

HS.33 – Policy for the Prevention and Management of Occupational Dermatitis and Occupational Latex Allergy in a Healthcare Setting

Document Summary

This policy reflects the need to protect Health Care Workers (HCW) from developing skin conditions through exposure to potential irritants they may encounter in their work. To minimise the risks to patients and staff that may arise as a consequence of skin conditions developed by healthcare workers. This includes PFI Service Provider Staff.

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Document Author(s)	Occupational Health Lead Nurse

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Document Submission Cover Sheet

Committee / Group Name: Health Safety & Wellbeing Committee

Please choose **New Document** **Revised Document**

<i>Type of Document:</i> Policy	<i>If other state:</i>
<i>Reason for submission</i> <input checked="" type="checkbox"/> : For approval <input checked="" type="checkbox"/> For Ratification <input type="checkbox"/> For noting <input type="checkbox"/>	

<i>Applicable to</i> <input checked="" type="checkbox"/> : Trust wide <input checked="" type="checkbox"/>
Division: Surgical <input type="checkbox"/> Medical <input type="checkbox"/> Integrated Care <input type="checkbox"/> Clinical Support <input type="checkbox"/>
Directorate / Specialty <i>give detail</i> _____

Document Title: <i>(succinct & key word first)</i>	Policy for the Prevention and Management of Occupational Dermatitis and Occupational Latex Allergy in a Healthcare Setting		
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Author(s) Name:	Linda Nicholas	Designation:	Occupational Health Lead Nurse
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List of contributors <i>Detail name(s) and designation of contributors or those consulted</i>	N/A

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For Quality and Safety Use Only

Content checked <input checked="" type="checkbox"/>	Date Email sent to author/secretary to add to committee agenda 26/11/2020
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For Committee Use Only

On agenda for Meeting on: Click here to enter a date.

Meeting Outcome

Document for Approval: Health, Safety and Wellbeing Committee

Approved <input checked="" type="checkbox"/>	Committee Document Number assigned (<i>item number from Minutes</i>): n/a Returned to Author by e-mail on August 2020
Not approved <input type="checkbox"/>	Feedback to author: Sent by e-mail: Click here to enter a date.

Document for Ratification:

Ratified <input checked="" type="checkbox"/>	Committee Document Number assigned (<i>item number from Minutes</i>): n/a Returned to Author by e-mail on 16/12/2020
Not Ratified <input type="checkbox"/>	Feedback to author: Sent by e-mail: Click here to enter a date.

Document for Noting:

Noted <input type="checkbox"/>	No further action
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Committee Comments:

Ratified virtually by Policy Review Group

For Policies only – to go to Policy Team

Final version Word document, Cover Document and minutes to be sent to Policy Team
(policy@wvt.nhs.uk)

DOCUMENT HISTORY

Issue Status e.g. Draft or Final	Catalogue and Version Number	Document Title	Date	Actioned by: (Job Title)	Page/ Section/ Paragraph	Comments
Final	HS.33 V1	Policy for the Prevention and Management of Occupational Dermatitis and Occupational Latex Allergy in a Healthcare Setting	Jan 2020	Occupational Health Lead Nurse	Pg1 para 1&3 Pg1 para 2 Pg 7&8 para 9,10,11,12 &13	Addition of relevance to PFI staff Inclusion of latex Inclusion of latex information

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1 SCOPE

This policy applies to all staff within Wye Valley NHS Trust; this includes PFI Service Provider Staff, who have the potential for developing skin conditions through exposure at work.

2 INTRODUCTION

The risk of skin problems is increased in those health care workers who are exposed to agents through their work that can irritate or sensitise the skin. This can include chemicals, reagents, frequent handwashing, latex and the use of gloves. Many of the exposures that place workers at increased risk in a healthcare setting are related to infection prevention and control requirements. 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. Occupationally contracted dermatitis is RIDDOR reportable and the Trust has a duty to ensure that any cases of HCW's who contract occupational dermatitis and reaction to latex are reported as such.

Latex allergies can be caused by occupational exposure, although the amount of latex exposure needed to induce sensitisation is unknown, once sensitisation has taken place, further exposure to the substance, even to low levels, may cause a reaction. Increasing exposure to latex proteins increases the risk of inducing a sensitised state and triggering allergic symptoms which can range from contact dermatitis to anaphylactic shock.

3 STATEMENT OF PURPOSE

This policy reflects the need to protect Health Care Workers from developing skin conditions and Latex allergies through exposure to potential irritants they may encounter in their work. The policy applies to all HCW's and PFI Service Provider Staff who are at increased risk of skin problems due to exposure to agents through their work that can irritate or sensitise the skin.

