SKIN CARE AND PREVENTION AND MANAGEMENT OF WORK RELATED DERMATITIS

Skin care & prevention of work related dermatitis Oct 2011
DOCUMENT TITLE

Contents

1 INTRODUCTION ................................................................................................................. 3
2 DEFINITIONS .................................................................................................................. 3
3 SCOPE .......................................................................................................................... 4
4 RESPONSIBILITIES ....................................................................................................... 4
5 AWARENESS TRAINING ............................................................................................... 5
6 MONITORING COMPLIANCE ....................................................................................... 5
7 REFERENCES ................................................................................................................. 5
8 ASSOCIATED DOCUMENTS ......................................................................................... 6
9 EQUALITY IMPACT ASSESSMENT ............................................................................. 6
10 ACKNOWLEDGEMENT ........................................... ERROR! BOOKMARK NOT DEFINED.

EQUALITY IMPACT ASSESSMENT TOOL STAGE 1 - SCREENING ................................. 10

APPENDIX 1 Annual Health Surveillance Skin Check form
APPENDIX 2 Protecting your hands and glove usage
1 INTRODUCTION

1.1 Contact dermatitis is the most common form of work related skin disease seen in healthcare professionals. The Health and 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). Many cases are of mild severity but when severe, dermatitis can be a disabling condition.

1.2 The Health and Safety at Work Act 1974 imposes a duty on employers to protect the health and safety of their employees and others who may be affected by their work activities. The Royal Bournemouth and Christchurch foundation Trust acknowledges that staff other than healthcare professionals may also be at risk of developing WRCD and the Trust recognises its responsibilities to provide an effective occupational health and safety management system in order to prevent any employee from developing WRCD and to prevent the worsening of pre-existing dermatitis.

1.3 The Management of Health and Safety at Work Regulations 1999 and the Control of Substances Hazardous to Health Regulations 2002 (COSHH) require employers to carry out suitable and sufficient risk assessments to identify any substances or work processes that may have the potential to cause work related dermatitis.

1.4 The purpose of this policy is to ensure that the Trust complies with current health and safety legislation and best practice guidance in the protection of the health safety and welfare of its employees by reducing the risk of an employee developing WRCD or the worsening of pre-existing WRCD.

2 DEFINITIONS

2.1 The term Work Related Contact Dermatitis covers the following 3 conditions:

- Irritant contact dermatitis where agents have a direct effect on the skin e.g. wet work and detergents
- Allergic contact dermatitis – this involves a hypersensitivity to skin sensitisers such as cosmetics, fragrances and preservatives
- Contact urticaria – which can be subdivided in 2 types - non- immunological and immunological and these are associated with the proteins found in some foods and latex.

2.2 Health surveillance programme

- Health surveillance involves systematically observing for early signs of work-related ill health in employees exposed to certain health risks. In the case of WRCD it is looking for skin damage on hands from certain work activities, for example frequent hand washing and the wearing of gloves.
3 SCOPE

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

4 RESPONSIBILITIES

4.1 Chief Executive, Trust Board and General Managers will:

- ensure that the resources required to implement this policy will be made available.

4.2 Ward/Department Managers will:

- undertake general and COSHH specific risk assessments of work activities to identify any process that may cause WRCD.
- implement the necessary control measures identified in these risk assessments.
- assist in the implementation of health surveillance programmes by ensuring their employees take part.
- ensure that any employees who develop symptoms are referred to Occupational Health (OH)
- ensure employees complete the annual skin surveillance skin check form (APPENDIX 1) at appraisal and return it to Occupational Health

4.3 The Health and Safety Officer will:

- provide advice to line managers on the completion of general and COSHH specific risk assessments for work place skin exposures and the suitability of control measures.
- will provide advice on the Reporting of Injuries Diseases and Dangerous Occurrence Regulations (RIDDOR) reporting system as necessary, taking specialist advice from the Consultant Occupational Physician as required.

