

NHS Greater Glasgow and Clyde: Managing Skin at Work Procedure

Status

This procedure has been reviewed in support of the Health Surveillance Policy. This procedure forms part of the NHS Greater Glasgow & Clyde Health & Safety management system.

Purpose & Scope

This procedure covers all staff, clinical and non-clinical. Work related skin problems are common within the health and social care sector as employees have to carry out hand hygiene on a frequent basis and their skin can also regularly be exposed to chemicals or other materials used in the manufacture of personal protective equipment (PPE) such as gloves.

NHS Greater Glasgow & Clyde as an employer must, under their duty of care, comply with the legal requirements of the Health & Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999 (as amended) for the health, safety and welfare of all employees. As part of this requirement, NHS Greater Glasgow & Clyde will establish a balance of proactive and reactive skin health management practices to identify those employees who may be at risk and so far as is reasonably practicable to prevent the development of skin ill health. Where prevention is not possible additional controls will be identified and applied to reduce harm.

Background Information

Employers are required to undertake a suitable assessment of risk in the workplace and introduce health surveillance where appropriate. The Control of Substances Hazardous to Health Regulations (COSHH 2002, as amended), provides further detail as to when health surveillance is required.

NHS Greater Glasgow & Clyde cannot eliminate all known risks to staff skin health, therefore it is essential that measures are implemented to detect any health problem that might arise through an effective skin health surveillance programme, this allows for preventative action to be taken in order to safeguard the health of the employee. Skin health surveillance will also review existing risk assessments and control measures and provide assurance that workplace controls are adequate.

As skin health surveillance is a statutory requirement employees must co-operate with their employer by attending assessments as requested by their employer. Failure of an employee to attend assessments or participate in the skin health surveillance programme will be an Employee Conduct issue.

Staff at risk of occupational dermatitis includes clinical staff and other staff groups e.g. Domestic Services, Estates and Catering. Some of the key skin irritants include wet-work, glove use (including use of latex gloves) and chemical exposure.

Symptoms can prevent employees from working due to pain and loss of function. Additionally, when the protective layer of skin is breached or damaged due to dermatitis, this can also act as portal of entry for infections and thus have implications for infection control and patient safety in addition to the safety of the employee. There is also a risk of increased sickness absence and the subsequent cost of replacing staff to cover these absences.

Latex has previously been one of the most important skin sensitizers but other substances that employees may encounter at work e.g. accelerators in nitrile gloves can also give rise to either an allergic or irritant dermatitis.

In roles where there is a need to wash hands regularly, known as 'wet-work', there is also an increased risk of irritant dermatitis. The Health and Safety Executive [HSE] suggest that 20-40 hand washes/contacts and or prolonged contact of more than two hours per day can give rise to this. Once an employee is sensitised to an allergen, even minor exposure can lead to an increased level of symptoms.

Whilst it remains important that employees with a known or suspected latex allergy are identified, there should also be consideration given to the potential for allergy or irritancy to other workplace substances. This will ensure that appropriate action can be taken to protect employees' health e.g. by modification of their work activities or use of personal protective equipment.

Risk Assessment

Managers should refer to the NHS Greater Glasgow & Clyde COSHH procedures <http://www.nhsggc.org.uk/working-with-us/hr-connect/health-safety/policies-guidance-documents-forms/control-of-substances-hazardous-to-health-coshh/> in order to identify and risk assess those substances that are either used or generated in the workplace which may cause skin health issues following exposure. The following additional information sources may help in this process.

- HSE Skin at Work
- HSE Work related contact dermatitis in the health service.
- HSE Dermatitis in health and social care.
- NHS Latex (safe use of) Policy
- Product information sheets/Data Safety Sheets.

Assessing need for Skin Health Surveillance

If employees perform 'wet working' and are required to wash their hands > 20 times per shift or their hands are immersed in water for a cumulative total of >2 hours per shift, then skin health surveillance will be required.

The regular use of gloves as part of an employee role, the use of alcohol rub on a daily basis and the exposure to any substances classes as hazardous

with the risk phrases R21, R24, R38 or H311 – H3117 on the Data Safety Sheet will also require skin health surveillance.

A decision aid algorithm to assist in determining the need for skin health surveillance can be found at Appendix 1. There is no need to complete a health surveillance enquiry form for skin health surveillance.

