

(4) You may be advised by doctors or occupational health advisors to consider allowing healthcare workers to continue with clinical work if dermatitis is mild or well controlled, provided:

- they are able to follow the normal infection control requirements, including hand hygiene and glove wearing, without making their dermatitis worse
- they have not been implicated in a case of transmission of infection from colonised or infection dermatitis lesions to a patient
- the dermatitis does not deteriorate as a result of clinical work.

(5) If a healthcare worker's dermatitis deteriorates as a result of clinical work, you should, on the advice of a doctor/occupational health advisor, consider temporary and, if necessary, longer-term adjustments to duties and/or redeployment to facilitate recovery. You must review the risk assessment for dermatitis for this employee and all others performing a similar job. As a matter of good practice you could advise employees who require adjustments to work to consult their trade union representative.

(6) If an employee has hand dermatitis, you must educate them in the principles of good skin care, paying particular attention to good hand hygiene techniques, appropriate use of both gloves and conditioning (moisturising) creams.

Good hand care is covered in more detail in the box below. Most of these principles were covered in a successful skin educational programme for employees, some of whom had dermatitis. With the exception of using conditioning creams, we do not know whether each bit of advice is successful on its own. However, in combination, these good practice points should help to improve your employees' dermatitis.

(7) If an employee has dermatitis, you should provide conditioning creams (moisturisers) for use at work and after work. Employees with existing hand dermatitis who work in healthcare should (in general) be advised to use alcohol rubs where appropriate (when the hands are visibly clean) as a substitute for full hand washing as part of good hand hygiene. If they experience discomfort when using creams and rubs as a result of existing dermatitis, they should be referred to occupational health for specific advice.

Further copies of this leaflet are available from NHS Plus:

Email: nhsplus@nhs.net

The principles of good skin care: good practice points

- Employees with dermatitis should take special care in hand washing. Wash hands in lukewarm water. Make sure that hands are rinsed carefully to remove all traces of soaps and detergents, and dried thoroughly, paying particular attention to the spaces between the fingers.
- If your business is in healthcare, encourage employees to use alcohol hand rubs instead of full hand washing for infection control purposes as much as possible. Advise them that alcohol rubs can be used for decontamination if hands are not visibly dirty or contaminated with proteinaceous material and are not visibly soiled with blood or other body fluids. Provide employees with clear infection control and hand hygiene guidelines that take account of the risk to their hands from dermatitis as well as the risk of transmitting infection to patients in their care.
- Advise employees in jobs that have a high risk of dermatitis that soap or detergents and water tend to collect under finger rings, making it difficult to achieve clean dry skin. Caution them against wearing finger rings at work. If employees wish to wear a plain wedding band, advise them to take extra care to rinse and dry beneath it.
- Provide fragrance-free products, and make these easily available in the workplace. Teach employees to use moisturising creams frequently to stop skin from becoming dry, and how to apply moisturiser carefully, including the spaces between the fingers.
- Provide protective gloves when necessary for jobs that entail wet work or handling chemicals or potentially infectious material. But advise employees to use gloves for as short a time as possible (gloves themselves can make dermatitis worse), and not to wear them if they don't need to.
- Advise employees who are using gloves for periods longer than 10 minutes to consider using a clean cotton glove underneath. Provide these where appropriate, but ensure that their use has been approved by infection control.

© 2009 Royal College of Physicians

All rights reserved. No part of this publication may be reproduced in any form (including photocopying or storing it in any medium by electronic means and whether or not transiently or incidentally to some other use of this publication) without the written permission of the copyright owner. Applications for the copyright owner's written permission to reproduce any part of this publication should be addressed to the publisher.

Disclaimer: The Royal College of Physicians disclaims any responsibility for damages arising out of the use or non-use of these guidelines, summary leaflets and the literature used in support of these guidelines.

For the full version of the guidelines on the occupational management of dermatitis, see: www.nhsplus.nhs.uk

NHS
Plus

www.nhsplus.nhs.uk

OCCUPATIONAL
HEALTH CLINICAL
EFFECTIVENESS UNIT

 **Royal College
of Physicians**
Setting higher medical standards

www.rcplondon.ac.uk

Supported by:

fom
Faculty of Occupational Medicine

www.facocmed.ac.uk

Dermatitis

Occupational aspects of management

Evidence-based guidance for
employers

Introduction

This leaflet summarises the findings from a review of the published scientific literature about various aspects of managing cases of occupational dermatitis in healthcare workers. The work was carried out by a group of people that included representatives from occupational health, general practice, dermatology, the Health and Safety Executive, patients (employees) with dermatitis and employers. The recommendations aim to help healthcare workers who already have dermatitis to manage it, and to help employers reduce risks in the workplace. They are also intended to guide occupational health and other health professionals who might be asked to advise healthcare workers with dermatitis and their employers. Most of the recommendations and good practice points are quite specific to the healthcare setting (for example those that relate to hand hygiene and infection control). However, some of the recommendations are more general, and could be applicable to workers who are at risk of dermatitis in any workplace.

