

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.

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 and staff therein.

## 1.0 Determining the need for Skin Health Surveillance

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.

### 1.1. Criteria for Skin Health Surveillance

If any of the following criteria apply to your staff, then skin health surveillance will be required for those staff groups.

### 1.2. 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 / R38 and/or may use the phrase 'skin sensitizers' with risk phrase numbers R43 within the relevant Safety Data Sheet. This information should 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.

### **1.3. '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 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.

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.

### **1.4. 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 more than 2 to 3 hours per day will also be subject to skin health surveillance.

### **1.5. 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 domestic 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 office based and would include HR, Finance, and other specialized non-clinical groups.

Following the local COSHH assessment, where there is uncertainty with respect to the requirement for health surveillance or with respect to the process of health surveillance; managers can refer any queries to the NHS Lothian Occupational Health Team in the first instance.

### **1.6. 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:

#### **Step 1:**

[Skin Health Surveillance Needs Assessment Form](#) (SK1 – 15).

This document should be completed as a formal record that skin health surveillance is required. A copy of this form can be found under the Skin Health Surveillance Documentation General Risk Assessments Form(s).

#### **Step 2:**

For each individual subject to skin health surveillance, a [Statutory Skin Health Record Form](#) (SK2-15) should be prepared. Some forms may already have been provided by Occupational Health through the pre-employment process.

## **2.0 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](#). The information below is focused specifically on the roles and responsibilities pertaining to skin health surveillance.

### **2.1. Line Manager or equivalent is responsible for:**

- 2.1.1. Determining the need for skin health surveillance by using the criteria listed above (see Section 1) and recording this in the relevant risk assessment(s), with support provided by Occupational Health or Health and Safety Services as required.
- 2.1.2. 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.
- 2.1.3. Ensuring that appropriate hand cleansers, moisturisers (emollients) and gloves are readily available to staff in their areas.
- 2.1.4. Ensuring that any staff members deemed unfit by Occupational Health for specific duties, 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.
- 2.1.5. Ensuring that statutory health surveillance for skin health is implemented in their area of responsibility.
- 2.1.6. Ensuring that data related to the status of skin health checks is readily available for submission to the Local or Corporate Health and Safety Committees or for inspection by the enforcing authority (HSE).

### **2.2. All members of staff are responsible for:**

- 2.2.1. Compliance and co-operation with the provisions of this procedure and any instructions given by line management aimed at ensuring the health and wellbeing of staff. This may include, but not limited to, the frequent use of hand care products (moisturisers etc).
- 2.2.2. Informing line management of any concerns relating to skin health or surveillance.
- 2.2.3. Participating fully in any adverse event (Datix) investigation where applicable.

- 2.2.4. Notifying their line management at the earliest opportunity of any work-related skin health issues that may impact their ability to undertake their regular duties. This allows management to arrange a referral to Occupational Health.
- 2.2.5. Alternatively, staff may utilise the OH self-referral process where a health-related issue arises for help and support at the earliest opportunity.
- 2.2.6. 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.
- 2.2.7. 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.

### **2.3. Occupational Health Service Role**

- 2.3.1. To provide advice on skin health surveillance to line management and staff.
- 2.3.2. To advise line management regarding cases of non-intact skin, where healthcare workers have been diagnosed as being unfit for their duties.
- 2.3.3. To conduct the occupational health role with respect to statutory health surveillance in accordance with the NHS Lothian Health Surveillance Policy, and associated policies.
- 2.3.4. To update and maintain relevant LearnPro and other training materials relating to health surveillance for use by management and responsible persons.

## **3.0 The Skin Health Surveillance Process**

### **3.1. Pre-Placement Screening**

All staff commencing employment for posts subject to skin health surveillance should undergo pre-placement screening.

Managers should ensure that for posts subject to skin health surveillance that this is reflected in the relevant post description documentation.

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

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

The intention of pre-placement 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 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 fit for the post concerned, a fit slip is issued to recruitment and passed unto line management.

For every new start in a role subject to skin health surveillance, a statutory health record (SK2-15) will be created as part of the pre-placement clearance process and emailed to the manager.

For medical staff, to ensure the statutory health record is available to the relevant recruiting manager, the individual is provided with the completed health record with the instruction to hand this form over to the manager when they start in the post. In those instances, if no health record is provided by the new start, line management should contact the occupational health department to confirm the timing of the assessment that will lead to the issuance of the health record.

## **4.0 Information, instruction and training**

Management will be responsible for ensuring adequate information, instruction, and training is in place prior to commencement of working in an area and as part of orientation, (this includes new and existing staff).

This includes:

- Explaining to new/transferred staff the process for skin health surveillance in the ward/department.
- Advising staff of known irritants and sensitisers 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 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.

### **4.1. Information: Preparation for Skin Health Surveillance**

Once the need for skin health surveillance has been established and recorded the next stage is to arrange for skin health checks for all staff that fall within the criteria.

