Policy for the Prevention & Management of Occupational Dermatitis and Latex Allergy in a Healthcare Setting

V2.0

March 2016
Summary

**Document Title:** Policy for the Prevention and Management of Occupational Dermatitis and Latex Allergy in a Healthcare Setting

**Approved by:** Health and Safety Committee: 21st April 2016

**Purpose of the document:**

To protect individuals employed by Royal Cornwall Hospitals Trust from developing skin conditions through exposure to potential irritants they may encounter whilst at work.

To describe the occupational health management of those who develop skin conditions.

To minimise the risks to patients and staff that may arise as a consequence of skin conditions developed by healthcare workers.

**Posts with specific responsibilities:**

- Ward/Departmental Managers
- Individual Staff
- Occupational Health Service
- Health & Safety Team
- Infection Prevention & Control Team
- Dermatology Department
- Procurement Team
- Health & Safety Committee

**Key points in the document**

The risk of skin problems is increased in those who are exposed to agents through their work that can irritate or sensitise the skin. This can include frequent handwashing and the use of gloves in healthcare workers. Many of the exposures that place those working in a healthcare setting at increased risk are related to infection prevention and control requirements.

Background information for staff and managers regarding dermatitis and allergy.

Assessment forms

Referral to Occupational Health

Reporting of Occupational Dermatitis
1. Introduction

1.1. The risk of skin problems is increased in those who are exposed to agents through their work that can irritate or sensitize the skin. This can include chemicals, reagents, frequent handwashing and the use of gloves in healthcare workers. Many of the exposures that place workers at increased risk in a healthcare setting are related to infection prevention and control requirements. Paradoxically the skin problems that can develop as a consequence of such exposures may compromise the integrity of the skin as a barrier to infection and can lead to issues of infection prevention and control and possible transmission of infection to or between patients.

1.2. Skin problems are common in the general population. Dermatitis is a frequently reported occupational disease, and has an increased prevalence in healthcare workers. For a minority of individuals with severe symptoms, the condition can prove resistant to treatment, and can lead to the need to change jobs. It is therefore important to recognize and manage dermatitis promptly and effectively.

1.3. Latex allergy emerged as a major problem in the healthcare setting from the 1980’s. Since the introduction of non-powdered low protein latex gloves and alternative products to latex, the incidence has dramatically reduced.

1.4. This policy looks at the management of occupational dermatitis and latex allergy.

1.5. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. The purpose of this policy is:

- To protect individuals from developing skin conditions through exposure to potential irritants they may encounter whilst at work.
- To describe the occupational health management of those who develop skin conditions.
- To minimize the risks to patients and staff that may arise as a consequence of skin conditions developed by healthcare workers.

3. Scope

This policy applies to all employees of the Royal Cornwall Hospitals Trust.

4. Definitions / Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>Royal Cornwall Hospitals Trust</td>
</tr>
<tr>
<td>COSHH</td>
<td>Control of Substances Hazardous to Health Regulations 2002 (as amended)</td>
</tr>
<tr>
<td>RIDDOR</td>
<td>Reporting of Diseases and Dangerous Occurrences Regulations 2013</td>
</tr>
<tr>
<td>H&amp;S</td>
<td>Trust Health &amp; Safety Team</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HSE</td>
<td>Health &amp; Safety Executive</td>
</tr>
<tr>
<td>MRSA</td>
<td>Meticillin-Resistant Staphylococcus Aureus</td>
</tr>
<tr>
<td>OHP</td>
<td>Occupational Health Physician</td>
</tr>
<tr>
<td>DNA</td>
<td>Did Not Attend</td>
</tr>
<tr>
<td>NRL</td>
<td>Natural Rubber Latex</td>
</tr>
<tr>
<td>MHSWR</td>
<td>Management of Health &amp; Safety at Work Regulations 1999</td>
</tr>
<tr>
<td>RAST</td>
<td>Radioallergosorbent test – test detecting the presence of specific IgE to certain allergens</td>
</tr>
</tbody>
</table>
5. Ownership and Responsibilities

5.1. The Role of the Ward/Department Managers

All Managers are responsible for:

