

STANDARD OPERATING PROCEDURE SKIN HEALTH SURVEILLANCE

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Instigated by:	Sonia Ivers - Head of Occupational Health Services
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Name of Trust Strategy / Policy / Guidelines this SOP refers to:	<ul style="list-style-type: none"> • Occupational Health Operational Policy HR-036 • Health and Safety Policy F-016 • Occupational Dermatoses including Latex Allergy Policy HR-035 • Standard Infection Control Precautions (SICPS) SOP23-006

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	17/04/24	<i>New Standard Operating Procedure. Approved at Health and Safety Group (17 April 2024).</i>

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1. INTRODUCTION

The Health and Safety Executive (HSE) advise that skin surveillance is appropriate when employees are exposed to residual risk of harm from hazardous substance.

HSE 2023 report:

There are an estimated 15,000 (95% Confidence Interval: 9,000 to 20,000) people working within the last year with skin problems they regarded as caused or made worse by work.

Health surveillance may be appropriate where:

- Employees are liable to be exposed to substances known to cause urticaria.
- There have been previous cases of work-related skin disease, such as dermatitis or urticaria in the workforce/place.
- There is reliance on PPE, e.g., gloves as an exposure control measure, e.g., printers wearing gloves to protect against solvents used during press cleaning, or paint sprayers using two-pack paints wearing gloves and overalls. Even with the closest supervision there is no guarantee that PPE will be always effective.
- There is evidence of skin disease in jobs within the industry, e.g., frequent, or prolonged contact with water (termed 'wet-working') causing dermatitis in hairdressers and healthcare workers.
- Employees are liable to be exposed to hexavalent chromium compounds e.g., mists from chrome plating baths causing chrome ulcers in platers.

The HSE do advise this list is not exhaustive and there may be other occasions where skin health surveillance is required.

2. SCOPE

This document is designed to ensure all staff who fall into any of the above health surveillance categories have access to the appropriate level of skin surveillance in accordance with Health and Safety Legislation. This may be employees of the Trust, students, bank or agency staff and organisations to whom we deliver occupational health services to.

Skin health surveillance within the occupational health service will be undertaken in a consistent manner for all staff considered at risk. This will allow for the early detection of any skin changes, which could be related to the individual's working environment.

3. DUTIES AND RESPONSIBILITIES

The Chief Executive

The Chief Executive will ensure that there are effective and adequately resourced arrangements for infection prevention and control within the organisation.

Occupational Health Team will:

- Adhere to this procedure when carrying out skin health surveillance.
- Escalate matters via line management if further guidance required.
- Maintain their competence and raise any training issues with management.

Health records must be kept for all employees under health surveillance for at least 40 years from the date of the last entry. This is because there is often a long period between exposure and onset of ill health.

4. PROCEDURES

Higher level health surveillance is appropriate when the evidence for a hazard is clear and there is potential for significant exposure. For example, when workers are exposed to a substance or process where occupational contact dermatitis is a known problem despite risk reduction measures. Higher level surveillance would also be necessary if there was a confirmed case of occupational dermatitis.

Lower-level health surveillance is appropriate when there is occasional or potential exposure, control is adequate or on the advice of a health professional.

The HSE advise when skin inspection may be carried out by a responsible person. A responsible person is defined as a person who has received training or coaching from a health professional, a health and safety professional or management.

4.1. Higher level health surveillance

The employees skin condition should be assessed as soon as possible after they start a relevant job. This is to provide a baseline.

Regular visual inspections by a responsible person. The frequency of the inspections would depend on the nature of the risk. Monthly routine is often appropriate.

Employees would be advised about likely exposures and what symptoms to look out for.

Employees should be advised how to report any symptoms if they occur between inspections.

An annual questionnaire may also be included and returned to the occupational health department for assessment.

4.2. Lower level health surveillance

An annual skin questionnaire should be completed by employees and returned to the occupational health department for assessment.

Employees should be advised regarding likely exposures and symptoms to watch out for.

Employees should also be made aware how to report any symptoms.

4.3. Assessment

Skin health surveillance of employees consists of a remote skin questionnaire. However, this can be completed in a face-to-face setting if health surveillance or fit for work medicals are taking place.

If the skin questionnaire has no positive responses and no issues are raised a fitness certificate will be issued advising that no skin issues have been identified. This will ensure the line manager is aware the skin assessment has taken place and their employee remains fit to continue clinical work or work that requires skin surveillance.

If the questionnaire identifies skin issues or the employee has indicated on the form, they require further support from occupational health a fitness certificate will not be issued, and an occupational health assessment will be arranged. A video assessment is recommended in the first instance so that the skin condition can be seen during the assessment. If this is not possible a face-to-face appointment can be considered.

The occupational health assessment consists of:

- A review of the skin questionnaire.
- A history of the symptoms.
- Examination of the hands or affected areas if necessary and appropriate.

If the employee has not sought medical attention for any skin related condition, they will be signposted for support during the assessment, such as their GP or referral to a Skin Specialist.

