Managing Skin at Work Procedure

Supplements the Health Surveillance Policy

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<tr>
<th>Lead Manager:</th>
<th>Clinical Director Occupational Health and Health and Safety Service Manager - Acute</th>
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<tr>
<td>Responsible Director:</td>
<td>Director of HR</td>
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<tr>
<td>Approved by:</td>
<td>Board Health and Safety Forum</td>
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<tr>
<td>Date approved:</td>
<td>June 2014</td>
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<td>Date for review:</td>
<td>June 2016</td>
</tr>
<tr>
<td>Version:</td>
<td>1.0</td>
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<td>Replaces previous version:</td>
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MANAGING SKIN AT WORK PROCEDURE

1.0 Procedure Status
This procedure has been reviewed in support of the Health Surveillance Policy. This procedure forms part of NHS Greater Glasgow & Clyde Health and Safety Management System.

1.1 Purpose
The purpose of this guidance is to provide both managers and staff with the information they need to know about managing skin care at work within NHS Greater Glasgow & Clyde. It sets out recommendations for health surveillance in accordance with HSE Guidance Note MS24 as well as recommendations for hand care and protection in accordance with NHS Greater Glasgow & Clyde Hand Hygiene Policy and Control of Substances Hazardous to Health (COSHH) and NHS Greater Glasgow & Clyde’s recommendations for glove selection.

1.2 Prevalence and Organisational Impact.
Contact dermatitis\(^1\) is the most common form of work-related skin disease suffered by health and social care professionals. Those most affected groups are: nurses, midwives, medical radiographers, nursing auxiliaries, operating department practitioners, allied health professionals / healthcare scientists, dental and medical practitioners. Other people affected in this sector include: catering, domestic services and laundry staff who are at risk from work related contact dermatitis where there is a need to wash their hands regularly known as “wet work”\(^2\) or where the skin is frequently exposed to chemicals or rubber materials (e.g. gloves) used in personal protective equipment.

In terms of impact it is suggested that in the UK occupational dermatitis comprises up to 20% of all occupational diseases each year with nurses having nearly seven times higher than average for all professions. As well as the debilitating effects of dermatitis on the staff member, there is now evidence emerging that suggests that those suffering from severe or acute dermatitis may be more likely to be colonised with micro-organisms than normal skin. There may also be an increased risk of transmission to patients, although this evidence at present is weak. The consequences to staff if left unmanaged can be severe resulting in sickness absence, staff replacement costs, incident investigation and prolonged enforcement activity from the Health & Safety Executive.

2. Risk Assessment

2.1 COSHH Assessment
Managers should refer to the NHS Greater Glasgow & Clyde’s COSHH Procedure in order to identify and risk assess those substances that are either used or generated in the workplace which might cause skin health effects following exposure. The following additional information sources can help contribute to this process:

- HSE’s “Skin at Work” web pages
- HSE’s Work-related contact dermatitis in the health services

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\(^1\) Dermatitis Definition: An inflammatory condition of the skin caused by contact with outside agents which can result in irritation, redness, cracking and blistering

\(^2\) Wet Work Definition: HSG262 Skin at Work – Wet work is a term used to describe prolonged or frequent contact with water (particularly with soaps, cleaners and other chemicals). Wet work can cause the skin to over-hydrate. It is the leading cause of Irritant Contact Dermatitis but often goes unrecognised. “prolonged contact” of more than 2 hours, or more than 20-40 hand washes a day, are likely to lead to dermatitis
• Substances with a “skin notation” (symbol “SK”) in EH40/2005 Workplace exposure limits

• HSE, Dermatitis in health and social care

• The product label – look for the risk and safety phrases e.g. “S24 Avoid contact with skin”

• NHSGGC Latex (Safe use of) Policy

2.2 Health Surveillance

Reference should be made to NHSGGC Health Surveillance Policy; this is designed to assist managers in determining whether or not they need to set up a Health Surveillance programme based on the COSHH Assessments undertaken above.

2.3 Health Surveillance Process

If skin surveillance is required the Manager must ensure the following steps are undertaken:

Step 1. Ensure a COSHH risk assessment has been undertaken for Hand Hygiene / scrubbing products, along with a “Wet Work” risk assessment and Standard Operating Procedures. Your legal duty is to make sure that this information is accessible to staff, and that they are aware of the hazards, risks and controls associated in preventing and managing dermatitis.

Step 2 If health surveillance is required the manager should nominate a ‘responsible person’ within wards and departments to initiate the health surveillance process on behalf of them. Responsible person’s need to be identified, along with a deputy.