4 DEFINITIONS

OHS	Occupational Health Service
HCW's	Health Care Workers
WVT	Wye Valley NHS Trust
OHA	Occupational Health Advisor
HSE	Health and Safety Executive
RIDDOR	Reporting of Diseases and Dangerous Occurrences Regulations
COSHH	Control of Substances Hazardous to Health Regulations

5 DUTIES

5.1 The Occupational Health Service (OHS)

The OHS are responsible for this policy. OHS will screen pre-placement questionnaires and either pass HCW's as 'Fit' if no skin conditions are declared or will take further action with a detailed skin questionnaire and/or a visual skin assessment. They will also send out annual skin surveillance forms to managers for HCW's to complete. The OHS will then report any identified occupational dermatitis to the Health and Safety Team.

5.2 Human Resources (HR)

HR will be responsible for issuing a skin questionnaire to all HCW's who are new in post to Wye Valley NHS Trust at pre-placement.

5.3 Managers

Managers will ensure all HCW's complete the annual skin surveillance form and return it to OHS. Then they will refer any staff where a skin issue is identified to OHS to assess fitness for work. Where a skin issue is identified the manager will be responsible for obtaining funding from their budget and providing any alternative products which have been recommended by the OHS.

5.4 The Health and Safety Team

The health and safety team will be responsible for undertaking organisational COSHH and risk assessments and reporting to HSE under RIDDOR where indicated.

5.5 Policy Review Group

The policy will be ratified by The Policy Review Group.

6 PROCEDURE

- 6.1.** All HCW's must be screened for skin issues at the pre-placement stage.
- 6.2.** All HCW's who have not declared any skin issues will be passed 'fit'.
- 6.3.** All HCW's who have identified skin issues will have a further detailed skin assessment with an OHA and a visual check if required.
- 6.4.** All HCW's who have identified skin issues will be advised on alternative products that can be purchased by the manager and follow up appointments will be made to ensure skin integrity.
- 6.5.** All HCW's have a duty to ensure that they do not put patients at risk.
- 6.6.** All HCW's have a duty to report any possible work related skin conditions to the OHS.

- 6.7. Any possible work related skin conditions must be reported via the Datix system by the HCW.
- 6.8. HCW's who present to the OHS with cracked hands must refrain from work until the skin is completely healed and intact so that infection does not occur and patient safety is maintained. Managers have a responsibility to refer any HCW immediately to the OHS if this is the case. Advice will be given to the HCW regarding initial skin care and they will be advised to seek medical advice.
- 6.9. Any HCW suspected of having a latex allergy, whilst the chance of this happening is low, must be referred to the OHS immediately and refrain from using any equipment identified as containing Latex until further notice from the OHS.
- 6.10. If a staff member is identified as having a potential Latex allergy the OHS will complete a Latex allergy questionnaire and a RAST test (blood test) will be performed to determine if a true Latex allergy is present.
- 6.11. Staff who are awaiting the results of a RAST test MUST NOT work with Latex until the results are known and a risk assessment must be performed by the ward manager.
- 6.12. Staff who are confirmed as having a Latex allergy will be counselled by the OHS and advised that they must use Latex free products.
- 6.13. On confirmation of a staff member having a Latex allergy, the OHS will advise the ward manager that a risk assessment must be undertaken and whether any adjustments or restrictions to their work activities are required.
- 6.14. If the HCW requires referral to a Dermatologist the OHS will try and expedite the appointment once the referral has been made.

7 TRAINING

There is no mandatory training associated with this policy

Line Managers are responsible for ensuring that staff are aware of this policy and ensuring the principles are adhered to.

8 MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trust's monitoring arrangements for this document.

Aspect of compliance or effectiveness being monitored	Monitoring Method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group/ committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed

Percentage of staff who are identified as having skin conditions attributed to work	Audit	Monitoring will be delegated by the OH Manager to a member of the nursing team	annually	N/A	OH Manager Health, Safety and Wellbeing Committee and Infection Prevention and Control Committee.
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9 REFERENCES/BIBLIOGRAPHY

Health and Safety at Work .Act 1974.

COSHH Regulations (2002) (As amended).

HSE Skin at Work – Legal Requirements. Available at:

<http://www.hse.gov.uk/skin/professional/legal.htm>

HSE Latex allergies in health and social care. Available at:

<http://www.hse.gov.uk/healthservices/latex/index.htm>

10 RELATED TRUST POLICIES / PROCEDURES

None

11 EQUALITY IMPACT ASSESSMENT

Please read EIA Guidance when completing this form.