If skin health surveillance is required, you must ensure that a COSHH risk assessment has been undertaken for all hand hygiene producers along with a “wet work” risk assessment and Standard Operating Procedures.

Managers Responsibilities

Managers are responsible for the day to day implementation and oversight of skin health management and surveillance within their area.

Managers must:

1) Ensure that COSHH risk assessments are completed in line with NHS Greater Glasgow & Clyde’s COSHH policy in order to identify and risk assess those substances that are used or generated in the workplace which might cause skin health effects following exposure. The risk assessment should be undertaken annually as a minimum or in the event of any change to working practices or products/chemicals used.

This should include products marked as:

- R38 ‘Irritating to skin’
- R43 ‘May cause skin sensitisation by contact’
- R66 ‘Repeated exposure may cause skin dryness or cracking’

Or with new changes to labelling and packaging legislation:

- H315 ‘Causes skin irritation’
- H317 ‘May cause an allergic skin reaction’
- EU HO66 ‘Repeated exposure may cause skin dryness or cracking’.

2) Managers should ensure that they have completed a “Wet Work” risk assessment and standard operating procedures. Managers have a legal duty to ensure that this information is accessible to all staff in their area and that they are aware of the hazards, risks and controls in place to help prevent and manage the risk of skin problems or dermatitis.

3) Managers should ensure that latex is only used in accordance with the NHS Latex (safe use of) Policy and following risk assessment which must include the reasons why substitution or removal is not possible. A separate health surveillance process will be required for those employees that have exposure to latex.

4) Managers should ensure that all glove usage does not exceed the manufacturers breakthrough times.

5) Managers should ensure that they have completed the LearnPro module ‘Managing Skin Care at Work for Managers’.

6) Managers should ensure that they appoint at least one Responsible Person and ensure that they are given time to complete appropriate training and to carry out visual skin assessments.

7) Managers should ensure that the Responsible Person completes a visual skin check assessment for all new employees within the first 4 weeks of employment. Skin health surveillance should then be carried out for the remainder of employment in that role.

Skin visual assessments & skin health surveillance must be carried out at a minimum of every 12 months; this may be increased if skin problems are reported on the advice of Occupational Health. Records must be kept updated and for a period of 40 years (either in hard copy or electronic format). This includes records for employees who have left NHS Greater Glasgow & Clyde.

8) Managers should ensure new employees who are allergic to latex (or other substances) are aware of the potential risks (if any) in the workplace, and what steps are in place to prevent, or control that risk.

9) Managers should ensure that those staff members who require to be assessed by Occupational Health are promptly referred (see Referral to Occupational Health below) and where possible should make appropriate adjustments to the workplace/work practices to ensure the risk to their health is minimised. Employees **must** attend Occupational Health and managers should ensure that time is given within the working day to do so.

10) Managers should ensure that all employees who are exposed to wet work or products that could damage the skin complete the Learnpro module "Hand Hygiene". A suitable alternative should be identified for staff who do not have access to IT.

11) Managers should ensure that any control measures recommended by Occupational Health are put in place. Dermol 500 should only be ordered for employees for whom it has been recommended, it should not be used by other employees. Managers should maintain records within their department of those staff who have had control measures recommended. In the case of alternative glove products, Occupational Health will arrange for the member of staff to be added to the special glove user list held by procurement however records should also be maintained locally.

Responsible Person Role Responsibilities

1) The Responsible Person should complete the LearnPro module 'Managing Skin Care for Responsible Persons' before commencing in their role. This training should be repeated every 2 years.

2) The Responsible Person(s) that you nominated for your area, should ensure that they carry out a first visual skin assessment for all new employees within the first 4 weeks.

3) These checks are required to be performed, at least, annually, but where an employee is experiencing skin problems they may need to be undertaken more frequently.

4) If an employee's skin check shows any signs of skin damage or disease i.e. there is redness, skin cracking, dryness, flaking, scaling or breaks to the skin; the Responsible Person **must** discuss that employee with the manager and the employee then referred to Occupational Health. The employee should be removed from wet work/clinical work until assessed by Occupational Health.

