HEALTH SURVEILLANCE PROCEDURE for MANAGERS (SKIN HEALTH)

December 2015

UNCONTROLLED WHEN PRINTED

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EXECUTIVE SUMMARY

1.0 Key messages

1.1 The primary aim of skin health surveillance within NHS Lothian is to ensure the health and wellbeing of staff through the early identification of conditions that may affect the individual’s ability to undertake their normal duties or impact on them outside work. Having the correct support in place at the earliest opportunity can help to prevent mild conditions developing into life changing events and is fundamental to the organisations duty of care and for compliance with its legal obligations.

1.2 In practice the vast majority of NHS Lothian staff will require skin health surveillance due to the criteria outlined in this procedure, including, but not limited to, Clinical staff (due to frequent hand hygiene/glove use), Laboratory staff (exposure to hazardous substances), Domestics (undertaking wet work/glove use) and Estates staff (due to work causing skin abrasion and exposure to chemicals) and may include other non-NHS staff by prior arrangement.

1.3 Where staff are at risk of occupational skin disease and there is resultant damage or open skin present this creates an additional risk to overall hygiene, and patient safety. This will consequently impact of the delivery of care as clinical staff will be deemed unfit for clinical duties where exposed skin is not intact.

1.4 This Procedure document outlines the broad principles of skin health surveillance information on how to determine if skin health surveillance is required, how this will be achieved in practice and the roles of local management*¹ and staff therein.

*¹ Management in this context refers to those persons with direct responsibility for the area concerned and persons employed therein and whose job description gives them a managerial or supervisory role and authorisation to maintain and/or access personal records.
SKIN HEALTH SURVEILLANCE PROCEDURE

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INTRODUCTION

2.0 Introduction

Skin health surveillance applies specifically to NHS Lothian staff who may undertake tasks and activities that expose them to risks that may in turn necessitate regular skin health surveillance or fitness for work assessment. The purpose of health surveillance is to identify at the earliest opportunity the requirement to institute changes to working practices or specialist clinical support as required.

DETERMINING THE NEED FOR SKIN HEALTH SURVEILLANCE

3.0 Criteria for Skin Health Surveillance

The determination of whether skin health surveillance should be adopted for your area is comparatively straightforward. If any of the following criteria apply to your staff then skin health surveillance will be required for those staff groups.

3.1 Chemical exposure – skin irritants and/or sensitizers

NHS Lothian Staff who are exposed to, or potentially exposed to substances that are known skin irritants or sensitizers will be subject to skin health surveillance.
To determine if substances in your area are irritants/sensitizers this information can be found in a document called a Safety Data Sheet that all suppliers of substances must provide on request.
Substances triggering the need for skin health surveillance will be described as either 'skin irritants' with risk phrase numbers R36 / R37 / R38 and/or may use the phrase 'skin sensitizers' with risk phrase numbers R42 / R43 within the relevant Safety Data Sheet. This information may already be identified within your local COSHH Risk Assessments and each area should retain copies of Safety Data Sheets for all the substances in use within a given ward/department as a matter of course.

3.2 ‘Wet work’

NHS Lothian Staff who are exposed to activities that include frequent hand immersion in water or frequent hand hygiene activities will be subject to skin health surveillance.
‘Wet work’ in practice can be defined as work that involves immersion or wetting of hands for significant periods during the working day, as a guide – more than two hours during the course of a normal working day.
In addition frequent hand washes or hand hygiene activities of more than twenty times a day will also act as a trigger for skin health surveillance*2.

*2 It is sufficient to confirm that your staff are exposed to frequent ‘wet work’ and or hand hygiene as a group rather than trying to count the frequency for each individual.
3.3 Frequent glove changes and/or prolonged usage

NHS Lothian Staff who undertake activities that include frequent glove changes (five or more per day) or where gloves are worn in excess of 2 to 3 hours per day will also be subject to skin health surveillance.

3.4 Typical departments where skin health surveillance is likely to be required

Laboratories, workshops, estates and domestic services where there is exposure to hazardous substances, skin damage through chemicals and abrasive work and specifically ‘wet work’ and glove usage for the latter staff group.

Clinical staff groups where frequent hand hygiene and glove changes occur. In addition staff in clinical areas are also likely to be exposed to substances that are classed as skin irritants and/or sensitizers, which include alcohol gel products.

Groups not subject to skin health surveillance are typically purely office based and would include HR, Finance and other specialized non-clinical groups.