Section 1

Name of Lead for Activity:	Linda Nicholas
Job Title:	Lead Nurse

Details of individuals completing this assessment	Name	Job Title	Email Contact
	Linda Nicholas	Lead Nurse	Linda.nicholas@wvt.nhs.uk
Date assessment completed		16/07/2019	

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy for the Prevention and Management of Occupational Dermatitis and Occupational Latex Allergy in a Healthcare Setting			
What is the aim, purpose and/or intended outcomes of this Activity?	This policy reflects the need to protect Health Care Workers from developing skin conditions and Latex allergies through exposure to potential irritants they may encounter in their work.			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/>	Service User	X	<u>Staff</u>
	<input type="checkbox"/>	Patient	<input type="checkbox"/>	Communities
	<input type="checkbox"/>	Carers	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Visitors	<input type="checkbox"/>	_____
Is this:	<input checked="" type="checkbox"/> <u>Review of an existing activity</u> <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, e.g. demographic information for patients / services / staff groups affected, complaints etc.)	Not required			
Summary of engagement or consultation undertaken (e.g. who, and how, have you engaged with, or why do you believe this is not required)	Not required			
Summary of relevant findings				

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4

What actions will you take to mitigate any potential negative impacts?			
Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Time frame

How will you monitor these actions?

When will you review this EIA? (e.g. in a service redesign, this EIA should be revisited regularly throughout the design & implementation)
At the next review of this policy

