Work Related Skin Disease in Health Care Workers Policy

Author:	**Lead Nurse NHSL OH Team**
Responsible Lead Executive Director:	**HR Director**
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Responsible Person	**Lead Nurse NHSL OH Team**

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CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	• Lead Nurse NHSL OH Team •
Consultation Process / Stakeholders:	• NHS Lanarkshire Occupational Health Team • Salus Commercial Occupational Health Team • Health & Safety Team • Infection Prevention & Control Team
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CHANGE RECORD			
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05/08/13	C.Graham	Minor grammatical changes 2. Purpose re-worded 4.2 Explanation of Type 1 reaction expanded 4.4.2 re-worded 5.1/5.1 bullet points added to reflect RIDDOR guidance	2
		7. Change to reflect changes in junior medical staff online training References. Standard Infection Control Precautions manual and RCN: Tools of the trade added	
26/07/16		Section 10 Summary Of Policy added, existing Section 10 becomes Section 11	3
11/07/18		Slight modifications to reflect updated systems and process' 4.1/4.2 moved to appendix 1	4

		Urticaria information added into appendix 1	
14/08/2021		Rename policy to Work Related Skin Disease in Health Care Workers Policy Wording change. Occupational dermatitis, Work related Dermatitis standardised as Work Related Skin Disease References updated	5
28/08/2024	Lead Nurse MHSL OH Team	Change to recognise InPhase as the new incident, risk management and patient safety system introduced to NHS Lanarkshire 5th August 2024	6

1. INTRODUCTION

Dermatitis is a common occupational disease, which has an increased prevalence in healthcare workers (HCW). For individuals with severe disease, the condition can prove resistant to treatment, and can lead to the need to change jobs. Therefore, it is important to recognise and manage dermatitis effectively, and in a timely manner.

When work activities are recognised to lead to skin problems, employers have a duty of care under Health and Safety at Work etc. Act 1974, Control of Substances Hazardous to Health (COSHH) 2002 Regulations and the Management of Health & Safety at Work (MHSW) 1999 Regulations to assess the risks, provide suitable control measures, provide information, instruction and training, and implement health surveillance where appropriate

2. AIM, PURPOSE AND OUTCOMES

AIMS

- To describe procedures for preventing Work Related Skin Disease amongst HCWs
- To describe procedures for dealing with HCWs presenting with symptoms of Work Related Skin Disease
- To educate and inform HCWs and raise awareness of Work Related Skin Disease

PURPOSE

- To promote awareness of Work Related Skin Disease, to minimise the risk
- To disseminate information about Work Related Skin Disease to all relevant staff.
- Reduce the incidence and prevalence of Work Related Skin Disease in the local NHS Lanarkshire (NHSL) working population.
- To ensure optimal assessment and management of those who develop Work Related Skin Disease
- To assist NHS Lanarkshire in complying with Health and Safety Legislation and Infection Prevention and Control guidance.

OUTCOMES

- Exposure of HCWs to hazardous substances will be minimised as far as reasonably practicable within NHS Lanarkshire
- Where HCWs are exposed to hazardous substances within NHS Lanarkshire this will be supported by a robust risk assessment
- Any HCW exposed to hazardous substances on a regular basis following appropriate risk assessment will be monitored by suitable health surveillance where appropriate

3. SCOPE

3.1 Who is the Policy intended to Benefit or Affect?

The policy applies to all NHS Lanarkshire staff and others working within NHS Lanarkshire premises.

3.2 Who are the Stakeholders?

NHS Lanarkshire has consulted with the stakeholders listed in Section I) to produce this policy, setting out good practice on the development, implementation, monitoring and review of policies, ensuring the quality and consistency of all corporate policies

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4. PRINCIPAL CONTENT

4.1 INFORMATION, INSTRUCTION & TRAINING

Education aimed at helping workers understand the risks of Work Related Skin Disease and promoting good practice are common. These will cover the following information:

- Correct hand hygiene products and technique
- Use of detergents
- Careful rinsing and drying
- Correct use of disposable gloves
- Use of emollient hand creams

There is no strong evidence to confirm that this helps for those with established dermatitis. Nevertheless, it is a good practice point to follow this approach.