What is work-related dermatitis?

Dermatitis is a term used to describe the reaction that occurs when skin becomes inflamed. The main feature of dermatitis is a skin rash – typically consisting of an area of red swollen skin, sometimes with tiny blisters that weep and form a crust. The skin can become itchy, scaly or flaky and, if dermatitis persists for a long time, the skin may become thickened and cracked. Work-related or occupational dermatitis is caused by something in the workplace – for example exposure to chemicals, frequent hand washing, or wearing gloves.

What sorts of job can cause dermatitis?

Jobs that are frequently associated with dermatitis include hairdressing, nursing, catering and engineering. But any job that involves frequent hand washing, having wet hands either frequently or for long periods, or in direct contact with certain products or chemicals can cause dermatitis.

Is work-related dermatitis a serious health problem?

While it is not life-threatening, dermatitis can be a painful and inconvenient problem. Patients with dermatitis often say that it affects their quality of life a great deal. It can also be associated with serious complications such as skin infection. If work-related dermatitis is detected and managed at an early stage, the prognosis is reasonably good. But if not identified and treated it can become persistent, and can lead to loss of employment if workplace exposures cannot be controlled.

Why is dermatitis sometimes caused by work?

Some jobs give rise to dermatitis because a substance that comes into contact with the skin causes irritation or specific allergy. Repeated physical abrasion (rubbing) of skin and frequently washing the skin can also cause dermatitis – particularly if detergents are not rinsed off and/or the skin is not dried properly. Even wearing gloves to protect hands from contact with chemicals can give rise to irritation or allergy – for example, because the glove material itself causes problems, or because if gloves are not worn correctly, they could become contaminated inside and trap harmful substances against the skin. The environment at work can also cause skin problems or make them worse, for example extremes of temperature (hot or cold) or a very dry atmosphere can make skin dry and inflamed.

Why is it important for employers to know about dermatitis?

Work-related dermatitis can usually be prevented or improved, by carefully reducing harmful exposures at work. Early detection of skin problems and early treatment can help to stop problems from becoming severe or prolonged.

What care should provide for my employees with dermatitis?

As an employer, you have a legal obligation to identify jobs or tasks that are likely to cause dermatitis, to carry out a proper risk assessment, to put in place appropriate control measures and to inform employees about the risk of dermatitis where appropriate. You have a duty to reduce the risk of skin problems as far as is reasonably practicable, by preventing exposure to substances that are known to cause irritation or allergy. This can sometimes be achieved by using safer alternative products (your procurement team can advise on this). Where elimination of substances or processes that cause dermatitis is not possible, risk must be reduced by controlling exposure. If adequate control cannot be achieved by any other means, then you should provide protective clothing such as gloves. You must also teach employees how to look after their skin, to be vigilant for skin problems and report them to their manager or occupational health department. You must have a system for identifying cases of dermatitis early – usually by asking employees to complete a questionnaire and by inspecting their skin at intervals (this process is called health surveillance). New cases of dermatitis caused by work are reportable to the Health and Safety Executive under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR).

What should employees do to look after their skin?

Employees have a legal duty to cooperate with measures that you have put in place for their protection, including safe systems of work, protective clothing and the health surveillance programme for dermatitis in your workplace. More advice about how employees should look after their skin is provided below.

Where can I get more information about dermatitis?

Your occupational health department will be able to advise your employees about getting the right treatment

for dermatitis. They will advise both you and your employee about any specific causes of dermatitis in the workplace and how any risks might be minimised. If you don't have access to an occupational health department or suitably qualified adviser, you should train responsible persons in the workplace (managers or safety representatives) to deliver training and carry out health surveillance. You must arrange for referral to a suitably experienced health professional for employees who report dermatitis or those who are identified by the health surveillance programme as having important symptoms. Useful information on skin problems is available from the Health and Safety Executive website: www.hse.gov.uk/skin/index

Recommendations

The key recommendations from this review focus on things that can be done in the workplace to limit the risks associated with dermatitis once it has already developed.

- (1) If you are an employer in the healthcare sector, you should be aware that, in healthcare workers with dermatitis, any areas of skin that are affected by dermatitis are more likely to be colonised with bacteria than normal skin. Colonisation means that bacteria are present and may multiply but are not causing actual infection (tissue damage). However, it is not clear whether these workers are more likely to transmit infection to patients than a healthcare worker who does not have dermatitis.
- (2) If you know an employee has dermatitis, you should advise them to seek treatment as soon as possible through their GP.
- (3) You may be advised by a doctor or occupational health advisor to make adjustments to work or to redeploy healthcare workers who have severe or acute dermatitis on the hands, forearms, face, scalp or exposed areas. Temporary restrictions may be placed on clinical work with patients who are at high risk from hospital-acquired infection (eg high-dependency, immuno-compromised patients, patients during surgical procedures or post-operative surgical patients and neonates). Adjustments can be reversed when skin lesions are no longer severe or acute.