- Undertaking local risk assessment with regards to potential occurrence of dermatitis and/or latex allergy for their specific staff/department/ward area.
- Undertaking a six monthly low level health surveillance (Appendix 3:p13) for skin issues with all their staff where indicated as necessary by the above risk assessment. This will not apply to all staff, hence the requirement for risk assessment first.
- Providing evidence to Occupational Health that the above has taken place through the submission of the ‘Low Level Skin Surveillance Record Sheet’ (Appendix 9:p26).
- Recording at annual appraisal that skin care has been discussed at this.
- Providing each member of staff in high risk groups with an annual skin surveillance questionnaire (Appendix 4:p14) at appraisal and request this be completed and returned to Occupational Health.
- Referring individuals to Occupational Health where skin issues are reported/identified.
- Submitting a Datix when initially made aware that an issue is present and maintaining the ongoing handling of this entry thereafter. (See Appendix 5:p16 for an example for guidance)
- Ongoing handling of any Datix entry submitted by Occupational Health.
- Ensuring that individuals are released to attend Occupational Health appointments when these fall within rostered working hours.
- Accommodating adjustments to work where possible.
- Obtaining an ongoing provision of alternative products which have been recommended for individuals by Occupational Health via the ward/departmental budget.
- Maintaining the employee COSHH health record.

5.2. The Role of the Occupational Health Service

- Screening health declarations at the start of employment.
- Seeing and advising staff with concerns or identified problems.
- Referring staff for further assessment where appropriate.
- Advising managers about fitness for work.
- Advising managers and Health & Safety Team where a diagnosed condition may require reporting under RIDDOR.
- Identifying any general trends or concerns and arranging appropriate investigation.
- Undertaking higher level health surveillance where indicated for dermatitis and latex allergy.
- Submitting Datix entry at the initial skin assessment appointment if this has not already been completed by the manager or individual prior to their appointment, and informing the manager of the Datix reference number.
- Maintain a register of employees with latex allergy or severe dermatitis.
- Undertaking training where indicated.
- Liaising with Infection Prevention and Control, Health & Safety, Dermatology and GPs as appropriate.
- Undertake meetings with Health & Safety Officer to review known cases.
5.3. The Role of Individual Staff

All staff members are responsible for:
- Reporting any problems with their skin to their manager or direct to Occupational Health at onset of symptoms
- Ensuring that a Datix has been submitted
- Complying with hand decontamination procedures
- Complying with glove use policy
- Where applicable according to management risk assessment, complying with low level skin surveillance process with manager
- Completing and returning their annual skin surveillance questionnaire to Occupational Health as requested
- Attending all Occupational Health appointments

5.4. The Role of the Health & Safety Team

- Undertaking organisational COSHH and risk assessment and ensuring local risk assessments are carried out; in particular the risks from latex exposure, and excessive handwashing.
- Delivering training in risk assessment
- Reporting to HSE under RIDDOR where indicated as the organisation’s designated responsible person
- Undertake meetings with Occupational Health Lead to review known cases

5.5. The Role of the Infection Prevention and Control Team

- Delivering training on hand decontamination including good hand care
- Undertaking hand hygiene audits
- Liaising with the Occupational Health team where appropriate

5.6. The Role of the Dermatology Department

- Undertaking assessments of employees who have been referred by Occupational Health and providing information to Occupational Health, individual Health Care Workers and the Health & Safety team as indicated

5.7. The Role of the Procurement Team

- Ensuring that equipment such as hand decontamination materials and gloves meet Trust recommendations and national standards

5.8. The Role of the Hotel Services Provider

- To ensure that the contract provides only the Trust agreed hand decontamination materials within all Trust locations, a supply of these products is always readily available and that the products are constantly replenished

5.9. Role of the Health & Safety Committee

The Committee is responsible for:
- Monitoring incidence and identified trends of Occupational Dermatitis and Latex Allergy, and agreeing and reviewing actions required by the Trust
6. Standards and practice
6.1. All staff and Managers have a duty to report individual cases and possible work related skin conditions to the Occupational Health Department.

6.2. All staff and managers are responsible for ensuring that any skin problems are reported via the Trust reporting system, Datix.

6.3. All staff have a duty to complete and return the annual skin surveillance questionnaire to Occupational Health. (Appendix 4:p14).

6.4. All Managers are responsible for undertaking low level skin surveillance (Appendix 3:p13) with every member of their team deemed applicable by the risk assessment on a six monthly basis.

6.5. All managers are responsible for handling and investigating Datix submissions assigned to them, and/or informing the Datix team who the appropriate handler is if this is not themselves

7. Dissemination and Implementation
7.1. Line managers should ensure that staff are aware of this policy and ensure that the principles are adhered to.

7.2. This policy is available for all staff via the intranet documents library. Staff without access should contact their line manager for information on how to access policies by other means.

7.3. As this is a newly revised policy, this will be advertised via internal Trust communication facilities and at Team Talk.

8. Monitoring compliance and effectiveness
8.1. OH will ensure that a register of staff known to the service with identified skin issues is maintained.

8.2. OH will provide quarterly reports to the Health and Safety Committee regarding levels of incidence for skin complaints, any identified trends, number of annual skin surveillance forms returned and whether the six monthly low level skin surveillance by managers is taking place.

