

Prevention and Management of Dermatitis & Latex Allergy Standard Operating Procedure

Date	Version
May 2013	2

Purpose

This Standing Operating Procedure (SOP) sets out the procedures to be followed in line with National Guidance and Policy regarding the prevention and management of dermatitis and latex allergy.

Who should read this document?

This Standing Operating Procedure (SOP) sets out the procedures to be followed in line with National Guidance and Policy regarding the prevention and management of dermatitis and latex allergy.

Key messages

This SOP aims to:

1. Prevent employees developing work related dermatitis and prevent exacerbations in employees with existing conditions.
2. Minimise the risks of dermatitis and latex allergy to staff.
3. Promote effective hand hygiene and skin care.
4. Provide guidance on the management of a member of staff with dermatitis

Accountabilities

Production	Alison Williams, Occupational Health & Wellbeing Clinical Manager
Review and approval	June 2013
Ratification	Health and Safety Committee
Dissemination	All PHNT staff
Compliance	Occupational Health & Wellbeing Clinical Manager

Links to other policies and procedures

CLI.INF-GUI.55.9 Hand Hygiene Guidelines

Version History

V1	June 2005	Approved by the Health and Safety Committee
V2	June 2013	Converted from a policy to a standard operating procedure

Last Approval	Due for Review
June 2013	June 2018

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP)

1 Purpose and scope

Each year 1000 nurses and other healthcare professionals develop work related contact dermatitis, also commonly referred to as eczema (HSE 2012). This can pre-dispose staff in developing a latex allergy if they are in continued contact with latex.

The Trust has a duty of care to minimise the risk from the use of potentially harmful substances to staff. This includes chemicals, Natural Rubber Latex (NRL) and also from procedures such as hand washing that can compromise the integrity of the skin.

The Trust recognises that continued exposure to latex products increases the likelihood of sensitization and is committed to reducing exposure to NRL as far as is reasonably practicable.

This SOP describes the procedures necessary to reduce the risk of developing work related dermatitis and latex allergy and on managing the risk to individuals with these conditions. This SOP covers all staff: to include Ministry of Defence (MOD) personnel, contractors; those employed on a fixed term contract; honorary contract, agency or locum staff, students affiliated to educational establishments and volunteers.

2 Definitions

Natural Rubber Latex (NRL): is a milky fluid obtained from the Hevea Brasiliensis tree and is processed into rubber products which are integral part of thousands of everyday consumer and healthcare items. It is a widely used and cost-effective material with many benefits, and for the majority of the population it does not represent a clinical risk. However, rubber products have the potential to cause sensitisation; leading to problems such as asthma and dermatitis and in serious cases anaphylaxis. Currently between 1% and 6% of the general population are thought to be potentially sensitised to NRL. A list of healthcare products commonly containing rubber is on page 14.

Dermatitis: Inflammation of the skin, either due to direct contact with an irritating substance, or to an allergic reaction.

Contact Dermatitis: As the term implies, contact dermatitis is a disease resulting from skin coming into contact with an outside agent. These agents can be chemical, biological or physical in nature. There are two types of contact dermatitis associated with skin exposure to chemicals: Irritant contact dermatitis (ICD) and allergic contact dermatitis (ACD).

Irritant Contact Dermatitis (ICD): ICD is a local inflammation of the skin. It can develop after a short heavy single exposure (acute) or be due to repeated or prolonged exposure (chronic) to hazardous agents e.g. soap, detergents, solvents, oils, chemicals and prolonged contact with water. In some cases, more than one agent will be involved, for example water and detergents. The irritant action of a chemical depends on its ability to cause changes to the dermis (outside) layer of the skin. Some substances can remove skin oils, fats and moisture from the surface; this is known as de-fatting. This action reduces the protective action of the skin and increases the ability of the other substances to penetrate the skin. This in turn can increase the risk of latex allergy.

The signs and symptoms of contact dermatitis include itching, redness, swelling, blistering, flaking and cracking which will normally cease when contact with the outside agent stops. The affected skin can become secondarily infected but even in the absence of obvious infection, the higher the bacterial load of dermatitic skin increases the risk of cross infection.

The following factors have been identified as being particular risk factors in Healthcare Workers (HCWs):

- Frequent hand washing
- Frequent use of alcohol gel
- Regular and/or prolonged glove use
- Wet work – where the employee's hands are immersed/in contact with water for long periods and in frequent contact with detergents, chemicals or other irritants.

Allergic Contact Dermatitis (ACD)

Type IV Allergic Reaction or (Delayed-Type Hypersensitivity)

This is mediated by T-Lymphocytes sensitised to specific antigens. It is caused when the skin is in contact with a substance capable of causing an allergic reaction. ACD develops in stages and the response occurs on the second or repeated exposure to the substance. It is more likely to occur in the presence of existing ICD.