Before assuming the appointment responsible persons should undergo training, this will be provided in the form of an e-learning module through LearnPro. There are 2 relevant modules: ‘Hand Hygiene’ which is relevant for ‘responsible persons’, and ‘Skin Health for Managers’. The LearnPro link requires Internet Access. Please register with LearnPro first if you haven’t before and then navigate to the module. Note: if you are a Manager who is taking up the role of responsible person then complete the Skin Health for Managers Course and NOT the responsible person course. Managers may consider the opportunity to combine health surveillance form completion and/or discussions with staff, with the annual eKSF/ PDP process.

Step 3 A Skin Health for Managers LearnPro module has been developed. All managers whose staff are exposed to wet work or products that can damage skin should complete this training. This can also be accessed via the LearnPro link above.

Step 4 The LearnPro Hand Hygiene Module is now available for all staff. This should be revalidated every 3 years. The module contains a sub-module on good skin care practice. Managers are to ensure that staff will be aware of good skin care practice and are given the appropriate time “at work” to complete this module (which is short – approx 30min to complete). Hand Hygiene training should be incorporated within e-ksh.

Step 5 If you are informed that a staff member may have a work related skin problem then you must refer the affected person to Occupational Health using the online management referral system.

The advice given by the Occupational Health department, to managers, about the management of staff, is deemed as risk control measures under the Health and Safety at Work legislation and COSHH, and cannot / must not be ignored. If the
measures advised by OH appear impractical then you must liaise further with OH. Procedure outlined in (Appendix 1).

**Step 6**  
In the event that OHS or another Registered Medical Practitioner (RMP) determine the ailment is an occupational disease this will be formally reported by the RMP to the employees manager, if not already undertaken a Datix should be completed and an investigation commenced, occupational diseases are categorised under RIDDOR as reportable incidents, the manager should follow requirements within the NHSGGC Incident Management Policy.

**Step 7**  
Ensure staff adhere to appropriate hand washing procedures as detailed in the HPS National Infection Prevention and Control Manual 2012, and use the approved hand hygiene products listed (Appendix 2). 2nd and alternative choices are only to be used on an individual basis following authorisation by occupational health.

**Step 8**  
Ensure staff are informed and have appropriate gloves available for the procedures that they undertake. The Glove Selection poster should be laminated and made visible (Appendix 4). Further guidance can be found within the National Infection Prevention and Control Manual
Appendix 1
Following steps are to be taken if a staff member is found with symptoms of dermatitis

NHS Greater Glasgow & Clyde Process for Referring Suspect Dermatitis Cases to Occupational Health

If signs and symptoms of dermatitis have been identified during the regular checks/observations: @ a minimum annually or more frequently according to the risk assessment process then the Manager/RP must issue the employee with questionnaire 2 for completion and referral to OHS

The Manager must refer the affected staff member to occupational health using the online referral system. This is a statutory requirement under COSHH and the staff member must attend

The Manager gives the Responsible Person’s Questionnaire to the staff member to take to Occupational Health

Staff member attends Occupational Health. OH complete the health surveillance record, this is given back to staff member completed, staff member gives health record to Manager

OH follow up with manager’s report and a copy goes to the line manager. The line manager must implement OH’s recommendations – this is a must do under COSHH. If the line manager cannot implement OH’s recommendations they must inform OH

If the OH physician confirms on diagnoses, “occupational dermatitis”, then this will be reported formally to the Health & Safety Executive under the RIDDOR Regulations and further internal investigations will ensue in line with NHS Greater Glasgow & Clyde Incident Management Policy and Procedures. If a staff member is diagnosed by their own GP, rather than OH, then this may also be reportable under RIDDOR, if it is reliably known that the condition is attributable to workplace exposure.

If a formal RIDDOR notification is made then the relevant Manager must initiate a DATIX report and commence an investigation, with input from OHS/H&S as appropriate
Appendix 2

NHS Greater Glasgow & Clyde Approved Hand Hygiene Products (Product list Updated as of 6 May 14)

<table>
<thead>
<tr>
<th>Product</th>
<th>Procurement Route</th>
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<th>Procurement Route</th>
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<tbody>
<tr>
<td><strong>SOAP</strong></td>
<td></td>
<td><strong>GELS</strong></td>
<td>(Product range through Procurement and Pecos)</td>
<td><strong>EMOLLIENT</strong></td>
<td></td>
<td><strong>SCRUBBING</strong></td>
<td>(Product range through Procurement and Pecos)</td>
</tr>
<tr>
<td><strong>Recommended routine use</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Kimberley Clark Kimcare K6333 soap 1 Litre</td>
<td>Pecos code 000852</td>
<td>Softcare Med H5 Diversey</td>
<td>Ordered via Procurement Pecos 100ml code 6069613 500ml code 7516402 800ml code 6960700</td>
<td>Diversey Derma Soft</td>
<td>Ordered via Pecos from NDC sku code 800ml size. 6971740 500 ml size sku 7517497 100ml size sku 7518328</td>
<td>Sterillium Disinfectant Hand Rub 1000 ml</td>
<td>Procurement Pecos Code 080366</td>
</tr>
<tr>
<td>B Braun Soap Lifosan Pure 100 ml (used in Community and single patient use)</td>
<td>Pecos code 131082</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Procurement Pecos Code 080373</td>
</tr>
<tr>
<td><strong>2ND Choice</strong></td>
<td>Dermol 500</td>
<td>Ordered via pharmacy</td>
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*Not to be used routinely. For individual use only as authorised by occupational health

