



# Policy:

## Prevention of Occupational Dermatitis

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### Summary of policy

Raise awareness and provide guidance on issues relating to occupational dermatitis.

<b>Target audience</b>	SHSC staff
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<b>Keywords</b>	Occupational dermatitis, latex, health and safety, sensitisation
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### Storage

Version 3 of this Policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V2) which was called Dermatitis (formerly Latex Sensitisation Policy). Any copies of the previous policy held separately should be destroyed and replaced with this version.

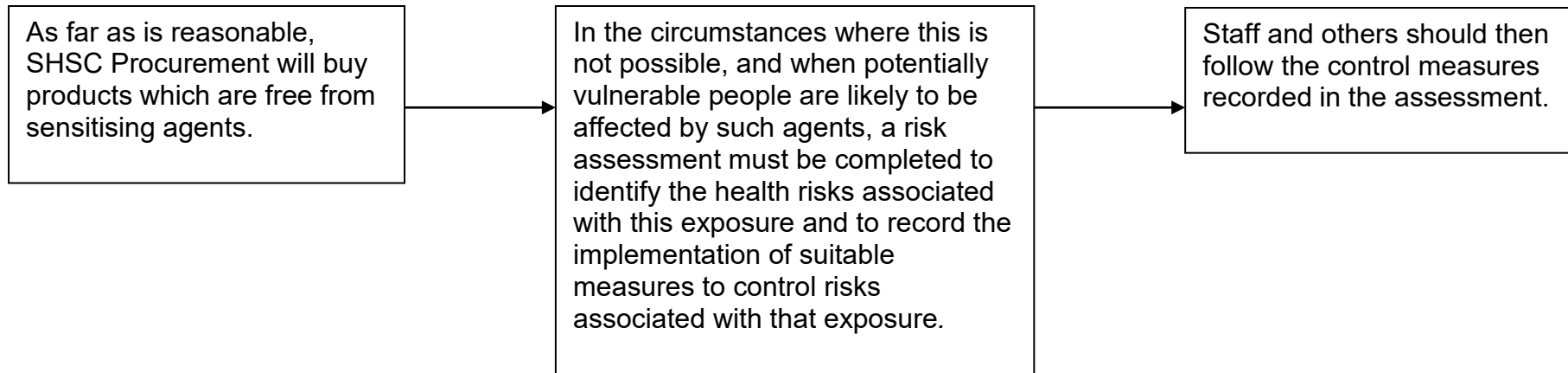
## Version Control and Amendment Log

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
1.0	New policy created and issued	August 2017	New policy
2.0	Revision	November 2020	Newest policy template used; includes title change, flowchart, some revised text and changed position of other text to accommodate revised layout.
3.0	Policy has reached it review date	January 2024	Title change, update to roles and responsibilities, full review.

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## Flowchart



## 1 Introduction

Sheffield Health and Social Care NHS Foundation Trust (SHSC) is committed to looking after the health and safety of all staff and as part of these measures this Policy gives details of how it will facilitate the prevention of occupational dermatitis and prevent broken skin from becoming an infection risk to patients and individual staff.

SHSC recognises its responsibilities under Health and Safety legislation to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees, service users and others affected by its work activities.

The glove of first choice in SHSC is non-latex. In circumstances where there is a clinical requirement to use latex gloves, this must be justified with a risk assessment. Latex use and dermatitis risk must both be assessed as part of regular COSHH task-based assessments and risk assessments. Appropriate health surveillance is required.

The majority of occupational dermatitis cases are related to hands, due to glove use and hand washing, but wearing masks can be an irritant to facial skin and can also lead to occupational dermatitis.

## 2 Scope

This is a Trust-wide Policy, which applies to all individuals that work within services provided by SHSC.

## 3 Purpose

The purpose of this Policy is to provide an unambiguous statement of health and safety policy applicable to Sheffield Health and Social Care NHS Foundation Trust (SHSC) in accordance with legislation.

## 4 Definitions

### Dermatitis

Dermatitis is a skin condition caused by contact with something that irritates the skin or causes an allergic reaction.

### Occupational Contact Dermatitis

Occupational contact dermatitis is a form of skin inflammation caused by contact with substances in the workplace.

### Latex

For the purpose of this policy the term latex refers to natural rubber latex.

### Health Surveillance

Is the examination of the health and wellbeing of a person who is, or is liable to be, exposed to substances hazardous to health and where there is a valid and suitable technique for measuring the diverse effects on health.

## 5 Details of the Policy

The broad overview of this policy is as described in the introduction.

## 6 Duties

### 6.1 Chief Executive

The Chief Executive has ultimate responsibility for health and safety within SHSC. For the control of work-related dermatitis this responsibility is delegated to the Executive Director of People to formulate and maintain a policy on the prevention of occupational dermatitis.