Symptoms occur between 10 to 24 hours after exposure and can get worse over the next 72 hours. Once sensitised, the allergic reaction is likely to remain with the individual for life although if further contact is prevented, the level of sensitivity may gradually decline. Conversely, further exposure may cause worsening of the condition.

Work related ACD is much less common than ICD although it can be seen in HCWs who have developed an allergy to the chemical additives used in the manufacturing process of rubber gloves. In the general population the most common allergens are nickel, rubber, chromium, leather, cement, plants and hairdressing chemicals.

In cases of doubt it is possible to carry out skin patch testing to establish if particular substances are causing the problem.

Type 1 Allergic Reaction (Immediate Hypersensitivity Reaction):

This is mediated by an IgE Antibody response to specific antigens which stimulate Mast cells to release histamine). The reaction occurs within one hour of exposure but is often much quicker and can be precipitated by skin contact, ingestion or by inhalation.

This type of allergic response can develop to a wide range of substances including NRL, drugs such as Penicillin and foods such as peanuts.

Symptoms include urticaria (hives), rhinitis/hayfever, angioedema, asthma and potentially fatal Anaphylaxis

The greater and more prolonged the exposure to an allergen, the more likely an allergy is to develop but reactions are sometimes seen even in those who are not aware of previous exposure.

Latex Allergy: This is a Type 1 allergic reaction to NRL. Those at greatest risk of developing latex allergy are; HCWs, patients undergoing multiple surgical procedures, individuals who have a history of certain food allergies such as banana, avocado, kiwi or chestnut and those with atopic allergy disease.

DATIX: Is the incident reporting system used by PHNT.

OPAS: Is the Occupational Health Computerised Management System used by the Occupational Health & Wellbeing Department (OH&WB)

Hazardous substance: In this context, these are substances and wet work, capable of causing damage to the skin.

Personal Protective Equipment (PPE): Covers a variety of equipment which is used to protect the worker in the workplace. PPE should not be the first line of defence against hazardous substances but rather should come into play once all other control measures have been implemented.

3 Regulatory Background

The Health and Safety at Work Act (HSAWA) 1974 states that an employer must make provision for securing the health, safety and welfare of persons at work and for protecting others against risks to health or safety in connection with the activities of persons at work.

Management of Health and Safety at Work Regulations (MHSWR) 1999 states that every employer shall make a suitable and sufficient assessment of;

- a) the risks to the health and safety of his employees to which they are exposed whilst they are at work; and
- b) the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking.

The Control of Substances Hazardous to health (COSHH) Regulations 2002 as amended represents the main piece of legislation covering control of the risks to employees and other people arising from exposure to harmful substances generated out of or in connection with any work activity under the employer's control.

The Health and Social Care Act 2008 provides a Code of Practice and related guidance for health and adult social care on the prevention and control of infections. Employers have a duty under the Health and Safety at Work Act (1974), to protect as far as is reasonably practicable, the health, safety and welfare of their employees whilst at work.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 require cases of occupational dermatitis or asthma caused by exposure to any known irritant or sensitizer to be reported to the Health and Safety Executive.

Personal Protective Equipment (PPE) Regulations 1992: Employers must ensure that protective equipment is provided when required and is fit for purpose.

The Director of Nursing:

Seeking assurance that current practices are in accordance with the SOP.

Employees:

- Ensuring they are familiar and comply with this SOP and associated policies/guidance.
- Being proactive in the care of their skin in order to maintain the skin integrity.
- Attend and take part in the Trust mandatory training regarding hand hygiene.
- Reporting any problems to their line manager, OH&WB and seeking advice and possible treatment from their own GP.

Line Managers:

- Ensuring they are familiar and comply with this SOP and associated policies/guidance.
- Ensuring that all staff partake in the Trust mandatory training regarding hand hygiene.
- Identifying staff who develop skin problems and refer them to OH&WB.
- Ensuring that all potentially hazardous substances are risk assessed and where possible substitutions are found. If no substitution is available, control measures should be in place to reduce the risk to staff as far as is reasonably practicable.
- Ensuring that appropriate PPE which is fit for purpose is provided for all staff

Occupational Health and Wellbeing Team:

- Undertaking appropriate health screening and surveillance.
- Providing appropriate advice regarding dermatitis and skin care (**Appendix C**).
- Providing appropriate advice regarding Latex and Latex Allergy (**Appendix D**).
- Working with employees, managers, and other professional PHNT teams i.e. Infection Control, Wound and Skin Care, Health and Safety and Risk Management to reduce the risk of cross infection to employee and to patients
- Contributing to clinical governance and quality measures within the Trust and provide audit information with reference to the prevention and management of employees with hand skin sensitivity/ work related dermatitis via the Health and Safety Committee.
- Informing the Health and Safety Team regarding RIDDOR reportable occurrences of work related dermatitis and latex allergy.