4.2 PREVENTION

4.2.1 General requirements

Under COSHH and MHSW Regulations, employers must make an assessment of the risks. A primary aim is to prevent the possibility of problems occurring. If this is not possible, controls must be used to minimise the risk of further problems.

The starting point for prevention of Work Related Skin Disease is the elimination or substitution of irritants or allergens in the work place.

4.2.2 Good Hand Hygiene and Skin Care

Careful hand hygiene to remove contaminants, irritants and allergens is an important part of skin care. Detergents and the mechanical trauma of repeated hand hygiene can themselves be a cause of dermatitis. This can be worsened if soaps are applied to dry hands, not properly rinsed off, or the hands are not dried fully. Good skin care helps prevent dermatitis. Staff should always adhere to appropriate hand hygiene techniques, use appropriate products and appropriate glove use as per National Infection Prevention and Control Manual

Emollient hand cream supplied by NHSL should be used to protect hands from the drying effects of regular washing and the appropriate use of alcohol based hand rub during work breaks and when off duty.

Broken areas of skin should be covered with a waterproof dressing

4.2.3 Health Surveillance of Staff

- COSHH Regulations place a responsibility on employers to perform a suitable and sufficient risk assessment of any hazard to health and to take reasonable steps to eliminate/reduce risk.
- Relevant information on this must be passed to employees. Employees have a responsibility to co-operate fully with employers in health surveillance
- Health surveillance will be performed by staff who have had appropriate training and experience.
- Two levels of health surveillance are available. The form of health surveillance will depend on the particular circumstances of exposure: level, frequency and duration; and on the outcome of the risk assessment.

Low Level Health Surveillance (Responsible Persons)

- Low level health surveillance is appropriate where there is an identified hazard that is well controlled with a low risk to the employee. Employees should be given information on symptoms to watch for and that these should be reported to an identified responsible person: someone who has been trained by an Occupational Health (OH) professional who is involved in supervising the surveillance. The responsible person must inform the OH department of employees with identified health effects.
- Each employee identified as being exposed by risk assessment will complete an annual assessment and occupational health will be informed of the results.
- Anyone reporting symptoms will be referred to an OH professional for further investigation.
- Managers will complete an annual return of staff assessed and referred to OH

High Level Health Surveillance

High level health surveillance would only be carried out if a risk assessment highlighted a significant risk to an employee's health. This would be carried out by Occupational Health

5. ROLES AND RESPONSIBILITIES

5.1 Control Book Holders/Line Managers

- Ensure all staff are aware of this policy
- Complete a COSHH risk assessment where a significant risk to health is identified
- Ensure an individual risk assessment is completed where a member of staff is already known to experience Dermatitis or other Skin Disease
- Communicate with staff the findings of the risk assessment and the appropriate control measures
- Identify staff to receive the appropriate information, instruction and training regarding hazards and risks
- Ensure any adverse reactions are recorded via the InPhase recording system
- Where advised by occupational health ensure a RIDDOR report is completed as per NHSL guidance
- Ensure low level health surveillance is carried out where risk assessment indicates
- Complete an Annual Return to Occupational Health
- Ensure all staff have completed the compulsory electronic education module on hand hygiene
- Where indicated, appoint a 'Responsible Person' to assist with health surveillance

5.2 Occupational Health

- Screen all applicants' pre-placement health questionnaires for indications of dermatitis, skin disease and latex allergy, and arrange to meet with individuals where clarification of diagnosis is required.
- Advise managers and prospective employees about adjustments to work for those with dermatitis or other skin disease.
- Provide managers with information to enable them to recognise the signs and symptoms of Work Related Skin Disease for referral to OH
- Review any staff with symptoms identified by annual health surveillance administered by manager
- Investigate all reported cases of skin disease and latex allergy in staff
- Report back on attendance and provide advice to staff and managers/Responsible Persons with regard to Work Related Skin Disease and latex allergy
- Advise managers where there is a need for RIDDOR reporting
- Provide annual health surveillance for all staff with identified Work Related Skin Disease
- Advise staff on the procedure for reporting any problems