5) The responsible person must ensure that all employees, where required, complete the skin health surveillance questionnaire every 12 months as a minimum and review this to ensure that any changes in the employees skin health are identified and reported to the manager for referral to Occupational Health.

6) The responsible person should ensure that all records for the employee are maintained and kept updated. Records for health surveillance must be retained for a period of 40 years (either in hard copy or electronic format). This includes records for employees who have left NHS Greater Glasgow & Clyde.

Employee Responsibilities

Employees also have statutory responsibilities under Health and Safety law and it is important that they understand these in respect to COSHH and the management of dermatitis.

Employees must:

- Take reasonable care for their own and others health and safety.
- Cooperate with their manager on all matters relating to health and safety.
- Complete or attend training when required to do so.
- Act in accordance with any information, instruction, training and supervision given.
- Make full and proper use of any equipment, PPE or other control measures provided.
- Report any signs of skin ailments or changes to the Responsible Person or manager / supervisor.
- Report, in their opinion, any shortcomings in the employer's protection arrangements to prevent dermatitis.
- And, when required to do so, by NHSGGC in order to comply with COSHH, attend health surveillance. This will be within working hours and at NHSGGC cost.

Skin Health Surveillance Process

- Need for Skin Health Surveillance has been identified through completion of COSHH risk assessments, wet work risk assessments.

All employees who carry out hand hygiene >20 hand washes a day or frequent use of gloves will require skin health surveillance. There is no requirement to complete the Health Surveillance Enquiry form within the Health Surveillance policy (Appendix 1).

- The responsible person should ensure that all new employees have a visual skin check within the first 4 weeks of commencing employment to ensure a baseline is established.
- The responsible person should ensure that all employees complete the Skin Health Surveillance questionnaire every 12 months as a minimum.
- A visual skin check should be carried out by the responsible person following completion of this questionnaire & the outcome documented on the form to identify any signs of skin damage or disease.
- If the employee answers yes to any question and/or the visual skin or their skin identifies any signs of skin damage or disease, the manager should be notified of this and the employee referred to Occupational Health.
- Where a skin problem is a simple graze/cut etc e.g. arising from gardening etc then this does not need to be referred to Occupational Health.
- You should review the employee's skin care regime e.g. adequate drying of hands after washing / use of alcohol rub rather than hand-washing where hands are physically clean etc.
- Persistent mild skin dryness should be referred to Occupational Health for advice and follow up as required.
- Where an employee reports rapid onset, itchiness or skin lesions e.g. after glove use; repeated skin irritation following the use of skin related products at work, or skin problems re-emerge after a period of leave, you must refer them to Occupational Health. Whilst awaiting Occupational Health feedback, you should prevent the employee from having contact with the suspected material/substance that may have given rise to their symptoms, including wet work activities.
- A Quick Reference guide to this process can be found at Appendix 2.

Referral Process to Occupational Health

- The manager should forward a copy of the Skin Health Surveillance questionnaire completed by the employee to the Occupational Health service at the address below.
- Occupational Health may contact the member of staff by phone for clarification on any issues arising from completion of the questionnaire.
- Occupational Health will issue an appointment if required to further assess the employee's skin health.
- Following this assessment, a feedback form will be completed by Occupational Health and returned to the manager. This form will include fitness to work advice, recommendations for hand hygiene and glove products and details of any review required.
- Managers should ensure that all recommendations from Occupational Health are put in place where feasible. If any recommendations are not possible, this should be discussed with Occupational Health.