Infection Prevention and Control Team

- Working with employees, managers, and other professional PHNT teams i.e. Occupational Health and Wellbeing Department, Wound and Skin Care, Health and Safety and Risk Management to reduce the risk of cross infection to employee and to patients

Procurement:

- Monitoring all products which have the potential to contain latex by liaising with manufacturers.
- Advising on the availability of alternative products.
- Ensuring a supply of alternative non latex products and skin care products.

Health and Safety Team

- Reporting to the Health & Safety Executive (HSE), all cases of RIDDOR reportable occurrences of work related dermatitis and latex allergy.

Pharmacy:

- Ensuring that pharmaceutical products are in stock and available for the staff who have been identified by OH&WB as requiring alternative products.

5 Monitoring and Assurance

The OH&WB Clinical Manager will assign a Nurse/Advisor or other suitably competent staff member to monitor the occurrence of occupational dermatitis and latex allergy via OPAS records.

Monitoring will take place on a quarterly basis and where there is evidence of increasing or high incidence this will be fed back to the relevant managers and assistance will be provided for them to develop an action plan to remedy the situation.

The Health and Safety Committee will be updated quarterly.

6 Training

Mandatory training is concerned with minimising risk and ensuring that the organisation meets external standards such as those laid down by the Health and Social Care Act 2008 and the NHS Litigation Authority. All staff with direct contact or indirect contact should undergo qualitative training at least annually.

A training needs analysis can be found at **Appendix F**.

7 Document Ratification, Dissemination and Implementation Procedure

The design and process of review and revision of this procedural document will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Health and Safety Committee and ratified by the Committee Chair.

Non-significant amendments to this document may be made, under delegated authority from the Committee Chair by the nominated author. These must be ratified by the Committee Chair and should be reported, retrospectively, to the Health and Safety Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Committee Chair and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Prevention of Dermatitis

Key to the prevention of skin sensitivity issues / work related ICD, is:

- Educating employees in hand skin care **(Appendix F)**.
- Avoidance / minimize contact with substances that cause ICD.
- Protect the skin- moisturise, moisturise and moisturise again!
- Check for early signs of ICD.

8.1 Line Managers will;

- Ensure that all hazards are identified and risk assessments have been completed in their work area.
- Ensure that the control measures identified by the risk assessment are in place including:
 - a) Substitution where reasonably practicable **(Appendix A)**.
 - b) Provision of adequate supplies of soaps, gel and emollients.
 - c) Provision and use of protective clothing and/or equipment where risks are not controlled by other means.
- Ensure that all staff are aware of the hazards associated with their work and the measures required to control the risks.
- Ensure that staff partake in mandatory training regarding hand hygiene audits.
- Ensure that a programme is in place in the work area for regular skin checks of staff to identify any early warning signs of work related dermatitis.



8.2 Employees will;

- Adhere to the Trust Hand Hygiene Policy and be familiar with the correct procedure for the decontamination and protection of the skin.
- Attend and take part in mandatory training regarding hand hygiene.
- Ensure they have read and are following the advice in the Skin Care Leaflet. **(Appendix C)**.



- Be aware of:

THE HAZARDS WITHIN THEIR AREA:



THE CONTROL MEASURES NEEDED TO CONTROL THE RISK:



- Use gloves only where it is appropriate to do so and in line with the Trust's Hand Hygiene Policy.
- Be aware of the inappropriate use of gloves, for example over use which may lead to sweaty, over hydrated or soggy skin (Nursing Times 2012).

THE SIGNS AND SYMPTOMS OF DERMATITIS:

Early indicators

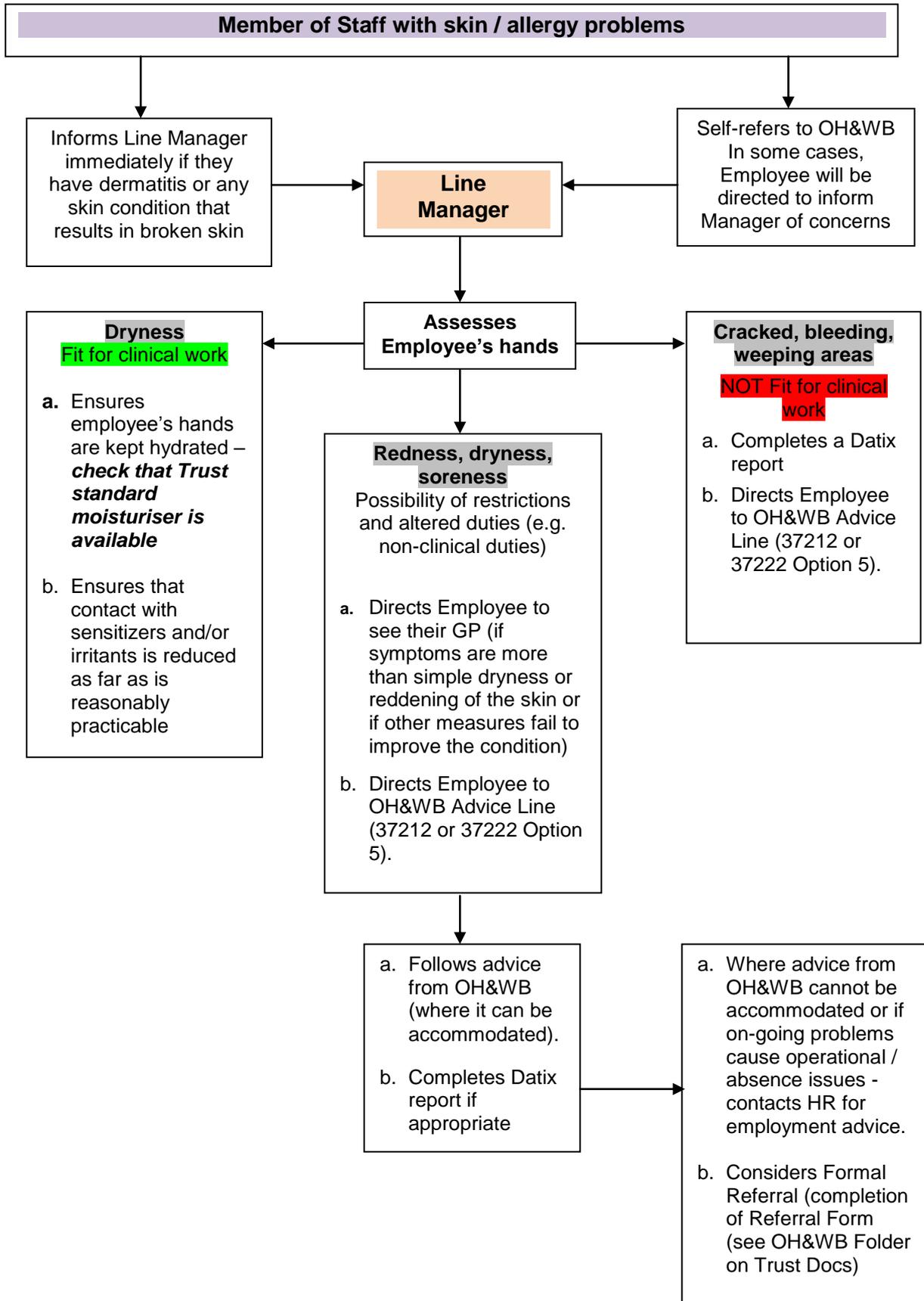


Advanced Indicators

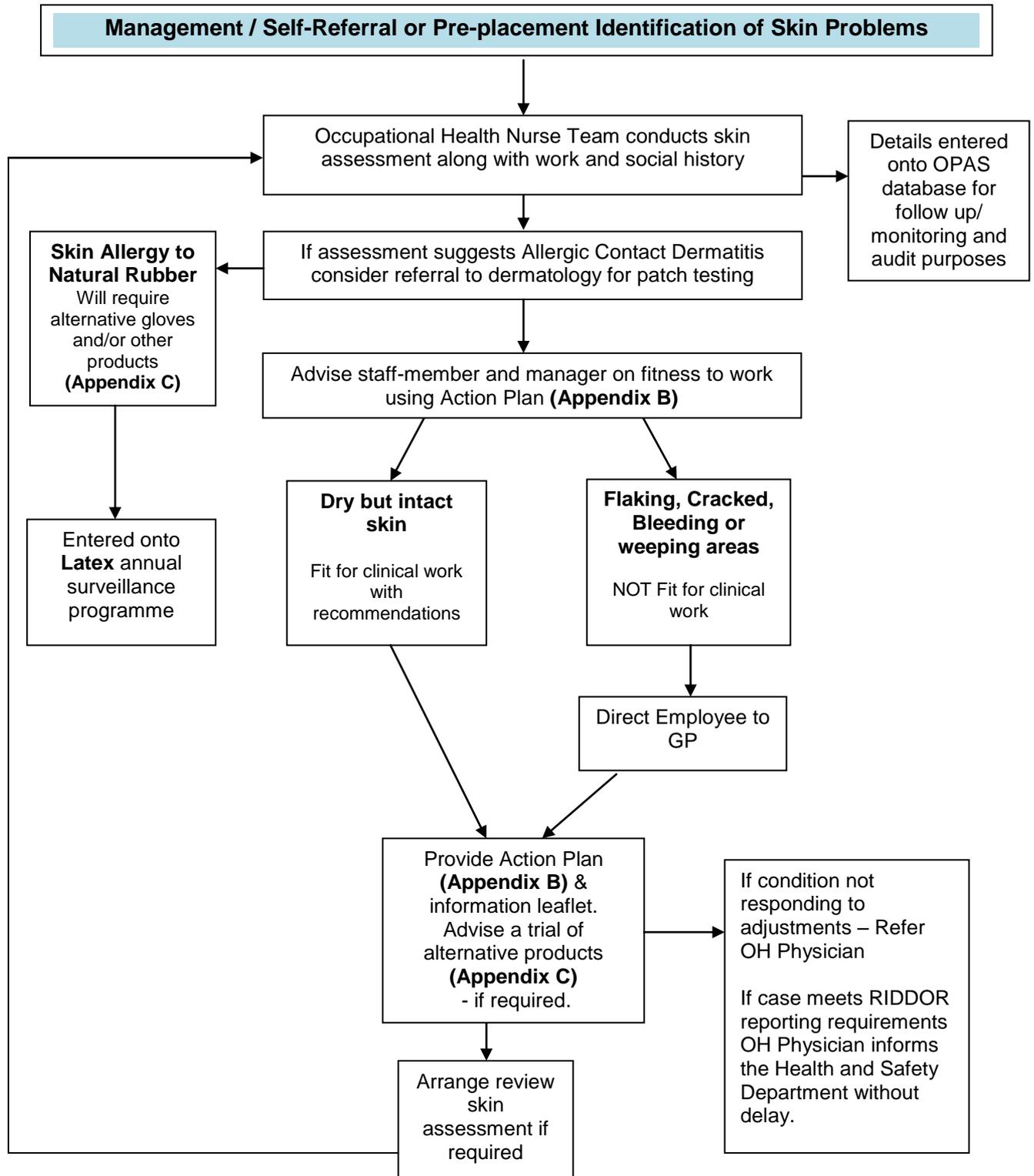


8.3 Management of Dermatitis and/or Latex Allergy

8.3.1 Flow Chart for Managers & Members of Staff What to do in the case of Dermatitis and/or Latex Allergy



**8.3.2 Flow Chart for Occupational Health & Wellbeing Team
What to do in the case of Dermatitis and/or Latex Allergy**



8.3.3 Step by Step Guide for the Use of *Sterillium* for the Management of Dermatitis in Operating Theatre Staff

Some staff who “scrub” for theatre work have run into problems with the more traditional scrub solutions such as “Betadine” and “Chlorhexadine”. An alternative to the above is the Sterillium hand disinfectant which is applied differently than the traditional scrub solutions.

For staff that are experiencing problems, an appointment can be made either by the staff member or the manager contacting OH&WB department requesting support either by the advice line and/or a management referral (**see 8.3.1**).

If it is deemed appropriate to recommend a trial of Sterillium hand disinfectant then please note the following:

- Sterillium hand disinfectant is highly alcohol based and therefore the hands must be intact prior to commencement of use. Also this will allow for easier identification if problems continue whilst using Sterillium.
- Advise the client that Sterillium hand disinfectant and hand gel come in similar bottles and should not be mixed up.

How to use Sterillium Hand Disinfectant:

- Remove jewellery
- Only wash hands if they are soiled and just use a mild wash lotion.
- Ensure that underneath the fingernails is clean.
- Dry hands thoroughly with a disposable towel.