Majority of skin health checks are conducted 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 (SK2-15) for the staff member concerned by completing the form to the effect that either no issues were identified, or a referral is required.

### **4.2. Information: Moisturisers (Emollients) and 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. All healthcare workers should 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.

## **5.0 Instruction and Training: Selecting 'Responsible person'**

To fulfil the role of 'Responsible Person' 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 do not need to be a specific grade and they do not need to have a clinical background as the skin health checks undertaken are purely visual and do not require any clinical diagnosis. Managers should consider how the duties of the responsible person will be covered during periods of absence. Appointing several responsible persons for a large department is an option managers can consider. Responsible persons can be, but are not necessarily, individuals who normally manage the staff whose hands they are checking.

### **Training:**

Training is required before the responsible person commences the role. This training is delivered by the completion of a straightforward LearnPro module. Once trained, there will be a requirement to complete a LearnPro module on skin health at least every two years. Occupational Health can provide advice in the initial stages of a responsible person commencing their role, but the nature and complexity of the task is such that the LearnPro module should be sufficient for the majority of responsible persons.

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.

### **Time allowance:**

Managers should allow sufficient time for responsible persons to conduct the skin health checks, and learning associated with the role.

### **Monitoring and review:**

While there are no formal mechanisms in place to measure the performance and competency of responsible persons; managers should monitor the output and provide support where required.

## **6.0 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 conducted in Quarter 1.

- Skin Health checks should occur within normal working hours with adequate access to a space where this can be performed with only the responsible person and the staff member present.
- Staff receiving skin health checks should be given at least one week notification of the time and place of the visual skin health check.
- Staff should be advised that attendance at statutory health surveillance appointments is a statutory duty on NHS Lothian employees.
- 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 (SK2-15) for staff due skin health checks to the responsible person.
- The responsible person will confirm the outcome with the individual and record on the SK2-15 form (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, will discuss with the employee and line management. The line manager will contact OH. The outcome of the discussion/assessment may lead to amended duties being advised until a more formal assessment from OH has been completed.
- 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 (SK2-15) is returned to Occupational Health with the member of staff.

## 7.0 Skin Health Documentation

### Statutory Skin Health Surveillance Needs Assessment Form – ([SK1-15](#))

For skin health surveillance, there is a need to complete a Statutory Health Surveillance Assessment Form as a means of determining whether there is a need for health surveillance in a specific service area. Managers should complete the SK1-15 form to determine if skin health surveillance will be required in their work area.

### Statutory Skin Health Record Form – ([SK2 – 15](#))

All statutory health surveillance is recorded on a statutory health record form which is established for each member of staff and is used to record the outcome of any health surveillance checks conducted.

The completed statutory health records contain no clinical information, and where OH undertake the health surveillance check, this form will only show that the individual is fit, unfit, or fit with restrictions. Where health surveillance is undertaken by responsible persons, the health record indicates that the outcome is satisfactory or that the individual should be referred to Occupational Health.

It is recommended that managers maintain a list of staff subject to health surveillance and should periodically check that individual health records are in date.

### **Statutory Skin Health Surveillance Review Form – (SK3 - 15)**

This form is completed at the end of a health surveillance cycle. The manager initiates this, and it records key information on the outcome of the checks, including the total number of staff subject to health surveillance, the numbers considered fit, fit with restrictions and unfit. Typically, there are three sections to be completed by line management, OH or responsible persons respectively depending on the nature of the health surveillance being conducted.

The content of this form will also be used as a basis for the determination of the frequency of future skin health surveillance checks. There may be potential areas of work activity where issues have been identified and will subsequently require remedial action to be addressed. Occupational Health and Health and Safety will support this process as part of a formal review process.

## **8.0 Remedial measures**

Once a cycle of skin health checks is completed, responsible persons / managers should complete the Skin Surveillance Review Form SK3-15.

Occupational Health will be expected to review the occurrences of referrals for skin to determine if any remedial measures are required based on information made available to them by managers.

Where clusters of skin 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.

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 will not require to complete Section 3 of Form SK3-15.

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.

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

## **9.0 Record keeping**

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



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.

The procedure provides information on the documentation accompanying skin health surveillance process and the retention/security of the ensuing documentation.

## 10.0 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 immediately.

The Health and Safety team 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 by the manager, if not already done so, using the 'Occupational illness' category.

## 11.0 Review and monitoring

NHS Lothian will determine the extent and nature of performance management through Q1 COSHH assurance self-audits to confirm compliance with relevant NHS Lothian Policies and Procedures following.

Local management must ensure that statistical data is readily available of the number of:

- Staff in post who are subject to health surveillance.
- Staff who have received their skin health checks.
- Staff skin health checks remain to be conducted.
- Staff who are not included in the statistical data due to maternity, long term sick leave or other leave.

This procedure document shall be subject to review in three years' time from the date of issue or sooner.