- Provide statistics to NHS Lanarkshire on health surveillance carried out

5.3 Infection Prevention and Control Teams

- Advise staff of the correct procedure for undertaking hand hygiene, and for reporting any problems, when required, at training sessions, within SICPs related e-learning opportunities and during routine clinical visits
- Provide ongoing education and training for staff regarding hand hygiene
- Discuss the potential introduction of new hand hygiene products with Occupational Health

5.4 Responsibility of Employees

- Co-operate with Managers in the implementation of the Policy
- Report to Manager if experiencing any symptoms
- Report to Occupational Health if experiencing any symptoms
- Report to Occupational Health any problems or changes to the skin.
- Comply with the advice they receive from OH or Infection Control to minimise the risk of further adverse events.
- Report to Occupational Health any specific diagnosis
- Comply with completion of annual compulsory electronic education module on hand hygiene and any other identified and relevant training

6. RESOURCE IMPLICATIONS

6.1 Financial considerations:

- Alternative products where required
- Cost of covering absence relating to dermatitis

6.2 Staff considerations*:*

- Time and support of manager's/control book holders/identified responsible persons to carry out responsible persons health surveillance
- Occupational Health resources to review staff with identified symptoms
- Potential restrictions on affected staff

6.3 Education/Training/Awareness considerations:

- Staff requiring additional education or training

6.4 Environmental Impact considerations:

- Frequency of hand hygiene, use and disposal of associated products

7. COMMUNICATION PLAN

- The Policy and process will be communicated via the NHSL internet and intranet.
- The policy will be displayed on NHS Lanarkshire's public facing website. Articles referring to the Policy will be carried in the Pulse and staff briefs.

- New staff members will be captured during Corporate Induction sessions.

- Existing staff should obtain this guidance from the NHSL Latex Policy and the National Infection Prevention and Control Manual.

- Education to medical staff will be delivered via the junior medical staff online training system.

- Robust communication and timeous cascading of information to all relevant staff groups is paramount in relation to latex issues and glove usage to ensure a safety culture is maintained.

8. QUALITY IMPROVEMENT – Monitoring and Review

8.1 Policy Review

The Policy will be reviewed every 3 years by the contributing authors and a range of the Stakeholders.

The reviews, including qualitative and quantitative data, will be reported through the Staff and Organisational Development Group. Similar processes will be put in place should an issue arise within any annual cycle for any specific change to the Policy

8.2 Health Surveillance of Staff

There is a statutory requirement to conduct health surveillance programmes, when there is a recognised risk of workers developing Work Related Skin Disease. Work Related Skin Disease, in particular Contact Dermatitis, is higher in healthcare than all other professions (HSE). Those most affected, but not limited to, are nurses, midwives, medical radiographers, health care assistants, medical practitioners and physiotherapists. Surveillance is indicated in the healthcare setting.

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EQIA ✓

(tick box)

10. SUMMARY OF POLICY

As Work Related Skin Disease is the most common form of work related ill health this policy is designed to allow NHS Lanarkshire, managers and employees to manage the potential risks.

It provides a framework allowing the education and instruction on work practices and substances that can have a potential impact on the integrity of the skin, highlights the risks and symptoms that may be experienced with Work Related Skin Disease.

Explores preventative measures and the steps that should be taken when symptoms emerge.

The policy also ensures clarity of roles in the prevention and management of Work Related Skin Disease in health care workers.