The Health surveillance questionnaire(s) can be posted to

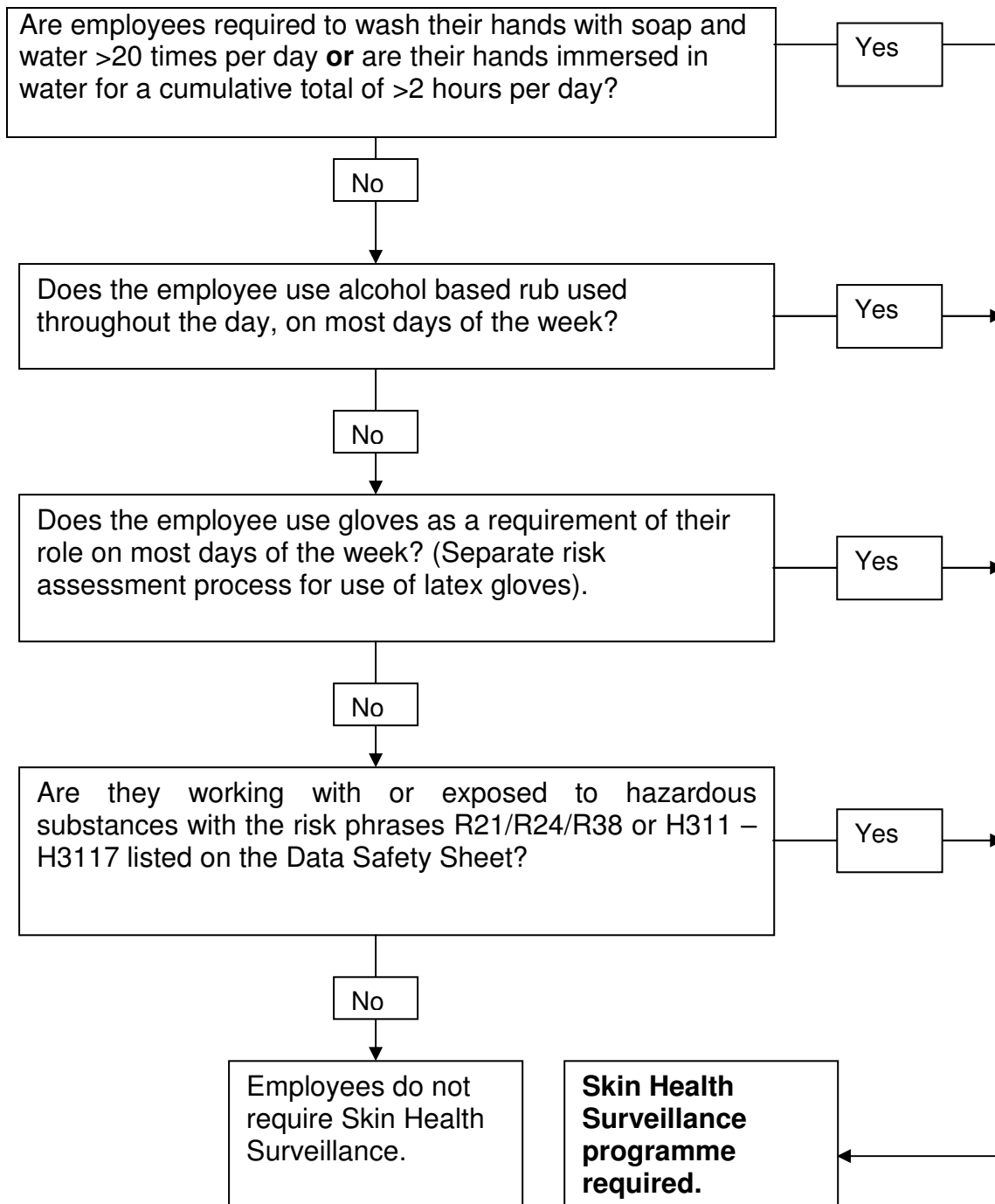
Occupational Health Service
6th Floor
West Glasgow ACH
Dalnair Street
Glasgow
G3 8SJ