### 6.2 Executive Director of People

The Director of People will ensure there is an up-to-date policy on the prevention of work-related dermatitis.

### 6.3 Directors

Directors will ensure this policy and its associated procedures, protocols, guidance and management systems are fully understood, applied and resourced within their respective areas of responsibility and that these arrangements are monitored for continued effectiveness.

### 6.4 Infection Prevention and Control Team

Ensure that the issue of skin care and the prevention of work-related dermatitis is given appropriate prominence during infection prevention and control training.

### 6.5 Occupational Health Provider

The Occupational Health Team will:

- Provide recommendations and advice on suitable adjustments to SHSC staff making the referral including staff who have developed work-related dermatitis, this will be in the form of an Occupational Health report.
- Keep statistics on referrals made by managers, related to work-related dermatitis and produce anonymised statistics on the prevalence of skin problems in the annual occupational health report. Any problem areas should also be reported to the appropriate managers as trends emerge.
- Inform the SHSC staff making the referral in writing when a case of occupational related dermatitis has occurred.

### 6.6 Procurement

- All products should be purchased via the NHS Supplies Chain unless advised otherwise by the Procurement Team. Clinical areas will not be able to order latex gloves and these will be masked from ordering in these areas by Procurement Team. Where non-compliance is recognised the appropriate line manager will be informed.
- Advise on the availability of alternative products in conjunction with the Infection Prevention and Control Team and Occupational Health Service.
- Incorporate in relevant tender documentation issued by SHSC, questions relating to the latex content of products and their application.

- Work with agencies including NHS Supply Chain to obtain information on latex-free products.
- Monitor and audit the procurement of all types of gloves.

#### 6.7 Managers

Managers will implement suitable and sufficient processes/measures to identify relevant health and safety hazards, apply appropriate control measures and ensure these processes are monitored to confirm their continued effectiveness in preventing harm or ill-health.

Typically, such arrangements involve written 'Risk Assessments' and 'Standard Operating Procedures'.

Managers will report an incident under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 2013 if necessary.

#### 6.8 All staff

- All staff are asked to report any problems with their skin that could be attributable to work, or that they think is being made worse by their work, to their line manager.
- All staff are asked to wash their hands, wear gloves and use moisturisers in accordance with the training they receive which is aimed at reducing the risk of them developing occupational dermatitis.
- All staff that have to wash their hands frequently due to their patient care duties and identify potential contact dermatitis should fill in the skin surveillance form and report to line manager.
- All staff that wear gloves due to their work at SHSC must also complete an annual visual skin check.
- All staff involved in direct patient care should take part in the mandatory training programs related to hand hygiene training.

## 7. **Procedure**

### 7.1 Procurement

As far as is reasonable, SHSC Procurement will buy products which are free from sensitising agents.

In circumstances where this is not possible, and when potentially vulnerable people are likely to be affected by sensitising agents in bought products, a risk assessment must be completed to identify the health risks associated with this exposure and to record the implementation of suitable measures to control health and safety risks associated with that exposure.

Staff and others should follow the control measures recorded in the assessment.

A blank risk assessment template can be found on the Trust's Health and Safety intranet page.

## 7.2 Identification of a suspected latex allergy in staff

Natural Rubber Latex (NRL) is recognised as a 'sensitiser or substance hazardous to health' as defined by the Control of substances hazardous to health Regulations 2002 (as amended).

Therefore, if there is a known case of NRL sensitisation employers have a legal obligation to comply with regulations to ensure the safety of employees.

- All healthcare workers must complete a medical questionnaire on commencement with the Trust. This requires any known allergies to be declared.
- A healthcare worker must self-refer or be referred to the Occupational Health Department if there is any suspicion of NRL allergy. Symptoms that may be exhibited after contact with latex include nettle rash (hives), eczema, swelling of the hands and face, sneezing and itching eyes and nose and wheeze.

The advice of Occupational Health must be sought if these develop related to the use of rubber or latex in the workplace.

SHSC seek to prevent this occurring (see section 7.1 Procurement).

## 7.3 Visual Skin Check

All staff should conduct a visual skin check every 12 months as routine, if skin problems are seen or declared/identified then appendix 3 will require completion and a referral to occupational health.

# 8 **Incident Reporting and Investigation**

It is the intention of SHSC to ensure, so far as is reasonably practicable, every step is taken to ensure the health, safety and welfare of its employees and others in accordance with the Health and Safety at Work etc. Act 1974.

It is recognised also that working practices should conform and be subject to risk assessment in accordance with the Management of Health and Safety at Work Regulations 1999.

The Health and Safety Committee and Infection Prevention and Control will monitor the incident reporting system for reports of suspected occupational dermatitis.