8.3. Concerns arising will be considered at Trust Health & Safety Committee meetings to ensure that any trends or outbreaks are identified and investigated or issues with new products or practices identified.

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Management of staff with a skin condition, numbers of reported skin issues in staff, Low level health surveillance of all staff by their managers, Annual skin surveillance questionnaire returns.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Occupational Health – Clinical Lead</td>
</tr>
<tr>
<td>Tool</td>
<td>This will be monitored fortnightly by cases known to Occupational Health &amp; cross checked with Datix reports received by Health and Safety Team.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Frequency of Monitoring may vary dependent on the</td>
</tr>
</tbody>
</table>
department / individual / OH advice, but will take place at least quarterly.

<table>
<thead>
<tr>
<th>Reporting arrangements</th>
<th>Any actions requiring immediate attention will be reported to the ward/department manager. OH will provide quarterly reports to the Health and Safety Committee. The report will be submitted in advance of the scheduled meeting for consideration by members prior to undertaking any discussion at said meeting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Recommended actions will be identified and reported to the Health &amp; Safety Committee for discussion, recording in meeting minutes and actioning.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned immediately where necessary. Lessons will be shared with all relevant stakeholders.</td>
</tr>
</tbody>
</table>

9. **Updating and Review**

This policy will be reviewed every three years.

10. **Equality and Diversity**

   **10.1. General statement**

   Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

   **10.2. Equality Impact Assessment**

   The Initial Equality Impact Assessment Screening Form is at Appendix 2:p11.
# Appendix 1: Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Policy for the Prevention and Management of Occupational Dermatitis and Latex Allergy in Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>March 2013</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>12th December 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>12th December 2019</td>
</tr>
</tbody>
</table>
| Directorate / Department responsible (author/owner): | Lorna Richards  
Senior Occupational Health Specialist Nurse |
| Contact details: | 01872 252273 |
| Brief summary of contents | Guidance for managers and staff on prevention and management of skin conditions |
| Suggested Keywords: | Dermatitis, Latex, Allergy, skin |
| Target Audience | RCHT | CFT | KCCG |
| | ✓ | | |
| Executive Director responsible for Policy: | Chief Operating Officer |
| Date revised: | 4 March 2016 |
| This document replaces (exact title of previous version): | Prevention and Management of Dermatitis, Latex Allergy and MRSA Skin Colonisation In Healthcare Workers |
| Approval route (names of committees)/consultation: | Health & Safety Committee |
| Divisional Manager confirming approval processes | {Original Copy Signed} |
| Signature of Executive Director giving approval | {Original Copy Signed} |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet & Intranet | ✓ Intranet Only |
| Document Library Folder/Sub Folder | Human Resources/Occupational Health |
| Links to key external standards | The Health & Safety at Work etc Act 1974.  
Management of Health & Safety at Work Regulations 1999.  
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).  
Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended). |
Training need identified?  
Yes. There may be a requirement for some advice for managers on completing the low level assessment form.

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2013</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Occupational Health</td>
</tr>
<tr>
<td>March 2016</td>
<td>V2.0</td>
<td>Review and update to reflect new processes. Removal of MRSA Colonisation from title and content as this is now in a separate policy.</td>
<td>Lorna Richards Senior Occupational Health Specialist Nurse</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
## Appendix 2: Initial Equality Impact Assessment Form

| Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy): | Policy for the prevention and management of occupational dermatitis and latex allergy in healthcare workers. |
| Directorate and service area: | Human Resources/Occupational Health |
| Is this a new or existing Policy? | Existing |
| Name of individual completing assessment: | Lorna Richards |
| Telephone: | 01872 252273 |

1. **Policy Aim***

   To provide guidance to all employees of RCHT in relation to the prevention and management of skin conditions in healthcare workers.

2. **Policy Objectives***

   Prevention and management of skin conditions associated with work

3. **Policy – intended Outcomes***

   To protect individuals from developing skin conditions through exposure to potential irritants they may encounter whilst at work.
   To describe the occupational health management of those who develop skin conditions.
   To minimise the risks to patients and staff that may arise as a consequence of skin conditions developed by healthcare workers.

4. **How will you measure the outcome?***

   This will be monitored by verifying and checking incidents reported to Occupational Health via OPAS, cross referenced with Datix reports submitted to the Health & Safety Team.

5. **Who is intended to benefit from the policy?***

   All employees of RCHT

6a) **Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?***

   No

b) **If yes, have these *groups been consulted?***

C). **Please list any groups who have been consulted about this procedure.***
### 7. The Impact
Please complete the following table.