Where there is uncertainty with respect to the requirement for health surveillance or with respect to the process of health surveillance, managers will be expected to refer any queries to the NHS Lothian Occupational Health Team in the first instance.

3.5 Initial skin health surveillance documentation to be completed

Once the requirement for skin health surveillance has been established, managers should complete or amend the following documents:

- Statutory Health Surveillance (Skin) Form – this document should be completed as a formal record that skin health surveillance is required. A copy of this form can be found in the final section of this procedure.

- General Risk Assessments Form(s) – for tasks and activities that may result in skin damage for staff, these should include reference to skin health surveillance being required under the precautions section

- COSHH Assessment Form(s) – where a substance is identified as a skin sensitizer and/or irritant this should appear on the relevant COSHH Form(s), with a reference to skin health surveillance in the precautions section

In addition for each individual subject to skin health surveillance, a Statutory Health Record (Skin Health) Form should be prepared. Some Forms may already have been provided by Occupational Health through the pre-employment process.
4.0 NHS Lothian Skin Health Surveillance Roles and Responsibilities

The general roles and responsibilities relating to health surveillance are outlined in the NHS Lothian Health Surveillance Policy, including the role of the Chief Executive and Senior Management. Hence the following is focused specifically on the roles and responsibilities pertaining to skin health surveillance.

4.1 CMTs/Service Managers/Charge Nurse or equivalent is responsible for:

a) Determining the need for skin health surveillance by using the criteria listed above (see Section 3.0) and recording this in the relevant risk assessment(s), with support provided by Occupational Health or Health and Safety Services as required. The criteria used to determine the need for skin health surveillance are applicable to non-Clinical staff and will help to identify any staff groups that may be exempt from skin health checks.

b) Ensuring, where the need for health surveillance is confirmed, that this is carried out by a suitably trained ‘responsible person’ or by prior arrangement with Occupational Health in a small number of areas.

c) Ensuring that appropriate hand cleansers, moisturisers (emollients) and gloves are readily available to staff in their areas.

d) Ensuring that any staff members deemed unfit for specific duties by Occupational Health due to a health condition do not carry out these duties until the condition improves and this has been formally advised by OH. The relevant line manager will aim to provide alternative work in the interim period. The aim is to allow time for skin healing.

e) Ensuring that statutory health surveillance for skin health is implemented in their area of responsibility. Ensuring that data related to the status of skin checks is readily available for submission to the Local or Corporate Health and Safety Committees or for inspection by the enforcing authority (HSE).

4.2 All members of staff are responsible for:

a) Compliance and co-operation with the provisions of this Procedure document and any instructions given by line management aimed at ensuring the health and wellbeing of staff. Including, but not limited to, the frequent use of hand care products (moisturisers etc) intended to maintain good hand skin health.

b) Informing line management of any concerns relating to skin health surveillance.

c) Participating fully in any adverse event (Datix) investigation where applicable.
d) Notifying their line management at the earliest opportunity of any health related issue either linked to a work related activity or that may impact their ability to undertake their regular duties. This allows management to arrange referral to Occupational Health.

e) Alternatively staff may utilise the OH self referral process where a health related issue arises in order to elicit help and support at the earliest opportunity.

f) Ensuring attendance at any occupational health appointment made on their behalf. If attendance is not possible, notifying Occupational Health at the earliest opportunity to enable rescheduling of the appointment.

g) Recognising that where their skin is not intact and they undertake a clinical role that there is a requirement to inform their line manager and to seek appropriate advice.

4.3 Occupational Health Service Role

a) To provide advice on skin health surveillance to line management and staff

b) To advise line management regarding cases of non-intact skin, where healthcare workers have been diagnosed as being unfit for clinical duties

c) To carry out the occupational health role with respect to statutory health surveillance in accordance with the NHS Lothian Health Surveillance Policy, internal OH Policies and Procedures and with due regard to this and other Procedure documentation pertaining to health surveillance.

d) To update and maintain learn-pro and other training materials relating to health surveillance for use by management, staff and responsible persons

THE SKIN HEALTH SURVEILLANCE PROCESS

5.0 Pre-Employment Screening

All staff commencing employment for posts subject to skin health surveillance should undergo pre-employment screening. Managers should ensure that for posts subject to skin health surveillance this is reflected in the relevant post description documentation.

Pre-employment screening is carried out using a pre-employment questionnaire and potential examination by a qualified clinician (from Occupational Health or a GP) where the pre-employment questionnaire or medical records supplied by the individual’s GP merits further investigation.