A fitness certificate will be issued with the consent of the employee after the occupational health assessment. This will advise management regarding any workplace adjustments.

In the event the employee has a significant skin condition the fitness certificate may advise the employee is not presently fit for work and advise given they have been advised to see their GP/Skin Specialist.

In the event a member of staff is deemed unfit for their contracted work role due to the severity of a skin condition an occupational health follow up review would be arranged once they have sought medical support and treatment if necessary.

A skin condition leaflet will be given to the employee for further advice.

Escalation to an occupational health physician may be necessary for any complex skin conditions that impact upon someone's fitness for work long term or may be deemed to possibly be work related in nature.

5. REFERENCES

Control of Substances Hazardous to Health (COSHH) Regulations 2002

[The Control of Substances Hazardous to Health Regulations 2002 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2002/2687/contents/matter)

The Equality Act 2010:

[Equality Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2010/15/contents)

The Health and Safety at Work Act 1974:

[Health and Safety at Work etc. Act 1974 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1974/37/contents)

The Management of Health and Safety at Work regulations 1999:

[The Management of Health and Safety at Work Regulations 1999 \(legislation.gov.uk\)](https://www.legislation.gov.uk/si/1999/1253/contents/matter)

HSE Health Surveillance

[Health surveillance - Skin at work: Work-related skin disease - HSE](https://www.hse.gov.uk/healthsurveillance/skinatwork/)

Appendix 1 – Skin Health Surveillance Questionnaire

To be completed by all staff undertaking clinical care that involves regular hand washing and/or the use of gloves.

Name:	Date of birth:
Home address	
Telephone number:	
Job title:	Department:
Location:	Line manager: Line manager email address:

Do you use, or come into contact with any of the below at work?

Hazard	Please tick. ✓	Details
Non latex gloves e.g., Nitrile		
Latex gloves		
Soap products		
Alcohol based hand rub		
Detergents/disinfectants		
Other e.g machine oils		

Please answer the following questions by ticking (✓) Yes, No or N/A

Do you have a history of skin problems affecting any part of your body? If yes, describe:	Yes	No	N/A
In the last 6 months have you had any reoccurring skin problems to your hands, wrists or forearms? E.g., redness, blistering, cracking, dryness, flaking, itching, scaling or bleeding? Details:	Yes	No	N/A
Are these issues still present? Details:	Yes	No	N/A
If you do have skin problems, do they improve when you are not at work?	Yes	No	N/A

Details:			
Are you currently, or have you ever been under investigation or treated by a Skin Specialist? Details:	Yes	No	N/A
Do you wear latex/nitrile gloves at work? Details:	Yes	No	N/A
If yes to the above, how many hours a day do you wear gloves? Details:			
Do you moisturise after hand washing?	Yes	No	N/A
Do you have any other skin concerns you would like to discuss with Occupational Health?	Yes	No	N/A

I understand that skin health surveillance is necessary in my employment and this form will be retained in my Occupational Health records (for 40 years as per COSHH Regulations 2002).

I consent to a fitness certificate being sent to my line manager to advise I remain fit for my role (if no skin issues are identified).

An occupational health assessment may be necessary if underlying skin problems are currently ongoing impacting upon you in the workplace and identified in this skin surveillance questionnaire.

I hereby consent for my manager to be made aware I remain fit for my role if no skin conditions are identified on this form that require an appointment with Occupational Health.

Employee signature	Date

Appendix 2 – Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Skin Health Surveillance
2. EIA Reviewer (name, job title, base and contact details): Sonia Ivers, Head of Occupational Health Services, Skidby House, telephone (01482) 389333
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

Main Aims of the Document, Process or Service To comply with the HSE skin surveillance requirements for employees identified
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	This procedure is consistent in its approach regardless of age.
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	This procedure is consistent in its approach regardless of disability
Sex	<p>Men/Male Women/Female</p>	Low	This procedure is consistent in its approach regardless of an individual's sex.
Marriage/Civil Partnership		Low	This procedure is consistent in its approach regardless of marriage status
Pregnancy/ Maternity		Low	This procedure is consistent regardless of pregnancy/maternity status
Race	<p>Colour Nationality Ethnic/national origins</p>	Low	This procedure is consistent regardless of race.
Religion or Belief	<p>All religions Including lack of religion or belief and where belief includes any religious or philosophical belief</p>	Low	This procedure is consistent in its approach regardless of religious beliefs.
Sexual Orientation	<p>Lesbian Gay men Bisexual</p>	Low	This procedure is consistent in its approach regardless of sexual orientation.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This procedure is consistent in its approach regardless of gender identity.

Summary

None of the equality strands have been identified in the initial impact assessment. The practices / actions recommended in this procedure is based upon the Health and Safety Executives health surveillance requirements for healthcare workers who may have applicable skin exposure.	
EIA Reviewer: Sonia Ivers	
Date completed: 23/04/2024	Signature: S.Ivers