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong> (male, female, trans-gender / gender reassignment)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Race / Ethnic communities /groups</strong></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Disability</strong> - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Religion / other beliefs</strong></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Marriage and civil partnership</strong></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</strong></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. **or**
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. **Yes** **No** ✓

9. If you are not recommending a Full Impact assessment please explain why.

Not Required

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorna Richards</td>
<td>04.03.2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Names and signatures of members carrying out the Screening Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
</tbody>
</table>

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed _______________  
Date _______________
Appendix 3: Low level skin health surveillance visual tool

Pictorial Examples of Occupational Contact Dermatitis & Latex Allergy for guidance
Images obtained from www.hse.gov.uk/skin/employ/dermatitis.htm: [accessed 02.03.16]

1) Assess for symptoms from boxes A and B and record on the chart below to obtain overall score

Examples of scoring (for guidance)

<table>
<thead>
<tr>
<th>2 from A and none from B = 2</th>
<th>2 from A plus 3 from B = 5</th>
<th>3 from A plus 3 from B = 6</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Details</th>
<th>A Dryness, redness or discolouration, itching, thickened skin</th>
<th>B Cracking, Flaking, Blistering, Open sores, Bleeding, Infection</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Looks Normal</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>1 of</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2 of</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3 of</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4 of</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5 of</td>
<td></td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

2) Refer to Occupational Health when....

Score at least 2 from section A and any from section B
OR
Any from section B

Score of 1-2 from box A – ensure good handwashing technique is being used, especially rinsing, increase moisturising to several times throughout the day and then assess again after 3-4 weeks.
## Appendix 4: Annual skin surveillance questionnaire

### ANNUAL SKIN SURVEILLANCE QUESTIONNAIRE

Please complete in block capitals, sign and return to the occupational health dept.

### PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Home Address:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Forename(s):</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Post Code:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Gender:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Tel No:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Mr/Mrs/Miss/Ms/Dr:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Mobile No:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Previous Surname:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>GP Name &amp; Practice:</td>
<td>........................................................................</td>
</tr>
</tbody>
</table>

### EMPLOYMENT

<table>
<thead>
<tr>
<th>Field</th>
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</thead>
<tbody>
<tr>
<td>Job Title:</td>
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<tr>
<td>Ward/Dept:</td>
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<td>Division:</td>
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<tr>
<td>Trust/Organisation:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Location/Area of Work:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Line Manager:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Manager’s Job Title:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Their Tel No:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Hours Worked:</td>
<td>Full Time ☐ Part Time ☐ (........hrs) Temporary Contract ☐ (........months)</td>
</tr>
<tr>
<td>Length of Employment:</td>
<td>................. Years  ................. Months</td>
</tr>
</tbody>
</table>

### ASSESSMENT

**CURRENT CONDITION:**

Do you have any skin problems on your hands at present? ☐ Yes ☐ No

If no, please go straight to the declaration section on p2, sign and then return this form as instructed.

If YES please describe: ........................................................................

...........................................................................................................

If YES does the problem improve when you are away from work? ☐ Yes ☐ No

If YES can you give the main factors that you think may be contributing to the problem with your skin:

.................................................................
**EXPOSURE:**

What percentage of the time do you come into contact with chemicals?  

- [ ] 100%  
- [ ] 75%  
- [ ] 50%  
- [ ] 25%  

If YES, what type of substances?  

Do you use Personal Protective Equipment (PPE) at work?  

- [ ] Yes  
- [ ] No  

If YES what type of PPE do you use? (e.g. gloves)  

**WASHING:**

How often do you wash your hands during a normal day?  

- [ ] Times per day  

What product are you using to wash your hands when at work?  

Do you use alcohol gel instead of hand washing?  

- [ ] Yes  
- [ ] No  

If YES, please give details of how often you would use this:  

- [ ] Times per day  

Do you regularly use moisturiser on your hands?  

- [ ] Yes  
- [ ] No  

If YES, how many times a day do you use it?  

- [ ] > 5  
- [ ] 2-3  
- [ ] Once  
- [ ] Weekly  
- [ ] Rarely  
- [ ] Never  

What other skin products do you use regularly?  

Do you partake in any other activities which may affect your skin? (i.e. DIY, Housework)  

- [ ] Yes  
- [ ] No  

If YES do you use gloves when doing housework/washing dishes?  

- [ ] Yes  
- [ ] No  

Do you wear gloves to protect your hands at other times?  

- [ ] Yes  
- [ ] No  

---

**EMPLOYEE DECLARATION**

I understand that substances are used within my workplace which have been known to cause dermatological irritation. I understand that under the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended) a programme of health surveillance is appropriate for my employment and this questionnaire will form part of my occupational health record.