Outcomes of the pre-employment screening will be documented by Occupational Health on an approved form and information pertinent to the employee’s job capabilities will be passed to the recruitment team. This will
in turn be passed to the relevant line manager and held securely in the individual’s personal records.

The intention of pre-employment screening is to identify those staff with known sensitivities or conditions and to enable managers to adopt suitable and sufficient precautions through the adjustment of job tasks in order to protect those individuals and to minimise or remove sources of exposure as appropriate.

In terms of documentation, where a questionnaire indicates no skin issues and the individual is considered fit for the post concerned, a fit slip is issued to recruitment and passed unto line management.

Where skin issues have been identified through questionnaire or clinical assessment, a statutory health record will be created on behalf of the manager by occupational health for the individual concerned and this must be issued to the relevant line manager at the earliest opportunity.

If no health record has been received by line management for 2 months after commencement of duties, line management should contact occupational health directly to obtain the form.

In addition for all staff working in posts subject to health surveillance (either new or existing staff) there must be a statutory health record form created and held for each member of staff. These forms will either have been created by Occupational Health, as described above, or created by local line management.

6.0 Induction and orientation for new/recently transferred staff

As part of training, instruction and awareness prior to commencement of working in an area and as part of orientation, management will be responsible for:

- Explaining to New/Transferred staff the process for skin health surveillance in the particular ward/department
- Advising staff of known irritants and sensitizers via COSHH Risk Assessments/Safety Data Sheets and describing relevant procedures to be followed in the use and handling of substances

The individual(s) must be advised to report any adverse effects, including skin reactions or respiratory problems they have experienced to their line manager at the earliest opportunity and should also be reminded of the Occupational Health self referral and management referral procedures.

It is advisable to periodically remind all staff of this process and the requirements contained within this Procedure document.

Important Note: It is advisable to ensure that a skin health check is carried out for new/recently transferred staff within two months of commencing work in their new post, the aim being to identify as soon as possible any adverse reaction that may have occurred soon after commencing employment with NHS Lothian (or moving to a different ward/department).
This is crucial as the post may be the first time the employee has been exposed to a particular substance or activity and hence may be unaware of any potential sensitivity. Once this first skin health check has been undertaken, and assuming no issues have been identified, the individual would then ‘join’ the existing skin health check schedule for the ward/department.

7.0 PREPARATION FOR SKIN HEALTH SURVEILLANCE

Once the need for skin health surveillance has been established and recorded (see section 3.0) the next stage is to arrange for skin health checks for all staff that fall within the criteria listed above.

Within NHS Lothian the vast majority of skin health checks are carried out by appointed ‘Responsible persons’, who are typically selected and appointed from within the same ward/department where they will be undertaking the checks. The process of skin health checks involves a straightforward visual check with the outcome recorded on the statutory health record form for the staff member concerned by annotating the form to the effect that either no issues were identified or a referral is required.

7.1 Selecting responsible persons

In order to fulfil the role or Responsible the relevant manager must consider the following requirements;

The Individual

Must be capable of planned methodical work and a good communicator both written and verbally. They need not be chosen from a specific grade and do not need a clinical background as the skin health checks undertaken are purely visual and do not require any clinical diagnosis. Consideration may also need to be made for the provision of cover during periods of absence or the appointment of several Responsible persons for a large department. Responsible persons can be, but are not necessarily, individuals who normally manage the staff whose hands they are checking.

7.2 Training

The Responsible Person must be trained prior to commencing their role; this takes the form of a straightforward e-learning module. Once trained, there will be a requirement to complete an e-learning module on skin health at least every two years. Occupational Health can provide advice in the early stages of a responsible person commencing their role but the nature and complexity of the task is such that e-learning modules should be sufficient for the majority of responsible persons.

7.3 Time allowance

Subsequent e-learning refresher modules should not represent a significant time commitment; however the process of undertaking skin health checks, particularly for a large department, may have a greater impact on available
time. This may have a bearing on the person selected to perform this role if the time required impacts on their ability to perform their normal duties.

7.4 Monitoring and review

While there are no formal mechanisms in place to measure the performance and competency of responsible persons per se, it should be readily apparent by the outcome of skin health checks whether the responsible person requires additional support with respect to the identification of conditions and/or referral and this support will be provided by Occupational Health.

7.5 Skin Health Checking Sequence

- Line management and the responsible person(s) meet to determine the schedule for skin health checks for staff subject to skin health surveillance. This typically occurs within Quarter 1 as part of the Health and Safety Management Plan and ideally checks should be carried out in quarter 1; however there may be operational reasons that preclude this, for example if Quarter one represents a peak clinical period or a time of new staff intake.