11. REFERENCES

- NHS Lanarkshire Latex Policy
- NHS Lanarkshire Occupational Health Surveillance Policy
- Section 3F of the NHSL Health & Safety Control Book
- Health & Safety Executive 'Skin at Work' Guidance (https://www.hse.gov.uk/skin/index.htm)
- HSE: Medical Aspects of Occupational Skin Disease (MS24).
- HSE: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- National Infection Prevention & Control Manual (https://www.nipcm.scot.nhs.uk/)
- Dermatitis: Occupational Aspects of Management, Royal College of Physicians, 2009
- Tools of the trade: RCN guidance for health care staff on glove use and the prevention of work related dermatitis (2022)
- RCN – Clinical Professional Resource 'Skin Disease Competency Framework' April 2021
- Royal College of Physicians: Dermatitis - Occupational aspects of management. A national guideline

12. CHECKLIST

To be sent to Corporate policies:-

Copy of completed policy
Copy of EQIA
Copy of assurance process document for all policies
Copy of fast-track document if applicable

Appendix 1

DISEASE

Work Related Skin Diseases are one of the most commonly reported occupational disorders. Dermatitis is the largest sub-group.

Healthcare workers are an occupational group known to be at particular risk compared to the general population. Particular hazards are frequent hand washing, and frequent use of gloves.

To cause a Work Related Skin Disease, a substance must penetrate the surface layer of the skin, and then provoke a reaction with the vulnerable tissue beneath. The

surface layer is called the barrier layer, although only the thickness of tissue paper, is remarkably resistant to penetration.

The most common reaction to penetration is known as eczema. When caused by contact with a substance, it is also known as contact dermatitis. Substances capable of causing contact dermatitis divide into the 2 groups of irritants and sensitisers (or allergens).

A skin irritant is any non-infective chemical or physical agent that can cause skin damage if applied to the skin for sufficient time and in sufficient concentration. In some industries, strong irritants can have an immediate effect. Within the healthcare setting, the drying effect of repeated hand washing and use of soaps can act as an irritant. The need for repeated hand washing can have the cumulative effect of causing dermatitis.

A skin sensitiser can cause an allergic reaction. There are no absolute differences between the visible effects of allergic and irritant dermatitis although the underlying mechanisms are different. Therefore, a careful history is required, and investigations may also be indicated.

CLINICAL FEATURES

Symptoms and Signs

The main signs of dermatitis are itching, redness, swelling, blistering, flaking and cracking of the skin. When dermatitis is long-term, it may produce lichenification (thickening of the skin).

It is important to establish from the history what the likely cause of the dermatitis is. The following information should be gathered:

- Past history of eczema, or other atopic conditions (hay fever, asthma).
- When the skin problem started.
- What seems to exacerbate the condition? (e.g. after using hand hygiene products and associated practices, contact with a substance or use and overuse of disposable gloves)
- How quickly the symptoms develop after contact. (If allergy is suspected, and the reaction is within a few minutes, it is more likely to be a Type 1 reaction. Alternatively, if the symptom takes hours or days to develop, it is more likely to be a Type 4 reaction). See below for more information.

From this information, it may become clearer whether the underlying cause is irritant or allergic.

Type 1 (immediate hypersensitivity reactions).
Presentation is rapid and symptoms occur within 5 – 10 minutes:

- Urticaria (hives)
- Runny nose, runny and red eyes
- Wheezing/asthma
- Anaphylaxis

Type 4 (allergic contact dermatitis)

Individuals can develop a sensitivity to wide range of substances, at both work and home. There may be regular exposure to the allergen in both environments. In the case of allergic contact dermatitis to gloves, it is more likely due to the accelerators used in the manufacturing process (thiurams, carbamates and benzothiazoles) although type 4 sensitivity to latex itself has been reported. This is particularly important as these chemicals may be found in other types of gloves. Symptoms develop 12 – 24 hours after exposure and can cause red, dry and cracked skin with itching and blisters.

Urticaria

Urticaria is a skin condition caused by contact with something that irritates the skin or causes an allergic reaction. Contact urticaria is different from dermatitis. In particular, it usually occurs quickly following skin contact and disappears again within hours.

Common causes of urticaria are:

- latex protein in single-use latex gloves
- some foods (e.g. potatoes, fish, meat)
- cold or heat.