Or by email to OccHealth@ggc.scot.nhs.uk

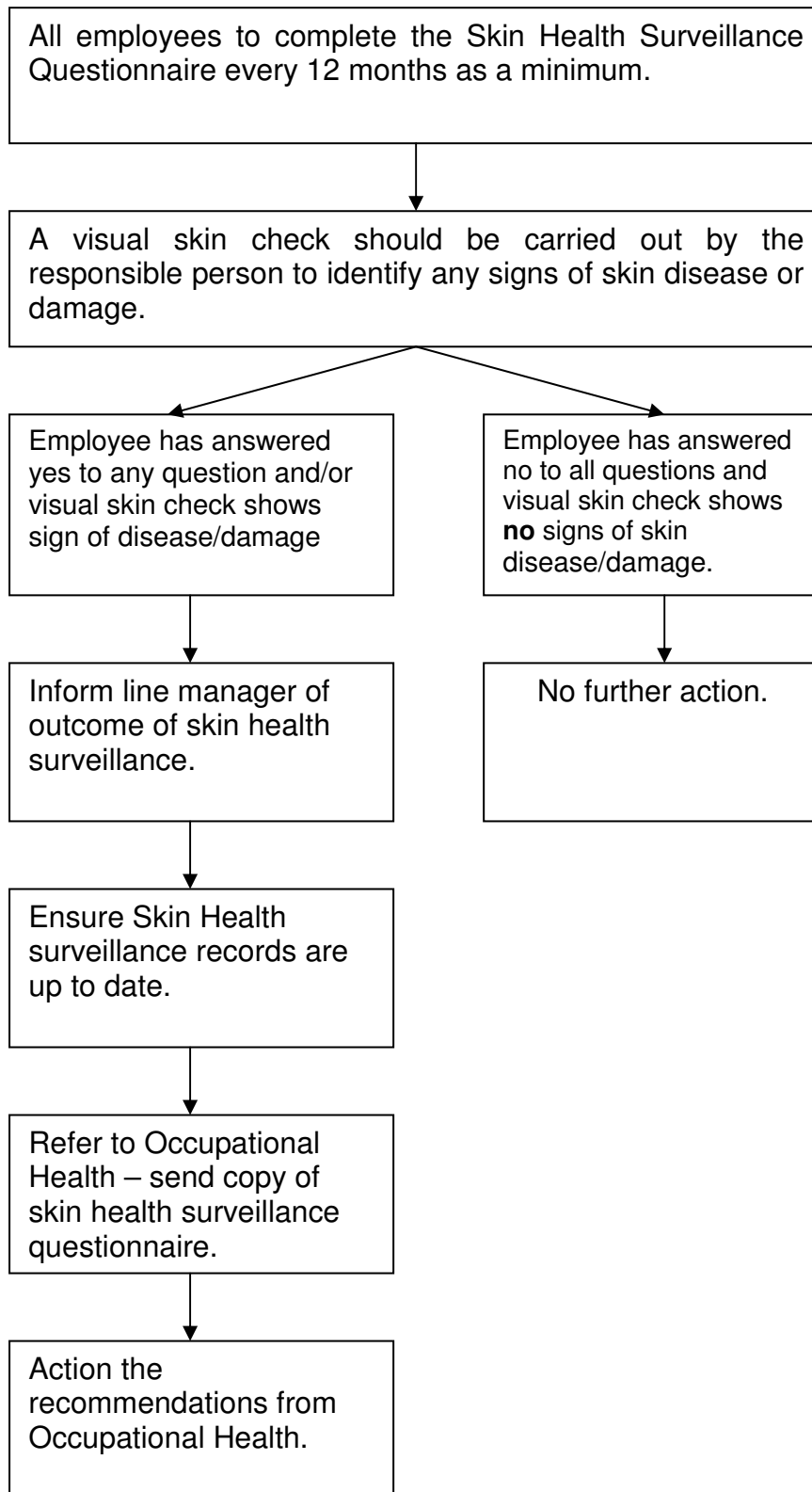
If you require guidance regarding any part of the skin health surveillance process, or to discuss requirement for a referral to Occupational Health for skin assessment, please contact the Occupational Health nursing team on 0141 201 0594.

Appendix 1

Requirement for Skin Health Surveillance – Decision Aid Algorithm.



Quick Reference Guide for Managers/Responsible Person



Appendix 3 - Skin Health Surveillance Record

Name of Employee (Block Capitals):	Payroll number or DOB:
Department / Site:	Job title:
Date commenced employment in current role:	

Date – update if exposure changes	Glove use (state type)	Other substances/material with risk phrases R38, R43, R66 or H315,H317, EH H066	Hand-washing >20X /day	Hands immersed in water for cumulative total of >2 hours.

Health Record

Date	Surveillance type (tick appropriate box)		Outcome (tick appropriate box)		If referred: Response or Recommendations from Occupational Health	Manager/Responsible Person	
	Questionnaire	Visual Skin Check	No signs of skin disease / damage	Signs of skin disease/damage. Must be referred to Occupational Health (see guidance)		Name	Signature (can be electronic)

This health record **MUST** be stored for **40** years from date of last entry. It should be made available for inspection by the HSE etc.