- Time for both the responsible person role and for staff attendance should be programmed into the normal working hours. In addition the location for skin health checks should be arranged with the proviso that any room/location chosen will only have the responsible person and staff member present during the skin health check.

- Staff receiving skin health checks should be given at least one week notification of the time and place of the visual skin health check. In addition staff should be advised that attendance at statutory health surveillance appointments is a statutory duty on employees of NHS Lothian. On the day of the health check staff should be supplied with a copy of the skin health briefing material relating to hand care.

- Managers shall supply the statutory health records for staff due skin health checks to the responsible person, who will carry out the short visual skin health check and a brief discussion regarding any skin problems since the previous check based on their responsible person training.

- The Responsible Person will confirm the outcome with the individual and annotate the statutory health record either ‘satisfactory’, where no issues have been identified or input a dated record with the phrase ‘refer to Occupational Health’. In the latter case, once the statutory health record has been returned to line management, they will initiate a formal Occupational Health referral. The individual is normally fit to continue to undertake their duties pending advice from an occupational health referral and assessment.

- Where the responsible person has significant concerns regarding the individual’s skin, either in relation to the employee’s own health, or patient safety requirements in terms of infection control, the responsible person, in discussion with the employee and line management, shall contact occupational health directly. In these circumstances, discussions with or
immediate occupational health assessment, may lead to occupational health advising a period of amended duty for the individual pending more detailed occupational health assessment.

- In addition to making the necessary occupational health referrals, management should provide occupational health with a list of the names and dates of birth of any individuals referred from their area. This list allows the subsequent completion of the review documentation.

- Where a referral occurs line management should ensure that the Statutory Health Record Form is sent back to Occupational Health with the member of staff.

7.6 Skin Health checks carried out by Occupational Health

While the vast majority of skin health checks are carried out by responsible persons, certain groups or individuals (including referrals) will have skin health surveillance conducted by Occupational Health. Timing of such checks will be agreed with the relevant line management, who will notify staff of their appointment times, one week in advance and provide skin health briefing material and the Occupational Health questionnaire to the member(s) of staff.

Where the skin health process results in an outcome of ‘satisfactory’ or where ‘temporary restrictions’ apply, the member of staff will be informed and their statutory skin health record form annotated accordingly, which is typically ‘fit for work’ or ‘restrictions apply’ etc. and this is then returned to line management for safe and secure storage.

Where restrictions apply there will also be an indication of a further review date, which is likely to be more frequently than the standard skin health surveillance checks carried out for other staff.

For areas where skin health checks are normally carried out by a responsible person, staff who are experiencing skin issues and are currently being seen by Occupational Health for skin health checks, will not also be seen by their local responsible person until such time that Occupational Health have determined that their skin has recovered to a point where they can rejoin the normal responsible person led skin health check process. At that time the statutory health record will be annotated to reflect that Occupational Health has passed the responsibility for skin health checks to the responsible person who shall be informed accordingly.

8.0 Record keeping

8.1 Record keeping is covered in greater detail within the NHS Lothian Health Surveillance Policy. However with respect to skin health checks it is important to note that managers are responsible for the following documentation:

a) Completing the Health Surveillance (Management) Form [SK1-15] to determine whether skin health surveillance is required
b) Ensuring that the Statutory health surveillance records [SK2-15] relating to skin health surveillance for individual staff members are completed and held securely

c) Completion of the Skin Health Surveillance (Management) Feedback Form [SK3-15] and crucially ensuring that any remedial measures identified through the outcome of skin health checks are recorded

d) Ensuring that COSHH and/or General Risk Assessments that include activities that may result in skin conditions (wet work, use of skin sensitizers/irritants, glove and hand hygiene) include reference to skin health surveillance as a precautionary measure.

8.2 Records should be retained throughout the period they remain current and at least two years thereafter

8.3 Health records pertaining to individuals should be maintained for all staff subject to health surveillance and must be retained for a minimum of 40 years from the date of the last entry. This is in recognition of the fact that there can occasionally be a long delay from the time of exposure to the onset of ill health.

9.0 Review and monitoring

The Director of Occupational Health and Safety Services, in consultation with Occupational Health and clinical colleagues, will determine the extent and nature of performance management and any audits required to confirm compliance with relevant NHS Lothian Policies and Procedures following.