- Dispense Sterillium disinfectant into the hands and wet hands and forearms (use elbow to activate dispense lever ~ although some areas will not have the dispense levers in place and therefore they may need a second person to dispense the disinfectant for them)
- Rub Sterillium disinfectant into hands and forearms for 1.5 minutes:
 - 1st 30 secs apply up to elbows**
 - 2nd 30 secs apply up to mid forearms**
 - 3rd 30 secs concentrate on the hands**
- When sterilising the hands, specifically treat the fingertips, palms and thumbs.
- Keep hands above elbow level at all times during the process
- Put gloves on completely dry hands
- Sterillium hand disinfectant dries very quickly therefore whilst undertaking the above process it may be necessary to apply the disinfectant several times in order to keep the hands and forearms moist during the disinfection process.
- Please note Sterillium Hand disinfectant is an alternative scrub solution and should not be confused with the Sterillium gel.

Latex Allergy is a potentially dangerous problem but evidence has shown that reducing exposure to the NRL proteins will greatly reduce the number of people developing sensitivity to NRL and the risks to those who already have it.

The highest risk product in the healthcare setting is powdered NRL gloves. It is recommended that these should not be used anywhere within the trust and if any are found they should be disposed of safely without using them. However, NRL gloves still perform better in some settings than non-latex gloves but these should only be used where a specific need has been identified and a risk assessment carried out. Only unpowdered, low protein gloves should be used.

