

- the dermatitis does not deteriorate as a result of clinical work.
- (5) You must report any new dermatitis or any deterioration in existing dermatitis to occupational health or to your manager (if you don't have access to an occupational health service). Your doctor/occupational health advisor and employer should consider temporary and, if necessary, longer-term adjustments to duties and/or redeployment to facilitate recovery. Your employer should review their risk assessment for dermatitis in relation to your job.

- (6) If you have hand dermatitis, take good care of your skin by 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 hand 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 dermatitis.

- (7) If you have dermatitis, you should as a general rule use conditioning creams (moisturisers) when you are at work and after work.

If you have hand dermatitis and you work in healthcare, you should (as a general rule) use alcohol rubs where appropriate (when the hands are visibly clean) as a substitute for full hand washing as part of good hand hygiene.

However, if the application of creams and rubs is painful because of existing dermatitis you should consult 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

- If you have dermatitis you should take special care in hand washing. Wash your hands in lukewarm water. Make sure that you rinse your hands carefully to remove all traces of soaps and detergents, and dry them thoroughly, paying particular attention to the spaces between your fingers.
- Use alcohol hand rubs instead of full hand washing for infection control purposes as much as possible. If hands are not visibly dirty or visibly soiled with blood or other body fluids, alcohol rubs can be used for decontamination. Always follow the infection control and hand hygiene guidelines in your own workplace.
- Soap or detergents and water tend to collect under rings and make it difficult to achieve clean dry skin. If your job involves frequent hand washing, it is best to avoid wearing finger rings at work. Wear only a plain wedding ring if you must wear a ring at all, and take extra care to rinse and dry beneath it.
- Use moisturising creams frequently to keep your skin from becoming dry. Use fragrance-free products. Apply moisturiser carefully, including the spaces between your fingers. Your employer should provide you with suitable moisturising creams in your workplace.
- Use protective gloves when necessary for wet work or when handling chemicals or potentially infectious material. But only use gloves for as short a time as possible (gloves themselves can make dermatitis worse), and don't wear them if you don't need to. If you do use gloves make sure they are clean, dry and intact (no holes).
- When using gloves for periods longer than 10 minutes, consider using a clean cotton glove underneath. However, the use of cotton gloves should be approved by infection control.

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



www.nhsplus.nhs.uk



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Dermatitis

Occupational aspects of management

Evidence-based guidance for employees



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 becomes 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 problem for my health?

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 outlook is reasonably good. But if not identified and treated it can become persistent, and can limit your ability to carry out some sorts of work safely.

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 they are not worn correctly, becoming contaminated inside and trapping 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 me and my employer to know about dermatitis?

Work-related dermatitis can usually be improved or prevented, 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 I expect from my employer?

Your employer has 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 you about the risk of dermatitis where appropriate. They have a duty to reduce the risk of skin problems as far as reasonably practicable, by preventing exposure to substances that are known to cause irritation or allergy or by controlling exposure. If adequate control cannot be achieved by other means, then they should provide protective clothing such as gloves. Your employer must also have a system for identifying cases of dermatitis early – usually by asking you to be vigilant for symptoms of dermatitis and to report them promptly to your manager or occupational health service, and also by asking you to complete a questionnaire and by inspecting your skin at intervals (this process is called health surveillance).

What should I do to look after my skin?

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

Where can I get more information about dermatitis?

Your occupational health department will be able to advise about getting the right treatment for dermatitis. They will advise both you and your manager about any specific causes in the workplace and how any risks might be minimised. If you don't have access to an occupational health department, your general practitioner (GP) can advise about treatment (and sometimes also work aspects). Also your manager and safety representative should be able to help with information and advice. Your

trade union representative can advise on your employment rights if changes to work are needed because of dermatitis. Useful information is available from the Health and Safety Executive website on skin problems: 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 a healthcare worker, you should be aware that 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 you are more likely to transmit infection to patients from colonised skin than a healthcare worker who does not have dermatitis.
- (2) If you have dermatitis you should seek treatment as soon as possible through your GP.
- (3) Your doctor or occupational health advisor may advise adjustments to work or redeployment if you have severe or acute dermatitis on the hands, forearms, face, scalp or elsewhere. They may temporarily restrict you from clinical work with patients who are at high risk from hospital-acquired infection (eg high-dependency, immuno-compromised patients, patients during surgical procedures, post-operative surgical patients, neonates). Adjustments can be reversed when skin lesions are no longer severe or acute.
- (4) Your doctor or occupational health advisor may consider allowing you to continue with clinical work if your dermatitis is mild or well controlled, provided:
 - you are able to follow the normal infection control requirements including hand hygiene and glove wearing, without making your dermatitis worse or causing undue discomfort
 - you have not been implicated in a case of transmission of infection from colonised or infected dermatitis lesions to a patient