As a minimum, in order to assist with the review and monitoring process, local management must ensure that statistical data is readily available that shows:

- How many staff are in post for a given area
- How many of those staff are subject to skin health surveillance
- How many staff have received their skin health checks and how many are outstanding and
- How many staff are not included in the statistical data due to maternity, long term sick leave or other leave.

9.1 Remedial measures

Once a cycle of skin health checks is completed Occupational Health will be expected to review the occurrences of referrals for skin or respiratory reactions in order to determine if any remedial measures are required. Where clusters of skin or respiratory referrals have occurred this is likely to indicate an issue that will require further investigation by the relevant line manager, in consultation with occupational health and other specialists.

The expectation being that occupational health will perform an ‘oversight’ role looking for common themes and that managers will undertake a full
investigation using the NHS Lothian Adverse Event Management Policy and Procedure, seeking specialist advice as required.

9.2 Moisturisers (Emollients) and Special Cleansing Agents

Moisturisers (Emollients) are a key part of the hand care process and provide an important means of keeping hand skin moist and intact. It is therefore NHS Lothian policy that healthcare workers at risk of irritant dermatitis have emollients readily available in their local place of work as a means of reducing the risk of such dermatitis and other skin conditions.

Where management have received specific advice from Occupational Health concerning the care of specific members of staff, alternative cleansing agents and moisturisers (emollients) can be obtained via procurement.

10.0 Determining the frequency of future health checks

On completion of any skin health surveillance cycle, the responsible person and potentially the occupational health service complete a health surveillance review form [SK3-15] which should be submitted to the relevant line manager.

Where there are no significant outcomes from skin health surveillance checks, no referrals required and no adverse events reported in relation to skin health, the statutory skin health checks will be scheduled for no more than 12 months time. Where occupational health has not been involved in the skin health check process either by visual skin health checks locally or via the referrals process, occupational health are not required to complete Section 3 of Form SK3-15.

However where significant outcomes have been indicated, including a number of Occupational Health referrals and/or associated adverse events the frequency of skin health checks will be increased, subject to advice from Occupational Health, until such time as the issue triggering the conditions has been addressed through clinical support, changes to working practices or a combination of both. The frequency of skin health checks in such circumstances will reflect the seriousness of the situation and may, in certain circumstances, be carried out by Occupational Health rather than a responsible person in order to give a more detailed assessment of the issue. In addition Occupational Health must complete Section 3 of Form SK3-15.

At the end of the review the frequency requirement for health surveillance for the coming year shall be recorded on Form SK1-15 and the responsible person notified accordingly.

Occupational Health will be expected to undertake periodic review of the effectiveness of the skin management process. This could include the ability of the organisation to identify a skin (or respiratory) reaction at the earliest opportunity and to take appropriate remedial action. The outcomes of this review will be documented and tabled at the NHS Lothian Health and Safety Committee and other corporate level committees as appropriate.
11.0 RIDDOR Reporting

Occupational dermatitis either by irritation or allergy is classified as an occupational disease and as such is required to be reported to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013.

RIDDOR reporting is required when the following two criteria are met:

Firstly a formal diagnosis must be made that confirms the condition and an occupational/work related cause

Secondly the line manager of the individual must be formally notified in writing by OH Physician or GP of an occupational disease. Once formally notified, the manager must notify the HSE using the appropriate RIDDOR form immediately.

The Head of NHS Lothian Health and Safety Services will be notified of the RIDDOR by Occupational Health. General advice on how to complete the RIDDOR form and what information is required can be obtained from NHS Lothian Health and Safety Services. A Datix adverse event should also be completed, if not already done so, using the ‘Occupational illness’ category.

This Procedure document shall be subject to review in two years time from the date of issue or sooner following an audit or review of the health surveillance management system that identifies significant gaps, omissions or the need for remedial measures.

12.0 Learn pro modules

Learn-pro modules are available for line managers employing staff subject to skin health surveillance and for responsible persons. These summarise the key activities required to undertake their respective roles.
## STATUTORY HEALTH SURVEILLANCE ASSESSMENT FORM

### Skin Health Assessment Form SK1-15

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### Criteria for skin health surveillance

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#### Skin Irritant and/or sensitizer (refer to Safety Data Sheets and COSHH Assessments)