Please check procurement codings as information is only correct at time of approval and National Contracts may change in the course of the Policy. Ensure products are reviewed at the same time as the Procedure.
Appendix 3

Protecting Your Hands – Faculty of Occupational Medicine

- The dermatitis does not deteriorate as a result of clinical work.

(5) You must report any new dermatitis or any deterioration in existing dermatitis to occupational health or to your manager (if you don’t have access to an occupational health service). Your doctor/occupational health advisor and employer should consider temporary and, if necessary, longer-term adjustments to duties and/or redeployment to facilitate recovery. Your employer should review their risk assessment for dermatitis in relation to your job.

(6) If you have hand dermatitis, take good care of your skin by paying particular attention to good hand-hygiene techniques, appropriate use of both gloves and conditioning (moisturising) creams.

Good hand care is covered in more detail in the box below. Most of these principles were covered in a successful skin educational programme for employees, some of whom had hand dermatitis. With the exception of using conditioning creams, we do not know whether each bit of advice is successful on its own. However, in combination, these good practice points should help to improve your dermatitis.

(7) If you have dermatitis, you should as a general rule use conditioning creams (moisturisers) when you are at work and after work.

If you have hand dermatitis and you work in healthcare, you should (as a general rule) use alcohol rubs where appropriate (when the hands are visibly clean) as a substitute for full hand washing as part of good hand hygiene.

However, if the application of creams and rubs is painful because of existing dermatitis you should consult occupational health for specific advice.

Further copies of this leaflet are available from NHS Plus:
Email: nhsplus@nhs.net

The principles of good skin care: good practice points

- If you have dermatitis you should take special care in hand washing. Wash your hands in lukewarm water. Make sure that you rinse your hands carefully to remove all traces of soaps and detergents, and dry them thoroughly, paying particular attention to the spaces between your fingers.

- Use alcohol hand rubs instead of full hand washing for infection control purposes as much as possible. If hands are not visibly dirty or visibly soiled with blood or other body fluids, alcohol rubs can be used for decontamination. Always follow the infection control and hand hygiene guidelines in your own workplace.

- Soap or detergents and water tend to collect under rings and make it difficult to achieve clean dry skin. If your job involves frequent hand washing, it is best to avoid wearing finger rings at work. Wear only a plain wedding ring if you must wear a ring at all, and take extra care to rinse and dry beneath it.

- Use moisturising creams frequently to keep your skin from becoming dry. Use fragrance-free products. Apply moisturiser carefully, including the spaces between your fingers. Your employer should provide you with suitable moisturising creams in your workplace.

- Use protective gloves when necessary for wet work or when handling chemicals or potentially infectious material. But only use gloves for as short a time as possible (gloves themselves can make dermatitis worse), and don’t wear them if you don’t need to. If you do use gloves make sure they are clean, dry and intact (no holes).

- When using gloves for periods longer than 10 minutes, consider using a clean cotton glove underneath. However, the use of cotton gloves should be approved by infection control.
Introduction

This leaflet summarises the findings from a review of the published scientific literature about various aspects of managing cases of occupational dermatitis in healthcare workers. The work was carried out by a group of people that included representatives from occupational health, general practice, dermatology, the Health and Safety Executive, patients (employees) with dermatitis and employers. The recommendations aim to help healthcare workers who already have dermatitis to manage it, and to help employers reduce risks in the workplace. They are also intended to guide occupational health and other health professionals who might be asked to advise healthcare workers with dermatitis and their employers. Most of the recommendations and good practice points are quite specific to the healthcare setting (for example those that relate to hand hygiene and infection control). However, some of the recommendations are more general, and could be applicable to workers who are at risk of dermatitis in any workplace.

What is work-related dermatitis?

Dermatitis is a term used to describe the reaction that occurs when skin becomes inflamed. The main feature of dermatitis is a skin rash – typically consisting of an area of red swollen skin, sometimes with tiny blisters that weep and form a crust. The skin can become itchy, scaly or flaky and, if dermatitis persists for a long time, the skin becomes thickened and cracked. Work-related or occupational dermatitis is caused by something in the workplace – for example exposure to chemicals, frequent hand washing, or wearing gloves.