When acute allergic reactions occur they should be managed as indicated medically and that may constitute a medical emergency. Subsequent investigation should be made to determine any potential cause and the member of staff should be referred to OH&WB.

Any member of staff who is known or suspected to be suffering from Latex Allergy should be referred to OH&WB for assessment. It is likely that they will need to work in a Latex free environment but this will depend on the precise nature of the allergy.

Products commonly containing Rubber or NRL (not exhaustive):

Medical Equipment

Oral and Nasal airways Endotracheal tubes Intravenous tubing Surgical masks Rubber aprons Catheters Injection ports Bungs and needle sheaths on medicines Wound drains	Dental dams Anaesthesia masks Blood pressure cuffs Syringes Stethoscopes Tourniquets Electrode pads Surgical masks
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Consumer items

Erasers Rubber bands Balloons Condoms Contraceptive cap Baby bottle teats Hot water bottles Stress balls Sports equipment (e.g. hand grips and gym mats)	Washing-up gloves Carpets Adhesives Tyres Underwear elastic Shoe soles Calculator/remote control buttons Swimming cap and goggles
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11 Reference Material

- a. The Personal Protective Equipment, (PPE), at Work Regulations 1992. Available from <http://www.legislation.gov.uk/uksi/1992/2966/contents/made>
- b. HSE. Managing Skin Exposure Risks at Work. HSG 262. Available from <http://www.hse.gov.uk/pubns/priced/hsg262.pdf>
- c. HSE, Work-related contact dermatitis in the health services. July 2012, Available from
- d. <http://www.hse.gov.uk/skin/employ/highrisk/healthcare.htm>
- e. HSE, Latex and you. Available from <http://www.hse.gov.uk/pubns/indg320.pdf>
- f. Nursing Times. 2012. Appropriate glove use in dermatitis prevention. vol 108, no 37, pp 12-14.

a. Baktolan Protect (Manufacturer BODE)

Baktolan Protect is a moisturiser for the hands which can be used by staff after OH&WB review. This product can be ordered via pharmacy on a named basis only on the recommendation of OH&WB.

b. Dermol 500

Dermol 500 can be used as a soap substitute and can be ordered from pharmacy in the usual way.

c. Sterillium Gel (Manufacturer BODE)

Sterillium Gel can be used by staff in certain cases, normally after OH&WB review. This gel can be obtained via EPROC as follows:

Order No	Description	Cost
974071	Sterillium 100 ml (pocket size)	£56.25 x 45
712 001	Pocket clip for 100ml bottle	£1.50 per clip.

d. Sterillium Hand Disinfectant (Manufacturer BODE)

Sterillium hand disinfectant is an alternative scrub solution and can, after OH&WB review, be used by staff who are experiencing or have had problems with the traditional scrub solutions of Chlorhexadine and Betadine. Sterilium hand disinfectant is available via EPROC as follows:

e. Order No	Description	Cost
973490	Sterillium 1000mls	£39,75 x 10 ~ £3.97 each
974075	Sterillium 500mls	£40.16 x 20 ~ £2.00 each

f. Nitrile Gloves

Over recent years there has been a move from Latex gloves to Nitrile gloves for various reasons, not least the increased chance of sensitization to latex itself. Nitrile gloves are a type of disposable glove made of synthetic rubber. They contain no latex proteins and offer excellent protection to wear and tear.

g. Nitrile (Accelerator-free) Gloves

Accelerator free gloves are nitrile gloves which do not contain the usual accelerators which are used in the manufacture of nitrile gloves. These are normally recommended in certain cases following review in OH&WB. These gloves can be ordered via EPROC.

Staff Health & Wellbeing Department



Action Plan / Employee Advice - Skin Problem

Name:		Date of birth:	
Employer:	PHNT	Dept:	
Job Title:		Manager:	

I saw the above named member of your staff today (or spoke to them on the 'phone) because of reported skin problems that may be associated with hand care or use of cleansing products (either at work or home).

There are a number of issues to address which may have an impact on them and the area they work in. Hopefully, with care, the problem will settle quickly. To enable this, we advise or recommend certain actions or products to be followed or used. They are aware of your duty of care towards them and the need to keep you informed so I have gained consent to send you this report.

If you have any queries or concerns, please do not hesitate to contact me – see details below.

Standard Advice

- ✓ To follow Trust Hand Hygiene Policy.
- ✓ To be aware of cross infection (Staph, MRSA, BBV etc) due to cracked, excoriated, broken skin.
- ✓ To be aware of the hazards and potential risk of hand skin irritation / dermatitis from: hand washing, alcohol gel use, glove wearing, wet work, lack of moisturising and the potential of Latex allergy from latex gloves.
- ✓ To moisturise hands frequently throughout working day and at home
- ✓ Principles of good hand care discussed and that the risk of dermatitis is preventable when all recommendations are followed.
- ✓ To be aware of the effect of hazards at home, including hobbies and environmental issues
- ✓ Skin Care leaflet has been issued.