4.4 Employees will:

- follow the guidance given by Infection Prevention and Control team on the correct current practice for washing hands and the use of moisturisers to promote infection prevention and control and skin integrity.
- promptly report any failings in the control measures to their line manager
- promptly report to their line manager and OH if they develop any symptoms of WRCD.
- attend the mandatory training sessions on infection prevention and control which includes advice on the signs, symptoms and the prevention of WRCD, together with the need to report any development of these symptoms
- complete the annual skin surveillance skin check form (APPENDIX 1) at appraisal with their manager
4.5 **Occupational Health will:**

- provide a health surveillance programme to those employees identified as having work place dermal exposures
- provide advice to individual staff, who report skin symptoms to OH, on measures to improve the skin condition and reduce the risk of developing WRCD
- OH will record all incidences of WRCD reported
- OH will provide advice to applicants, employees and line managers on the individual’s fitness to work with skin irritants or sensitisers
- when necessary OH will refer the employee to their General Practitioner requesting onward referral to a Dermatologist

4.6 **Infection Prevention and Control team will:**

- give advice on hand hygiene products and personal protective equipment such as gloves that will be provided for employees to maintain good hand hygiene and promote infection prevention and control

5 **AWARENESS TRAINING**

5.1 Awareness Training for employees will be provided through formal mandatory training sessions.

5.2 An information leaflet called “Protecting your hands” (APPENDIX 2) will be provided for all new starters. Other employees can access this electronically via the hospitals intranet system via Human Resources website under ‘Health’.

6 **MONITORING COMPLIANCE**

6.1 Implementation, compliance and effectiveness of this policy will be monitored by the Health & Safety Committee as part of the annual review. This will be achieved through reporting against defined key performance indicators below:

- Feedback on data from OH regarding number of employees reporting WRCD
- Identification of shortfalls which will be addressed by an action plan

7 **REFERENCES**


8 ASSOCIATED DOCUMENTS
This policy should be read in conjunction with the following:
- Health and Safety policy
- Control of Substances Hazardous to Health policy
- Infection Prevention and Control policy
- Hand Hygiene policy
- Latex Policy
- Disinfection of equipment and the environment policy
- Standard precautions policy

9 EQUALITY IMPACT ASSESSMENT
This policy has been assessed using an equality impact assessment initial template and is deemed to meet current equality requirements
**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 Substances Hazardous to Health Regulations (Amendment) 2004.*

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>D.O.B.:</th>
<th>Job Title:</th>
<th>Ward/Dept:</th>
<th>Date of assessment:</th>
<th>Extn No(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do you suffer from any of the following?</th>
<th>Yes</th>
<th>No</th>
<th>If 'Yes' please give 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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If 'yes' to any of the above, how long have you had these problems? | <1 year | 1 to 5 years | >5 years

<table>
<thead>
<tr>
<th>Do you have access to moisturiser/barrier creams in the workplace?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do you consider your Skin Condition to be?</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
</table>

**Please give details of any other skin conditions:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If 'Yes' please give details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psoriasis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eczema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex allergy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex sensitivity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other, specify: ____________________________

<table>
<thead>
<tr>
<th>Line Manager's name:</th>
<th>Date of last review:</th>
<th>First Review</th>
</tr>
</thead>
</table>

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.

**Occ Health Use:** OHNA Signature | Date: _/__/__

---

Project 1703 Page 1 of 1
GLOVE USE

IT IS IMPORTANT THAT YOU USE THE RIGHT GLOVE FOR THE RIGHT JOB

♦ The majority of glove users do not suffer problems through wearing them.
♦ If problems occur, they are generally skin problems, which often affect the hands.
♦ The symptoms vary and may include an immediate or delayed rash on the hands, which can spread to other areas.
♦ Less commonly, there may also be eye, nose or throat irritation or perhaps chest symptoms.
♦ In certain cases, food allergies have been linked with latex allergy. The more common allergies known are to avocado, chestnuts, banana, kiwi fruit, orange, melon, peaches and nectarines.
♦ It is recommended that you wear gloves which are appropriate for the task/activity you are required to undertake.
♦ If the advice overleaf is followed and the symptoms do not resolve, or if the initial symptoms are severe or systemic, it may mean that there is a sensitisation to latex or the chemicals used in the glove manufacture.

