. Development of the Policy

7.1 Changes compared to the previous document
This is a new policy

7.2 **Contributors and Peer Review**

This document will be submitted to the Risk Management Executive Committee for approval and endorsement following consultation and agreement by the Health & Safety Committee.

7.3 **Other Relevant Documents**

- Control of Substances Hazardous to Health Policy PP039
- Health Safety and Welfare Policy PP018
- Incident Reporting and Management PP105
- Occupational Health Policy PP046
- Prevention and Management of Risks to Latex PP195
- Hand Hygiene Policy PP225

References

- HSE: Health and Safety at Work Act 1974
- HSE: Control of Substances Hazardous to Health Regulations (as amended) 2002
- HSE: Sector Information Minute (SIM) 07/2003/24
- FOM: Dermatitis Occupational aspects of management A National Guideline
- FOM: Evidence based guidance for Employers; Dermatitis, Occupational aspects of Management
- FOM: Evidence based guidance for Employees; Dermatitis, Occupational aspects of Management
- Patient Safety Information, National Patient Safety Agency May 2005
- West Suffolk Hospital Trust - Infection Control Manual, Standard Principles for Preventing Hospital Acquired Infection, Section 3.

<table>
<thead>
<tr>
<th>Author(s):</th>
<th>Occupational Health Manager</th>
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<td>Other contributors:</td>
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<td>Approvals and endorsements:</td>
<td>Health &amp; Safety Committee</td>
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<td>Health &amp; Safety Committee</td>
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<td>PP(12)286</td>
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<td>Equality Assessed:</td>
<td>Yes</td>
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<tr>
<td>Implementation:</td>
<td>This document will be widely circulated within the Trust, including all Heads of Department and Ward Managers and will be made available on the Trust’s Intranet and Internet sites. Relevant changes will be brought to the attention of staff during circulation.</td>
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<tr>
<td>Monitoring: (give brief details how this will be done)</td>
<td>See Section 6</td>
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<tr>
<td>Other relevant policies/documents &amp; references:</td>
<td>See Section 7</td>
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<td>Additional Information:</td>
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Appendix I

Annual Health Surveillance
Skin Check

It is the responsibility of all employees to co-operate with their employer and attend for Health Surveillance, as laid out in the Control of Substance Hazardous to Health Regulations (As Amended) 2002.

Name: ________________________________ Sex: ________________

DOB: ________________ National Insurance No: _______________________

Address: __________________________________________________________________________

__________________________________________________________________________________

Job: ________________________________ Ward/Dept: _______________________

Start Date: __________________________

<table>
<thead>
<tr>
<th>Do you suffer from any of the following if “Yes” please give further details</th>
<th>Yes</th>
<th>No</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin on hands red</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Itching hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rash on hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry, cracked skin on hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peeling skin on hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blisters</td>
<td></td>
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Do you consider your Skin Condition to be:

Good    Fair    Poor

Please give details of any other skin conditions.

Manager Signature: ………………………………………………………………………………………………

Name: (Please print) ………………………………………………………………………………………………

Source: Occupational Health Manager    Issue Date: January 2016    Page 6 of 10
Status: Approved    Review Date: January 2018    Document Ref: PP(16)286
Please return the completed form to the Occupational Health Department, an appointment will be issued to the member of staff for further investigation, if required.

Further Action: ........................................ OHNA Signature........................................
Date: ..........................
HAND CARE

It should be clear that wearing any form of protective glove may have an adverse effect upon the skin of the hand and/or forearm. Sensible precautionary measures will help to reduce skin problems:

- Gloves must be worn as a single use item and discarded after each care activity.
- Never wear gloves for excessive times.
- Never apply powder or other lubricants to aid in putting on gloves.
- During breaks and at the end of the day apply a moisturiser to return lost oils to the skin.
- Gloves should be regarded as clinical waste and disposed of accordingly.
- The re-use of disposable gloves is not recommended (MDA 1995).
- All gloves should be removed carefully to prevent contamination, and hands must always be thoroughly washed and dried on each occasion.

Gloves play a dual role:

a) As a barrier for personal protection
b) For the prevention of transmission of infection to patients

It is important to ensure that gloves fit correctly; poor fit can interfere with dexterity and sensitivity.

Friction may occur when tightly fitting gloves continuously rub against the skin causing damage to the upper layer of skin cells resulting in irritation.

Air occlusion can occur when gloves are worn for too long causing excessive sweating, a larger size may reduce this.

The Occupational Health Department must be contacted where WRCD is a risk.
GLOVE SELECTION/TYPE OF ACTIVITY

DO YOU NEED TO WEAR GLOVES?

NON-STERILE SOFT VINYL/NITRILE
- Disposal of clinical waste
- Disposal of contaminated linen
- Disposal of contaminated instruments/sharps
- Handling or processing of specimens
- Contact with non-intact skin or mucous membranes
- Patient care where there is a risk of exposure to blood/body fluids
- Handling of cyto-toxic materials
- Care of patients in isolation
- Environmental cleaning with detergents and disinfectants

STERILE VINYL/NITRILE
- Aseptic procedures
- Preparation of sterile pharmaceuticals
- Wound dressings

STERILE LATEX / LATEX-FREE SURGEONS GLOVES
- Gowned Sterile Surgical procedures
- Post-mortem examinations/procedures
- Surgical obstetric procedures

Appendix