What sorts of job can cause dermatitis?

Jobs that are frequently associated with dermatitis include hairdressing, nursing, catering and engineering. But any job that involves frequent hand washing, having wet hands either frequently or for long periods, or in direct contact with certain products or chemicals can cause dermatitis.

Is work-related dermatitis a serious problem for my health?

While it is not life-threatening, dermatitis can be a painful and inconvenient problem. Patients with dermatitis often say that it affects their quality of life a great deal. It can also be associated with serious complications such as skin infection. If work-related dermatitis is detected and managed at an early stage, the outlook is reasonably good. But if not identified and treated it can become persistent and can limit your ability to carry out some sorts of work safely.

Why is dermatitis sometimes caused by work?

Some jobs give rise to dermatitis because a substance that comes into contact with the skin causes irritation or specific allergy. Repeated physical abrasion (rubbing) of skin and frequently washing the skin can also cause dermatitis – particularly if detergents are not rinsed off and/or the skin is not dried properly. Even wearing gloves to protect hands from contact with chemicals can give rise to irritation or allergy – for example, because the glove material itself causes problems, or because they are not worn correctly, becoming contaminated inside and trapping harmful substances against the skin. The environment at work can also cause skin problems or make them worse, for example extremes of temperature (hot or cold) or a very dry atmosphere can make skin dry and inflamed.

What care should I expect from my employer?

Your employer has a legal obligation to identify jobs or tasks that are likely to cause dermatitis, to carry out a proper risk assessment, to put in place appropriate control measures and to inform you about the risk of dermatitis where appropriate. They have a duty to reduce the risk of skin problems as far as reasonably practicable, by preventing exposure to substances that are known to cause irritation or allergy or by controlling exposure. If adequate control cannot be achieved by other means, then they should provide protective clothing such as gloves. Your employer must also have a system for identifying cases of dermatitis early – usually by asking you to be vigilant for symptoms of dermatitis and to report them promptly to your manager or occupational health service, and also by asking you to complete a questionnaire and by inspecting your skin at intervals (this process is called health surveillance).

What should I do to look after my skin?

As an employee, you have a legal duty to cooperate with measures that have been put in place for your protection, including safe systems of work, protective clothing and the health surveillance programme for dermatitis in your workplace. More advice about how to look after your skin is provided below.

Where can I get more information about dermatitis?

Your occupational health department will be able to advise about getting the right treatment for dermatitis. They will advise both you and your manager about any specific causes in the workplace and how any risks might be minimised. If you don’t have access to an occupational health department, your general practitioner (GP) can advise about treatment (and sometimes also work aspects). Also your manager and safety representative should be able to help with information and advice. Your trade union representative can advise on your employment rights if changes to work are needed because of dermatitis. Useful information is available from the Health and Safety Executive website on skin problems: www.hse.gov.uk/dfindex

Recommendations

The key recommendations from this review focus on things that can be done in the workplace to limit the risks associated with dermatitis once it has already developed.

1. If you are a healthcare worker, you should be aware that any area of skin that is affected by dermatitis are more likely to be colonised with bacteria than normal skin. Colonisation means that bacteria are present and may multiply but are not causing actual infection (tissue damage). However, it is not clear whether you are more likely to transmit infection to patients from colonised skin than a healthcare worker who does not have dermatitis.

2. If you have dermatitis you should seek treatment as soon as possible through your GP.

3. Your doctor or occupational health advisor may advise adjustments to work or redeployment if you have severe or acute dermatitis on the hands, forearms, face, scalp or elsewhere. They may temporarily restrict you from clinical work with patients who are at high risk from hospital-acquired infection (e.g. high-dependency, immuno-compromised patients, patients during surgical procedures, post-operative surgical patients, neonates). Adjustments can be reversed when skin lesions are no longer severe or acute.

4. Your doctor or occupational health advisor may consider allowing you to continue with clinical work if your dermatitis is mild or well controlled, provided:
   - you are able to follow the normal infection control requirements including hand hygiene and glove wearing, without making your dermatitis worse or causing undue discomfort
   - you have not been implicated in a case of transmission of infection from colonised or infected dermatitis lesions to a patient.
Appendix 4

Glove Selection Poster – Which Gloves Do I use

Patient contact or procedure/task

Is this a surgical or invasive procedure?

Yes → Sterile surgical gloves

No

Is this a sterile procedure e.g. insertion of CVC?

Yes → Sterile latex/nitrile or neoprene gloves

No

Is this a non-sterile procedure with a risk of blood or body fluid contamination?

Yes → Non sterile gloves i.e. Nitrile

No

Is the procedure equipment or environmental cleaning?

Yes → Non sterile latex/nitrile or neoprene gloves

No

No gloves required