Signature:  

Name (Capitals):  

Date:  

---

**OCCUPATIONAL HEALTH USE ONLY**

Recorded on Opas  

- [ ] Yes  
- [ ] No  

Appointment Made?  

- [ ] Yes  
- [ ] No  

Appointment Required?  

- [ ] Yes  
- [ ] No  

Signature:  

Name:  

Date:  

---
Appendix 5: Example Datix for Information/Guidance Purposes

There is the potential for any case of Dermatitis in the workplace to be Riddor reportable, so please enter yes. This will be decided jointly by Occupational Health and Health & Safety after assessment in line with Legislation.
Enter your own Division, Specialty and Ward / Unit / Department and Location

<table>
<thead>
<tr>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
</tr>
<tr>
<td>Sub Category</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
</tr>
<tr>
<td>Division</td>
</tr>
<tr>
<td>Division Specialty</td>
</tr>
<tr>
<td>Patient Specialty</td>
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<td>Location exact</td>
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**Immediate Actions Taken**

- Occupational Health contacted and appointment set up. Manager advised of my need to attend this appointment to allow them to ensure my release and subsequent cover of my shift.

**Does the incident involve any of the following?**

- Major Trauma Care?: No
- End of Life Care?: No

**Reporter Details**

- **First names**: Natasha
- **Surname**: Quick
- **Job Title**: Health & Safety Advisor
- **Daytime Telephone Number**: 01872 25 2130
- **Work Email Address**: natasha.quick@hha.net

[Submit] [Submit and print] [Cancel]
Manager or Self-Referral for Skin Assessment Received in OH

Appointment made for Skin Assessment with an OH Nurse

Initial OHN assessment undertaken
Datix submitted
Record on skin cases spreadsheet

DNA 1st Appointment

Manager informed. New appointment made and sent to employee

Alternative Product trialled if indicated

OHN reviews after 6-8 weeks

Issues remain - 2nd alternative product trial

Issues resolved - case closed. Annual review questionnaire

2nd DNA
OHP letter sent to employee and manager informed

OHN Reviews after 6-8 weeks

Issues remain – 3rd alternative product trial

Issues resolved - case closed. Annual review questionnaire

OHP reviews case and makes decision whether to offer 1 more appointment
OR
Remove case from surveillance programme due to employee’s non engagement

Issues remain – 3rd alternative product trial

Case allocated for OHP opinion and RIDDOR decision.

OHP advises H&S Manager via email of their RIDDOR decision.

OH & H&S meet fortnightly to review all new and ongoing cases and actions

Issues remain - OHP to assess +/- Dermatology referral

Manager informed of decision

Annual review questionnaire

OHP advises H&S Manager via email of their RIDDOR decision.

OH & H&S meet fortnightly to review all new and ongoing cases and actions
Appendix 7: Context and background

LEGAL
When hazards in the workplace have the potential to lead to health problems, employers have a duty of care under COSHH (HSE:2002) and the Management Regulations (HSE:1999) to assess the risks, reduce the risk as far as practicable, provide suitable control measures, provide information, instruction and training, and implement health surveillance where appropriate.

Occupational contact dermatitis due to exposure to soaps, detergents, rubber processing chemicals and other compounds that may cause irritation or sensitisation is reportable under RIDDOR, and confirmation of diagnosis is required from a medical practitioner.

EPIDEMIOLOGY
Hand dermatitis is common in the general population, however increased handwashing, wearing gloves and exposure to substances such as cleaning/decontamination substances (such as in healthcare settings) can lead to an increase in the incidence of issues.

Since the late 1980s there has been a dramatic increase in the use of gloves in healthcare practice in UK. Initially the majority of gloves used were latex because of its particular properties, and usually these gloves were powdered to assist with donning. The prevalence of type 1 latex allergy rose sharply following this.

CLINICAL
Dermatitis
Exposure to irritants may aggravate underlying skin conditions and those whose skin is already damaged may be at increased risk of sensitisation to substances used at work.

Skin disease, of which dermatitis is the largest group, is one of the most commonly reported occupational disorders.

Those employed within a healthcare setting are an occupational group known to be at particular risk, due primarily to frequent hand washing and glove use.

Contact dermatitis is caused by contact with a substance that penetrates the barrier layer of the skin provoking a reaction in the layers beneath; manifested as dermatitis.

Substances capable of causing contact dermatitis are divided into 2 groups: irritants which cause irritant contact dermatitis and sensitisers (or allergens) which cause allergic contact dermatitis.

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 a weak irritant. The need for repeated hand washing can have the cumulative effect of causing dermatitis.