Specific Advice / Recommendations

- ✓ To see G.P. for Diagnosis / Treatment and to report outcome to Staff Health and Wellbeing.
- ✓ To use 'Dermol 500' at work as a soap substitute (please arrange for this to be purchased through your usual route).
- ✓ To use an alcohol gel substitute on a trial basis (a small quantity of has been issued by Staff Health and Wellbeing). If suitable, further details regarding purchasing to be forwarded to you.
- ✓ To use alcohol gel substitute permanently.
- ✓ To decontaminate hands with 'Dermol 500' and avoid the use of alcohol gel and standard Trust soap.
- ✓ To use Nitrile (latex free) gloves.
- ✓ To use other gloves: (please arrange for specific gloves (noted below) to be purchased through your usual route):
- ✓ I have referred your staff member to the Dermatology Dept. (an update will follow).
- ✓ I have referred your staff member to the OH Physician (an update will follow).
- ✓ A review appointment in Staff Health and Wellbeing) is advised for 1 wk / 2 wks (to be booked by member of staff). (an update will follow).
- ✓ To report further problems to line manager and arrange a review appointment with Staff Health & Wellbeing.

Work restrictions & other comments:

- ✓ Should avoid work in clinical areas until next review.
- ✓ May work non-clinically if you are able to accommodate this.

Name:		Date:	
SH&WB Advisor / Nurse			

Staff Health & Wellbeing Department, Kingstor House, Derriford Hospital.
 A dedicated advice line and email facility is now available. Please call 01752 (4)37212, Monday to Friday between 9.00am - 4.00pm
 Outside these hours, or if you call and the line is engaged you can request advice by emailing plh-tr.OccHealth-DutyNurse@nhs.net

Preventing Skin Problems (continued)

9. **At home** consider using separate cotton lining gloves inside rubber or plastic gloves. (this is not recommended for work for Health Care Workers (Infection Risk))
10. Wash and dry hands thoroughly before and after glove use
11. Wear warm gloves in cold weather to protect from the elements
12. Remember rings and watch straps can aggravate and in some cases cause eczema as well as constituting an infection risk at work.
13. It can take many months for skin to regain its resistance after an episode of eczema or dermatitis, even if the skin looks normal. Continue to follow professional advice for at least three to four months after the problem has cleared.

Health Surveillance and Review

Once you have been identified with having a skin problem we will tailor a health surveillance programme specifically for you.

This may take the form of us arranging to see you in the Staff Health and Wellbeing Department in the initial stages, then progressing to 'phone reviews or by means of a questionnaire.

Any Questions or Concerns?

For further advice please contact us:

☎ Advice Line - Tel: (4) 37212

✉ Plh-tr.OccHealth-Duty Nurse@nhs.net

V3 Aug 12



Staff Health and Wellbeing Department

Skin Care Advice & Information



Kingstor House
The Residencies
Derriford Hospital
PLYMOUTH
Devon
PL6 8DH



Skin Problems

There are many potential skin problems that can occur at any stage of our lives. When our skin is frequently compromised by outside influences such as chemical or environmental factors ~ eczema or dermatitis can develop. If this is combined with internal influences such as skin dryness or individual disposition, the risk of developing a problem is increased.

Eczema or dermatitis is a common inflammatory skin condition which is most often found on hands, wrist, scalp and face, but can occur almost anywhere on the body. It can either be an acute or chronic condition and often first manifests itself in childhood. There is an association between eczema hay fever, asthma and allergies.

If the skin is cracked or reddened there is a risk of infection to staff and patients as well as an increase in susceptibility to a latex allergy.

Who Is At Risk?

Some people have an increased genetic risk to eczema or dermatitis, but everybody is at potential risk of developing the condition.

Health Care Workers' skin problems may be caused or aggravated by frequent hand washing, skin cleansing with biocides and cleansing agents and the use of gloves.

Symptoms are not always related to work and can be caused by washing detergents, over washing, soaps, chemicals in the home, etc.

What Are The Symptoms?

Symptoms can include:

- *Itchiness*
- *Reddening of the skin*
- *SKIN CRACKING*
- *Blisters*

Occasionally there may be **BLEEDING** from cracked areas of skin, and eczema may become infected ~ this includes MRSA.

What Do I Do If I Have Symptoms?

If you develop any of the above symptoms, you have a personal responsibility to report the problems to your manager and the Staff Health and Wellbeing Department. If prompt and proper advice is not followed, you may be placing yourself and patients at risk of infections.

