

Dermatitis

Occupational
aspects of
management

Evidence-based guidance for
healthcare professionals



Royal College
of Physicians
Setting higher medical standards

fom
Faculty of Occupational Medicine

NHS
Plus

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.

Epidemiology of occupational dermatitis

Skin diseases, of which dermatitis forms the largest proportion, are among the most commonly reported occupational disorders in most developed countries. Reporting schemes for occupational physicians and dermatologists (OPRA (Occupational Physicians Reporting Activity) and EPIDERM respectively), suggest that occupational dermatitis comprises up to 20% of all occupational diseases in the UK. The most commonly affected occupations include florists, hairdressers, rubber process operators, glass and ceramic workers, beauticians, and healthcare workers (mainly nurses). The known risk factors, and common features of these

jobs are frequent hand washing or wet work, exposure to irritant and allergenic chemicals, and frequent or persistent glove wearing. Several studies from a variety of countries have highlighted the high impact of dermatitis on quality of life, and work loss. Moreover, the prognosis for moderately severe hand dermatitis is poor. A UK reporting scheme (EPIDERM) found that 20% of reported cases had time off work and 16% did not improve at repeat assessment.

Clinical features of occupational dermatitis

The classification of occupational dermatitis into allergic contact dermatitis (ACD) or irritant contact dermatitis (ICD) reflects aetiology. The distinction is important for clinical management, but it can be impossible to distinguish the two types on the basis of clinical examination alone. Therefore investigation usefully includes skin patch testing to explore the possibility of specific allergy. Medical treatment of dermatitis is with moisturisers and topical corticosteroid preparations. However, if an occupational cause is suspected, intervention to reduce exposure to irritants or elimination of allergens in the workplace and to minimise wet work is necessary to control symptoms. Dermatitis is a type IV hypersensitivity reaction and should not be confused with type I allergies such as latex sensitivity.

What advice should I provide for my patients with occupational dermatitis?

Health professionals who are treating patients with dermatitis should take an occupational history and advise about the possibility of work-relatedness. If an occupational cause is likely,

they should engage the occupational health department in advising the patient's employer (with their consent) about the elimination or reduction of perpetuating or exacerbating factors at work. If the patient does not have access to an occupational health department, treating clinicians may have to offer advice on occupational aspects of management of dermatitis to both the patient and their employer. Providing education about good skin care is important. Useful information on skin problems is available from the Health and Safety Executive website:

www.hse.gov.uk/skin/index

The clinical treatment of dermatitis was outside the scope of this guideline.

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 You should advise patients with dermatitis who work in healthcare that any areas of skin that are affected by dermatitis are more likely to be colonised with bacteria than normal skin. You should also advise that it is not clear whether they are more likely to transmit infection to patients than a healthcare worker who does not have dermatitis.
- 2 You should aim to optimise clinical management of dermatitis as soon as possible, particularly in healthcare workers.
- 3 You should advise adjustments to work or redeployment if a healthcare worker has severe or acute dermatitis on the hands, forearms, face, scalp or other areas. You should aim to restrict individuals temporarily from clinical work with patients who are at high risk from hospital-acquired

infection (eg high-dependency, immuno-compromised patients or peri- or post-operative surgical patients, neonates). Adjustments can be reversed when skin lesions are no longer severe or acute.

- 4 You may consider allowing a healthcare worker to continue with clinical work if dermatitis is mild (no exudation or cracking) or well controlled, provided:
 - they are able to follow the normal infection control requirements including hand hygiene and glove wearing, without making the 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 dermatitis deteriorates as a result of clinical work, you should advise temporary and, if necessary, longer-term adjustments to duties and/or redeployment to facilitate recovery.
- 6 If a patient has hand dermatitis that is caused or made worse by work, you should advise 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 are good practice points.

- 7 If a patient has dermatitis that is caused or made worse by work, you should (with their consent) advise their employer:
 - (a) to provide conditioning creams (moisturisers) for use at work
 - (b) that new cases of occupational dermatitis are reportable to the Health and Safety Executive under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR)
 - (c) on possible work-related causes so that risk assessments and control can be revised appropriately.
- 8 If a patient who works in healthcare has hand dermatitis that is caused or made worse by work, you should advise them to use alcohol rubs where appropriate (when the hands are not visibly dirty or contaminated with proteinaceous material and are not visibly soiled with blood or other body fluids, alcohol rubs can be used for decontamination) as a substitute for full hand washing as part of good hand hygiene even if dermatitis is present. This general advice can be reviewed on an individual basis if discomfort causes poor tolerance of hand hygiene techniques. Inability to comply with hand hygiene is an important indication for restriction from clinical work.
- 9 If a patient who works in healthcare has hand dermatitis that is caused or made worse by work, you should consider reporting to occupational surveillance schemes *if you are a registered participant*. These include the Occupational Physicians Reporting Activity (OPRA) if you are an occupational physician, the Health and Occupation Reporting Network for General Practitioners (THOR-GP) if you are a GP, and Occupational skin surveillance (EPIDERM) if you are a dermatologist. Information on these schemes is available at: **www.medicine.manchester.ac.uk/coeh/thor/schemes**

The principles of good skin care: good practice points

- Patients with dermatitis should take special care in hand washing. Hands should be washed in lukewarm water, rinsed carefully to remove all traces of soaps and detergents, and dried thoroughly, paying particular attention to the spaces between the fingers.
- Patients with dermatitis who work in healthcare should be advised to use alcohol hand rubs instead of full hand washing for infection control purposes as much as possible. If hands are not visibly dirty or contaminated with proteinaceous material and are not visibly soiled with blood or other body fluids, alcohol rubs can be used for decontamination. Advise patients to follow the infection control and hand hygiene guidelines in their own workplace. Advise employers to provide clear infection control and hand hygiene guidelines that take account of the risk to employees' hands from dermatitis as well as the risk of transmitting infection to patients in their care.
- Patients who work in jobs that have a high risk of dermatitis should be advised not to wear finger rings at work. Soap or detergents and water tend to collect under rings and make it difficult to achieve clean dry skin. If they feel strongly about wearing a plain wedding ring, advise extra care in rinsing and drying beneath it.
- Employers should provide fragrance-free conditioning creams, and make these easily available in the workplace. Patients should be advised to use conditioning creams frequently to stop skin from becoming dry, and how to apply moisturiser carefully, including the spaces between the fingers.
- Employers should provide protective gloves when necessary for jobs that entail wet work or handling chemicals or potentially infectious material. But advise patients to use gloves for as short a time as possible (gloves themselves can make dermatitis worse), and not to wear them unless necessary.
- Advise patients who are using gloves for periods longer than 10 minutes to consider using a clean cotton glove underneath, subject to approval by infection control. Ask the employer to provide these where appropriate.

Further copies of these booklets are available from NHS Plus:

Email: nhsplus@nhs.net

© 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.



www.nhsplus.nhs.uk

For the full version of the guidelines on the occupational management of dermatitis, see: 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