There are no absolute differences between the visible effects of allergic and irritant dermatitis particularly after the acute phase has passed. Therefore, a careful history is required, and investigations may also be indicated.

The terms eczema and dermatitis are often used synonymously. Some individuals reserve eczema for chronic problems associated with atopy and dermatitis for acute reactions, but the clinical approach is the same.
The main symptom of dermatitis is itching. The main signs are redness, swelling, blistering, flaking and cracking of the skin. When the condition is long-term, it may produce lichenification (thickening of the skin).

Glove use in itself can cause irritation due to friction and the creation of a moist environment for hands. They should only be used where indicated as part of infection control procedures but not outside of recommended use. Chemicals used in the glove manufacturing process can sensitise and lead to allergic contact dermatitis.

Information is collected by Occupational Health in order to establish from the history of the likely cause of the dermatitis. Patch testing may be required to identify or confirm a sensitiser. This is undertaken by Dermatology after appropriate referral. This is particularly helpful in identifying sensitivity to rubber processing chemicals or perfumes and colourings in soap products.

**Bacterial colonisation**

It has been shown that those with dermatitis are more likely to have bacterial colonisation of affected skin than those with healthy skin. The evidence for increased risk of transmission of bacteria to patients is less clear but precautions are advised to promote the health of patients particularly for the more vulnerable patients. Clinical staff working in high risk areas with vulnerable patients groups with open lesions should be referred to Occupational Health and swabs may be taken to identify any bacterial colonisation.

Additionally Occupational Health should be made aware of any suspected bacterial outbreaks in high risk areas so monitoring can be undertaken.

**Latex Allergy**

Natural Rubber Latex (NRL) is the protective fluid contained in tissue beneath the bark of the rubber tree. It is used in the manufacture of gloves and other medical equipment. The latex collected from the rubber tree is composed of rubber particles, protein, water and other substances. Processing of the latex (particularly centrifugations and leaching) can affect the level of protein in the finished product.

Glove use in the healthcare setting increased significantly in the 1980’s. Initially gloves were powdered in order to assist with donning. It has subsequently been shown that powdered gloves are associated with a higher incidence of occupational asthma and sensitisation and other workers in the area could be affected by inhalation even if not using the gloves themselves. Powdered gloves are now very rarely used and manufacturing processes have been changed to ensure a lower latex protein residue. The incidence of new cases of latex allergy has dropped dramatically since the use of powdered latex gloves has almost ceased in the healthcare setting.

Various chemicals are added during the processing of latex in order to give the rubber its particular properties in relation to strength and elasticity. These are termed accelerators and include thiurams, benzothiazoles and carbamates.

Latex allergy is an immune system response to a component or components of natural rubber latex products. The immune system develops antibodies during a sensitisation period. Once sensitised, exposure will always cause a response by the immune system and symptoms of allergy. These allergies are classified as either Type 1 or Type IV.

Type 1 (immediate hypersensitivity reactions) occur to the extractable latex proteins in NRL. Presentation is rapid and symptoms occur within 5 – 10 minutes.
Type IV (delayed hypersensitivity reaction) to latex proteins is rare but has been reported. Type IV dermatitis associated with glove use commonly develops to the accelerators used in the manufacturing process. Symptoms develop 12 – 24 hours after exposure.

To diagnose latex allergy, an accurate history is paramount.

Clinical investigations for latex allergy are:

- **RAST test.** This is an in-vitro test for IgE. The sensitivity is lower than for skin prick testing. (ie higher rate of false positive results). It can be useful if skin prick testing is not available. Not all individuals with positive RAST go on to manifest symptoms.

- **Skin Prick Test.** Reaction to the compound is compared to reaction to a control. A positive reaction will produce a wheal at least 3mm greater. The result is read 15 minutes after administration. This test assesses whether a type 1 hypersensitivity is present. There is a small risk of anaphylaxis, and resuscitation equipment should be available. This test is not available locally by the RCHT OH Dept and referral to the dermatology department is required if skin prick test is indicated, via the staff members GP. Dermatology may also refer on to other centres such as Bristol.

- **Provocation Test.** Wear a finger of NRL glove on wet skin for 15 minutes, with a vinyl glove as a control. If no wheal is produced, a whole glove can be used. This test is used if there is a clinical suspicion of allergy, but skin prick and/or RAST tests are negative. Resuscitation equipment should be available; this is not a test which is conducted by RCHT OH Dept.

For individuals with respiratory symptoms associated with exposure to latex, they should undergo lung function testing by Occupational Health.