Section 5

Please read and agree to the following Equality Statement

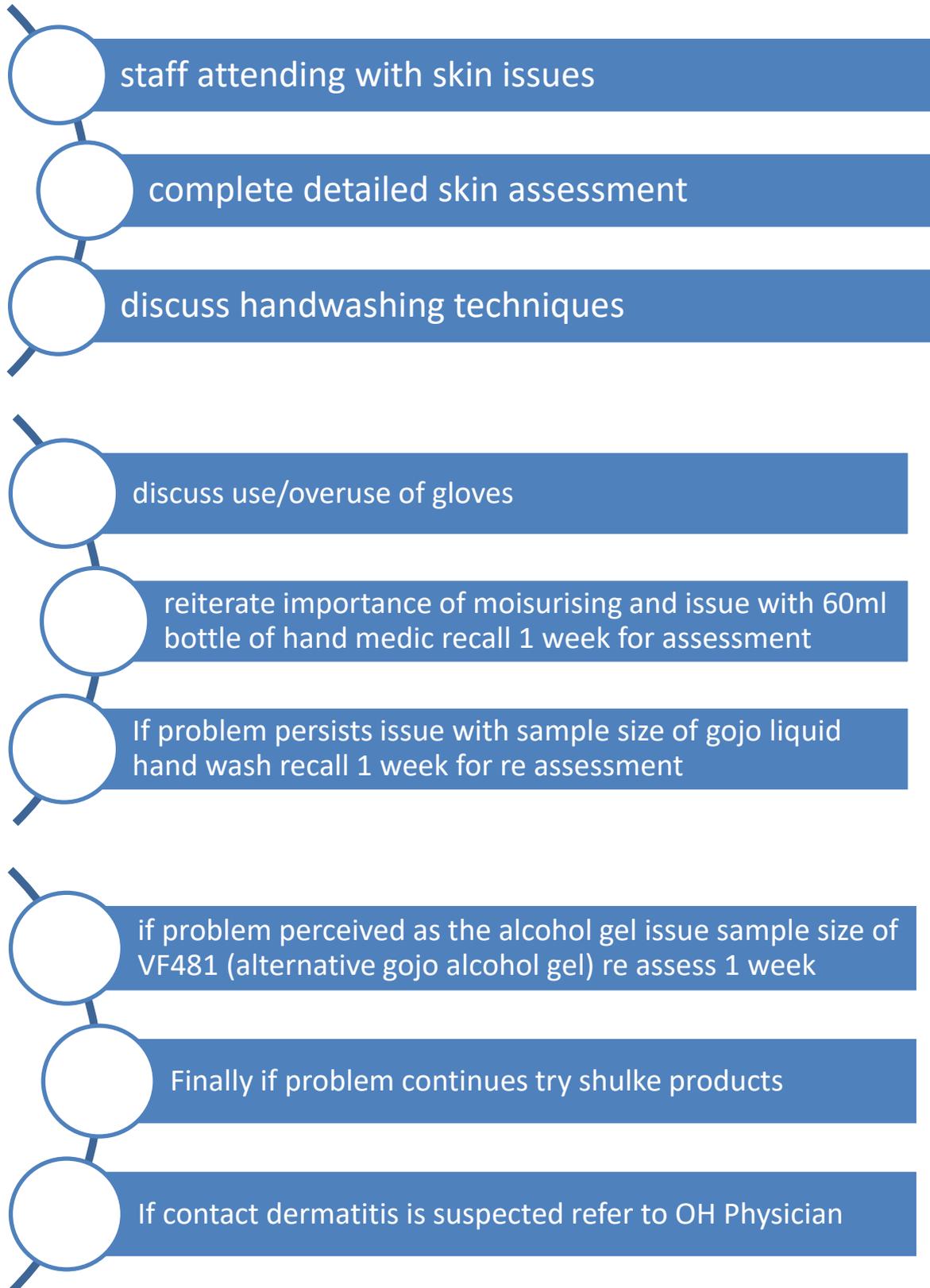
Equality Statement

- 1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
- 1.2. WVT will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

- 1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carers etc. and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics

Signature of person completing EIA:	L Nicholas
Date signed:	26/11/2020
Comments:	
Signature of Lead for this activity:	L Nicholas
Date signed:	26/11/2020
Comments:	

APPENDIX 1



Appendix 2 *Health@Work Department*

ANNUAL SCREENING QUESTIONNAIRE FOR SKIN SURVEILLANCE

Surname	Forename	DOB
Job Title	Department	Employer
Contact phone number	Email	Manager
Please circle the products you have access to at work. Soap, hand gels and emollients.		
In your opinion do you CURRENTLY have a skin problem with your hands or elsewhere below your elbows?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If NO you do not need to answer the questions below. Please sign and return to H@W.		

If YES , please complete the following questions.		
If you have a diagnosed skin condition, please state.		
If yes, do you feel your current symptoms relate to your condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you feel that it your skin condition is work related?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please describe		
Do you feel that your current skin condition is well controlled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes how do you maintain it?		
Do you feel the condition of your skin has deteriorated since you last completed a skin assessment form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Which of the following symptoms are you currently experiencing? (Please circle all that apply)		
Itchiness	Dry skin	Cracked skin
Soreness	Redness	Swelling
Weeping		
How long have you had your current skin condition? (Please circle)		
0 – 4 weeks	26 – 52 weeks	
4 – 26 weeks	More than 52 weeks	
Does your skin problem improve when you are away from work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state how:		
Signed: <i>By employee</i>	Date:	

After completion please return form to the Health@Work Department



For Health@Work Department use only	Yes	No
If no skin problem, fit for work?		
Evidence of current skin problems?		
If skin problem: Leaflet sent, Telephone assessment needed, Nurse consultation appointment needed (circle as appropriate)		
Results (please circle)	Cleared / Further Detailed Assessment	
Signed/Name: <i>OH nurse</i>	Date:	

Appendix 3 *Health@Work Department*

DETAILED SKIN ASSESSMENT

Surname	Forename	DOB

Trust	Job Title	Department	
Manager	Contact phone number		
1. Is there a history of eczema, or other atopy (e.g. hayfever, asthma) If yes, details		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is there a family history of atopy or similar? If yes, details		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. When did the skin symptoms start?			
4. What exacerbates the symptoms? (e.g. hand washing, gloves, home activities)			
5. Do you have access to soap and water, alcohol hand gel and emollients?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you use them regularly?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Is skin on other parts of the body affected and not just the hands? If yes, details		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. How quickly do the symptoms occur after exposure? (immediate, hours, days?)			
9. Are there other symptoms (e.g. rhinitis, wheeze, cough, shortness of breath?) If yes, details		Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Is the use of gloves excessive or inappropriate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

11. Is there a suggestion of latex allergy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. If yes has a latex questionnaire been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Is there: (please circle) <ul style="list-style-type: none"> • Redness • Dryness • Scaling/flaking • Blisters/vesicles • Cracks or open areas • Thickening Details:		
14. Likely diagnosis from information above: (please circle) <ul style="list-style-type: none"> • Mild irritant contact dermatitis • Severe irritant contact dermatitis • Allergic contact dermatitis e.g. to soap or accelerators • Possible Type 1 latex allergy • Unrelated skin problem 		
15. Are tests indicated, and if so, have they been arranged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		
16. Is referral indicated, and if so, has it been arranged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To whom?		
17. Has fitness to work been established, and communicated to manager? (please circle) <ul style="list-style-type: none"> a) Fit for full duties? b) Fit for clinical duties with adjustments? c) Fit for non-clinical only? d) Not fit for any work? 		

18. Has the HCW been given advice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Is OH review arranged? (if indicated)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OCCUPATIONAL HEALTH USE ONLY	
Results (please circle)	Cleared / OHA Advice and Treatment given / OHP Referral
Comments:	
Signed	Date/...../.....