# 9 **Development, Consultation and Approval**

The Trust recognises its legal duty to consult with employees on matters that affect their health and safety and is aware of the benefits of doing so. This entails not only giving information to employees, but also listening to and taking account of what they say before making any health and safety decisions.

The Trust will provide its employees and/or their representatives with the information necessary to allow them to participate fully and effectively in consultation and carry out other representative functions.



The following groups have been consulted on this policy:

Health and Safety Committee members

Infection Prevention and Control Team

Occupational Health Service

All staff via intranet forum

Staff Side Policy Group

## 10 Audit, Monitoring and Review

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Completion of sensitisation risk assessment and implementation of its findings	Audit	Health and Safety Risk Advisor	Annually	Health and Safety Risk Advisor	Health and Safety Committee	Health and Safety Committee
Number and type of reported sensitisation Incidents	Review	Health and Safety Risk Advisor	Quarterly	Health and Safety Risk Advisor	Health and Safety Committee	Health and Safety Committee
Hand Hygiene audits	Audit	Infection, Prevention and Control team	Annually	Infection, prevention and Control team	Infection prevention and Control Committee	Infection prevention and Control Committee

## 11 Implementation Plan

Action/Task	Responsible Person	Deadline	Progress update
Upload new Policy on to the intranet and remove the old version	Policy Governance - once the previous Policy has been ratified by the Quality Assurance Committee		
Make staff aware of new policy and affected persons responsibilities. Introduce processes required to implement Policy			

## 12 Dissemination, Storage and Archiving (Control)

Version	Date added to intranet	Date of inclusion in <i>Connect</i>	Any other promotion/ dissemination (include dates)
1.0	November 2016	November 2016	-
2.0	January 2021	January 2021	-
3.0	TBC	TBC	N/A

### 13 Training and Other Resource Implications

Staff should receive 'via arrangements made by their manager' the necessary information, instruction and training to enable them to manage skin sensitisation and so comply with this Policy.

### 14 Links to Other Policies, Standards (associated documents)

Health and Safety Policy  
Incident Management Policy and Procedure  
Control of Substances Hazardous to Health Policy  
Infection Prevention and Control – Hand Hygiene and Personal Protective Equipment

### 15 Contact Details

<i><b>Title</b></i>	<i><b>Name</b></i>	<i><b>Phone</b></i>	<i><b>Email</b></i>
Health, Safety and Risk Adviser	Charlie Stephenson	27 16208	<a href="mailto:charlie.stephenson@shsc.nhs.uk">charlie.stephenson@shsc.nhs.uk</a>

## Appendix 1 - Equality Impact Assessment Process and Record for Written Policies

**Stage 1 - Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

**NO** - No further action is required. Please sign and date the following statement.  
**I confirm that this policy does not impact on staff, patients or the public.**

***I confirm that this policy does not impact on staff, patients or the public***  
 Name/Date: Charlie Stephenson 01/10/24

**YES, go to Stage 2**

**Stage 2 - Policy Screening and Drafting Policy.** Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/do not know and note reasons). Please see the SHSC Guidance and Flow Chart.

**Stage 3 - Policy Revision.** Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age			
Disability			
Gender Reassignment			
Pregnancy and Maternity			

<b>Race</b>			
<b>Religion or Belief</b>			
<b>Sex</b>			
<b>Sexual Orientation</b>			
<b>Marriage or Civil Partnership</b>			

Please delete as appropriate: - Policy Amended

Impact Assessment Completed by: Name /Date;
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## Appendix 2 - Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
<b>Engagement</b>		
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	N/A
<b>Development and Consultation</b>		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	✓
5.	Has the policy been discussed and agreed by the local governance groups?	✓
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken in to account in preparing the policy?	✓
<b>Template Compliance</b>		
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
<b>Policy Content</b>		
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	✓
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix A)?	✓
<b>Dissemination, Implementation, Review and Audit Compliance</b>		
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	✓

## Appendix 3 - Skin Health Assessment Form

Please complete this form if you have identified symptoms of work-related dermatitis and use as background information to help guide an Occupational Health referral.

Name	
Department	
Date Form Completed	
Date Line Manager Informed	
Date of occupational health referral	

Job Title	
Hours of work	
Date Employment Started	
Date Symptoms noted	

**Gloves and handwashing (please tick if you use the following at work):**

Latex gloves	
Nitrile gloves	
Neoprene gloves	
Vinyl gloves	
Liquid soap	
Alcohol gel	
Moisturiser	

### Observed symptoms

	Not present	Mild	Moderate	Moderate +	Severe
Dryness					
Redness/discolouration					
Cracking					
Flaking					
Blisters or sores					
Scratching					
Bleeding					
Infection					

### General health:

Has there been any recent change in your general health?	
Have you been diagnosed with a skin condition?	
If yes, please give details:	

**Signed:**  
**Print name:**