A diagnosis of latex allergy requires both a positive clinical history and positive test results, At RCHT the formal diagnosis will be made in conjunction with the Occupational Health Consultant Physician and/or the dermatology department. Test results should not be interpreted in isolation. In particular, allergen-specific IgE indicates that the allergen has been encountered, but does not necessarily indicate the individual has become sensitised. This can therefore produce a false-positive result. Similarly an individual with a strongly suggestive history of Type 1 latex allergy can be negative on skin prick testing. In such cases it is prudent to manage as if a diagnosis of latex allergy has been established.

**Possible Sources of Exposure to Latex**

<table>
<thead>
<tr>
<th>WORK</th>
<th>HOME</th>
</tr>
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<tbody>
<tr>
<td>Stethoscopes</td>
<td>Motorcycle and bicycle handgrips</td>
</tr>
<tr>
<td>Gloves</td>
<td>Carpeting</td>
</tr>
<tr>
<td>Airways</td>
<td>Swimming goggles</td>
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<tr>
<td>Endotracheal tubes</td>
<td>Racquet handles</td>
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<tr>
<td>Tourniquets</td>
<td>Shoe soles</td>
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<tr>
<td>IV tubing</td>
<td>Expandable fabrics</td>
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<tr>
<td>Syringes</td>
<td>Waist bands</td>
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<tr>
<td>Electrode pads</td>
<td>Dishwashing gloves</td>
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<tr>
<td>Surgical masks</td>
<td>Hot water bottles</td>
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<tr>
<td>Goggles</td>
<td>Condoms</td>
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<tr>
<td>Respirators</td>
<td>Diaphragms</td>
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<tr>
<td>Rubber aprons</td>
<td>Balloons</td>
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<tr>
<td>Masks</td>
<td>Dummies</td>
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<tr>
<td>Catheters</td>
<td>Baby bottle nipples</td>
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<tr>
<td>Wound drains</td>
<td>Car tyres</td>
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<tr>
<td>Injection parts</td>
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<tr>
<td>Rubber tops of multi dose vials</td>
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<tr>
<td>Dental dams</td>
<td></td>
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<tr>
<td>Erasers/ Rubber bands</td>
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RECOMMENDATIONS AND ADVICE

Dermatitis

Before recruitment, managers will have undertaken a risk assessment of the post and indicate in the job information for candidates that there may be a requirement to wash hands frequently and wear gloves, including latex where relevant and that there may be an increased risk of skin problems.

At employment, those who have been offered a post subject to health clearance are asked to make a health declaration to Occupational Health if they feel they have a health condition which could be made worse by work or for which they may need adjustments. They are advised on the questionnaire that they should especially consider skin problems and allergies, including latex allergy.

Those staff who declare they have a skin problem will be contacted by Occupational Health for an assessment and advice given to managers regarding their fitness for duties and any adjustments that may be necessary. If the problem is severe or complex, they will be referred to the Occupational Health Physician for further advice.

Once in employment, if staff develop any problems with their skin they should report this to their manager and also contact the Occupational Health service. Any staff with active eczema, psoriasis or other exfoliating conditions should not care for patients known to be MRSA positive.

Following appropriate risk assessment, the line manager should review hands of staff in their area six monthly using the low level screening tool available from Occupational Health (Appendix 3:p13). Line managers should keep a record of these assessments as part of low level health surveillance and the health record. They are required to return the records sheet at Appendix 9 (p26) to Occupational Health after every session of assessments undertaken. Any staff with skin problems on inspection should be referred to occupational health in the form of a line manager or self-referral.

As part of the annual appraisal line managers should include a check of skin condition and provide an annual skin surveillance questionnaire for individuals to complete and return to the Occupational Health Service (Appendix 4:p14). Completion of both these actions must be recorded on the annual appraisal form by the manager.

Occupational Health will undertake ‘responsible person’ training for line managers requesting this to enable them to undertake skin checks. Training for each area can be accessed by contacting the Occupational Health service direct.

The line manager is required to hold a record of such checks and inform Occupational Health of these which will form the health record under Coshh. These health records must be retained by the employer for 40 years and these will be held on the Trust’s behalf by the Occupational Health service.

Staff will receive mandatory training at induction from Infection Control at induction which includes hand hygiene and decontamination procedures. This will be repeated at mandatory update training throughout employment.

Staff can self-refer to Occupational Health if they have concerns about their skin, however the preferred method for referral of staff with skin conditions is via a management referral if possible so that the manager is aware of issues being present and can support the individual.
Actions and Advice

- Occupational Health will advise good skin care techniques including over the counter treatments if appropriate.
- Occupational Health will advise the line manager regarding fitness for work and any limitations or adjustments required.
  - In general if dermatitis is mild and the skin is intact with no cracks or open areas then the individual may continue working subject to review.
  - If the skin is cracked or open then clinical work must usually cease until the condition has improved.
  - If the skin is dry and flaky but not cracked, they may usually continue working but not attend patients known to be infected or colonised with MRSA.