Contact Occupational Health on Ext. 4217 for further advice.

PROTECTING YOUR HANDS AND GLOVE USAGE

If you have followed the advice but your hands become dry, sore, red or irritated, contact Occupational Health ext 4217 for further advice and inform your line manager.
As a worker in a health care environment taking good care of your hands is vital to you and your job.

- It is important to remember that frequent and poor hand washing/drying technique can contribute to skin problems.
- If you are experiencing dryness the first step is to review your hand hygiene practice. Dryness can be considerably reduced and controlled by ensuring the following practice is followed:

  - **Wet hands before applying the wash lotion to the skin**
    Wetting hands first puts a layer of water between your hands and the wash lotion, this helps with foaming but also means it is easier to rinse off the wash lotion.

  - **Volume**
    Only one pump of the wash lotion is required.

  - **Use tepid running water to wash hands – NOT HOT!**
    Hot water melts away the natural fats found in the surface layer of the skin. When these fats are removed the surface layer of the skin dries out and becomes cracked and brittle.

  - **Follow the 6 point technique – you will find details of this in all clinical areas and the Hand Hygiene Policy**
    Follow the 6 point technique for hand washing and also rinsing to ensure all areas of the hands are free from dirt, micro organisms and wash lotion residues.

  - **Do not disinfect hands with an alcoholic hand sanitizer directly after washing**
    If your hands are still wet with open pores from washing with warm water the alcohol can get into the living layers of the skin and will cause a stinging sensation. This sensation is common also with dry skin for the same reason.

  - **Never “air dry” when using alcohol hand sanitiser**
    Within the formulation are high quality emollients that must be rubbed into the skin to have a beneficial effect.

  - **Dry hands thoroughly**
    Especially in winter; if hands are not dried properly the weather outside and heating systems inside can cause extreme dryness, or increase smaller issues.

  - **Moisturise regularly**
    Use water based (lanolin-free) emollient creams (moisturisers) at the start and end of your shift, in any breaks and at any other time you feel you need it, especially at night. Soap, hand washing, wearing gloves & hand disinfectant can all remove moisture from the skin; to keep the protective surface layer of the skin in good condition we must replace moisture when required. The backs of your hands lose the most moisture and also absorb the most moisture so rub moisturiser into the backs of the hands first.

  - **Look after your hands outside work too**
    We all know certain jobs & use of cleaning products at home can cause dryness to hands e.g. gardening, wet work and general cleaning. If you are doing any of these jobs wear gloves and protect your hands. To protect your hands from the cold weather when outside in winter wear gloves at all times. When you get dry hands there will be other factors other than just work affecting your hands.

    The above advice should be followed at all times not just when the skin becomes dry.
### EQUALITY IMPACT ASSESSMENT TOOL STAGE 1 - SCREENING

<table>
<thead>
<tr>
<th>Name &amp; Job Title of Assessor: Lucy Perkins Senior Nurse Occy Health</th>
<th>Date of Initial Screening: December 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy or Function to be assessed: Skin Care and prevention and management of work related dermatitis Policy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The policy identifies:</td>
</tr>
<tr>
<td></td>
<td>• it is for ‘all’ employees</td>
</tr>
<tr>
<td></td>
<td>• that employees should be treated fairly &amp; equitably</td>
</tr>
<tr>
<td></td>
<td>Additionally, the policy was developed with staff side partnership</td>
</tr>
</tbody>
</table>

1. **Does the policy, function, service or project affect one group more or less favourably than another on the basis of:**

   - Race & Ethnic background No
   - Gender including transgender No
   - Disability No
   - Religion or belief No
   - Sexual orientation No
   - Age No

2. **Does the public have a perception/concern regarding the potential for discrimination?**

   No

**Signature of Assessor:**
Date: 9 December 2011

**Signature of Line Manager:**
Date: 9 December 2011