- [ ] Yes
- [ ] No

#### Wet work (frequent immersion or hand hygiene - see below)

- [ ] Yes
- [ ] No

#### Frequent hand hygiene (approximately 20 times plus per day)

- [ ] Yes
- [ ] No

#### Frequent glove changes/use (approximately 5 changes per day or wearing in excess of 2-3 hours)

- [ ] Yes
- [ ] No

#### Have OH instructed you to initiate skin health surveillance for your staff group?

- [ ] Yes
- [ ] No

**IF ANY RESPONSES TO THE ABOVE ARE YES THEN YOUR AREA WILL REQUIRE SKIN HEALTH CHECKS – COMPLETE THE REMAINING SECTIONS**

If the responses are all NO, simply sign and date this form below and file in your HS Folder

### Posts subject to skin health surveillance (LIST)

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### Pre-employment checks required (tick box)

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### Frequency of skin health checks following completed checking cycle

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### Skin health checks carried out by (tick box)

<table>
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<tr>
<th>Signed</th>
<th>Date</th>
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Manager

Occupational Health Service*

Health and Safety Advisor*

*Signatures for these two categories will only appear where assistance has been provided and are not required in the majority of skin health assessments
STATUTORY HEALTH RECORD FORM (SKIN)

Individual Skin Health Record Form SK2-15

Prepared for all members of staff subject to skin health surveillance/checks

Full Name: ___________________________ Date of birth: __________
Address: ____________________________
Post: ________________________________
Reason for skin health surveillance: ____________________________

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INSERT ADDITIONAL ROWS FOR SUBSEQUENT SKIN HEALTH CHECKS AND APPEND TO THIS RECORD

OCCUPATIONAL HEALTH SECTION (only completed where check or referral undertaken by OH)

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Comments:

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Comments:

INSERT ADDITIONAL ROWS FOR SUBSEQUENT SKIN HEALTH CHECKS AND APPEND TO THIS RECORD

THIS FORM MUST BE HELD SECURELY BY LINE MANAGEMENT AND ONLY ISSUED TO THE RESPONSIBLE PERSON OR OCCUPATIONAL HEALTH AS PART OF THE FORMAL SKIN HEALTH SURVEILLANCE PROCESS
# STATUTORY HEALTH SURVEILLANCE REVIEW FORM

## SKIN SURVEILLANCE REPORT FORM SK3-15

Health Surveillance Report to Management

*(To be completed after each health surveillance cycle, and at least annually)*

### Section 1: Management

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### Section 2: Responsible Person

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<tr>
<th>Number of skin health checks carried out</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Number of staff confirmed as satisfactory</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Number of staff requiring OH referral</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Responsible person signature and date box</th>
</tr>
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<td></td>
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</table>

### Section 3: NHS Lothian Occupational Health

**YES** | **NO**
---|---

<table>
<thead>
<tr>
<th>Did OH carry out any skin health checks either during the current cycle or as part of a referral? (including any ‘unfit’ declarations from self referrals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES OH need to complete the remainder of Section 3, If NO then please sign and date the form below (tick the appropriate box opposite)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referred by Management</th>
<th>Self Referral</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Number of staff subject to skin health referral (including those currently under OH review and new referrals from above)</th>
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<table>
<thead>
<tr>
<th>Number confirmed fit</th>
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<table>
<thead>
<tr>
<th>Number confirmed fit with restrictions</th>
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<table>
<thead>
<tr>
<th>Number confirmed unfit</th>
</tr>
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<table>
<thead>
<tr>
<th>Number continuing under OH review</th>
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<table>
<thead>
<tr>
<th>OH Lead Signature and Date box</th>
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<table>
<thead>
<tr>
<th>Signed</th>
<th>Date</th>
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**Line Manager**

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**OCCUPATIONAL HEALTH NEED ONLY COMPLETE SECTION 3 IF THEY HAVE UNDERTAKEN SKIN HEALTH CHECKS OR OH REFERRALS DURING THIS CYCLE**
Determining the need for skin health surveillance

Complete/review Form SK1-15

Based on SK1-15 Form questions

Are skin health checks required?

YES

Line Managers File returned SK2-15 Forms AND Complete SK3-15 Form to determine the frequency of checks for the next cycle (minimum annual)

NO

Line Managers Identify and appoint ‘responsible persons’ (RP) for your area

Line Managers File returned SK2-15 Forms for all staff subject to skin checks

YES

SK2-15 Forms are issued to the RP responsible for skin health checks

NO

Responsible Person Check

Are any OH referrals required?

YES

Line Managers Refer individual(s) to Occupational Health with SK2-15

NO

Line Managers File returned SK2-15 Forms and re-check hands in one year’s time. AND complete SK3-15 Form to record that no OH referrals were required.