- If alternative skin care products are recommended for use within the workplace this will only be products which have been approved by Infection Prevention and Control.
- If alternative approved products are recommended the OHA will advise this in writing to the manager who will order and provide this from the ward budget. Procurement will only provide the agreed alternative products at the request of the line manager for that area on Occupational Health’s recommendation.
- In rare circumstances an employee may be considered permanently unfit for their clinical role but this decision will only be taken by the OHP in conjunction with Dermatology.
- If a new diagnosis of dermatitis is made the line manager and H&S should be notified in writing by the OHP or doctor making the diagnosis to enable RIDDOR reporting where indicated. A diagnosis of occupational dermatitis has to be made by a medical practitioner.

Latex

Pre-employment

Before recruitment, managers are responsible for undertaking a risk assessment of the post and indicate in the job information for candidates that glove use is required with the potential for exposure to latex.

At employment staff who have been offered a post subject to health clearance are asked to make a health declaration to Occupational Health if they feel they have a health condition which could be made worse by work or if they require any adjustments to their work.

Occupational Health will screen all prospective employees’ health declarations for indications of sensitivity or possible sensitivity to latex and arrange to meet with individuals where clarification of diagnosis is required or where latex questionnaire reveals positive responses.

Occupational Health will advise line managers and prospective employees about adjustments to work and provision of a NRL safe environment for those with both a recognised latex sensitivity and those undergoing investigations for a suspected NRL sensitivity to allow them to work safely.
**Staff with Known latex sensitivity**

Occupational Health will maintain a record of staff with an identified sensitivity to latex and will provide annual health surveillance for any staff with a known latex allergy.

Occupational Health will, with the individual’s consent, inform the Trust Health and Safety Advisors of cases of newly diagnosed latex allergy, to facilitate reporting to HSE.

**Staff with continued latex exposure**

Line managers will administer the annual low level health surveillance for staff who are exposed to NRL through their work. Any positive responses to the questionnaire will be sent to Occupational Health for further assessment. Negative responses will still be noted on the individual’s health record, and such records must be kept for 40 years.
Appendix 8: Hand Care Advice

Skin irritation and damage as a result of hand decontamination is unpleasant for the affected employee.

It may pose an increased risk of cross infection to the patient.

**BE KIND TO YOUR HANDS**

- Inform your line manager and seek occupational health advice if skin irritation develops in association with hand decontamination.
- Adhere to recommended hand decontamination techniques.
- Always wet hands well before applying soaps.
- Ensure that hands are thoroughly dried after washing with soap and water, especially where gloves are worn in order to remove proteins found on gloves.
- Alcohol based hand rubs contain emollients and are associated with less skin damage than washing with soap and water.
- Alcohol hand rubs can be used on visibly clean hands.
- Soap and water must be used if hands are visibly soiled.
- Ensure that alcohol gels are thoroughly dried before putting on gloves.
- Emollient hand creams should be applied regularly to the hands to protect them from the drying effects of regular hand decontamination, and should be applied several times a day.
- Good skin care should be practised at home as well as at work.
- Dry hands well in cold weather and consider wearing warm gloves when outside.

**HAND HYGIENE**

- Nails must be kept short, clean and free from nail polish.
- False nails must not be worn in a clinical or laboratory setting.
- Wrist watches, bracelets and rings (except a plain wedding ring) must be removed at the beginning of each clinical shift.
- Cuts and abrasions must be covered with a waterproof dressing.
- Restrict clothing to short sleeves, or long sleeves which may be rolled up, as long sleeves deter thorough hand decontamination.
- In clinical areas, adhere to the ‘bare below the elbow’ rule of the Trust.

**USE OF GLOVES**

- Excessive use of gloves causes the hands to sweat. This increases the likelihood of developing dermatitis.
- Refer to the Glove Use policy for advice on appropriate glove use.
- If you are unsure about when to use gloves, discuss with your line manager. Alternatively, you can discuss with infection prevention and control or your Occupational Health practitioner.
Appendix 9: Manager low-level skin surveillance record sheet  
(6 monthly checks)

<table>
<thead>
<tr>
<th>Ward/Department &amp; Name of Manager:</th>
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<td>Date of Assessment</td>
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Retain a copy for your records, then return this copy to Occupational Health rcht.occhealth@nhs.net or post to Occupational Health, Pendeen House, Royal Cornwall Hospital, Truro TR1 3LJ