Staff Health and Wellbeing can advise you on aspects of skincare, glove use etc. We can discuss how the problem may be affecting you especially at work and how best to manage your situation. We can then advise your manager of ways in which further problems can be prevented and/or minimised which would include the risk of infection transmission. Advice will be in writing and normally include any specific products that are recommended and/or the introduction of restrictions or modification of duties.

In some cases, we recommend that you see your General Practitioner in the first instance as we do not provide a diagnostic or treatment service.

Preventing Skin Problems

1. At work and at home use moisturiser cream whenever you can ~ this helps the skin to stay healthy by maintaining its integrity. Use any emollients or treatment prescribed by your GP.
2. Use lukewarm or tepid water to wash hands (damage can occur to the skin surface if too hot or too cold).
3. Ensure hands are dried well after contact with water ~ but only pat hands dry with paper towels rather than rubbing.
4. Avoid direct contact with washing up liquid and other detergents, cleaning agents, window / car / furniture / metal polishes, the peel or oil from citrus fruits such as oranges or lemons, hair shampoos, hair lotion or hair dyes, DIY chemicals such as paint or cement.
5. Avoid prolonged contact with water ~ the use of a dishwasher and washing machine will markedly reduce your contact with water.
6. Use PPE 'Personal Protective Equipment' (GLOVES) where appropriate (at work and home) ~ but reduce glove usage to a minimum to avoid irritation due to sweating inside the glove
7. Wear non latex (nitrile) gloves at work to prevent the risk of latex allergy (Marigold manufacture nitrile gloves for use at home)
8. If using gloves to wash dishes etc, ensure they are cleaned on the inside ~ turn inside out and rinse under hot water several times each week.

Continued over

What gloves should I wear?

Always consider whether a glove needs to be worn at all. Is there any risk? Only wear gloves when absolutely necessary for the task (not for damp dusting, clean bed making, etc). Glove selection guides to help you make appropriate glove decisions can be obtained from your manager.

Latex gloves are the safest barrier to pathogens and should only be used in **high-risk situations**. If allergic to latex, nitrile gloves should be worn.

Nitrile gloves are latex-free and should be the glove of choice (dependant on risk assessment).

Vinyl and polythene gloves are only suitable for low-risk situations (catering, bed-making etc).

LEGAL REQUIREMENTS

Health and Safety Law applies to the management of Latex Allergy.

- Health & Safety at Work Act
- Personal Protective Equipment
- Controls of Substances Hazardous to Health
- Reporting of Incidents, Diseases and Dangerous Occurrences.
- Equality Act 2010

Skin Care

Always ensure your hands are in optimum condition. Refer to our Skin Care Advice & Information leaflet for detailed advice.

You must inform your manager and/or the Staff Health & Wellbeing Department if you have eczema or dermatitis especially on your hands ~ you may be at risk of occupational dermatitis or latex allergy.

The wearing of gloves may worsen or aggravate pre-existing skin conditions such as eczema, dermatitis or psoriasis. This is usually from sweating inside the glove, retained moisture from partially dried hands, harsh detergents, or prolonged use of gloves that are too small. The irritation may be improved by wearing appropriately sized gloves and using the Trust recommended cleansers and emollients.

What is Latex?

Natural rubber latex (NRL) is a milky fluid obtained from the Hevea brasiliensis tree, which is widely grown in South East Asia, and other countries. NRL is an integral part of thousands of everyday consumer and healthcare items.

Use of Latex

Latex use within the Trust has been reduced to as low as reasonably practicable and use of latex gloves is almost non-existent. **Powdered gloves should not under any circumstances be used anywhere in the Trust.**

Further information

Single copies of **Latex and You** INDG320 are available free from the Health & Safety Executive and can be downloaded online at <http://hsebooks.co.uk> or are available from HSE books, PO Box 1999, Sudbury, Suffolk, CO10 2WA. Tel no: 01787 881165 or fax: 01787 313995

Further information can be obtained from the **Latex Allergy Support Group** at PO Box 27, Filey N.Yorks. YO14 9YH, or on their help-line which is 07071 225838 and is manned from 7pm – 10pm daily.

Any Questions or Concerns?

For further advice please contact us:

☎ Advice Line - Tel: (4) 37212

✉ Plh-tr.OccHealth-DutyNurse@nhs.net

V3 Aug 2012



Staff Health and Wellbeing Department

Latex Allergy Advice and Information



Kingstor House
The Residencies
Derriford Hospital
PLYMOUTH
Devon
PL6 8DH



What is Latex Allergy?

An allergy is an abnormal response of the body's immune system to a substance. NRL is harmless to most people but some individuals can develop an allergy either to proteins in NRL or chemicals used in the manufacture of rubber products.

Do I Have a Latex Allergy?

Most skin conditions are not caused by work and the majority of health care workers do not suffer from a latex allergy. We will investigate the causes of your problem which may take the form of us arranging to see you in the Staff Health & Wellbeing Department in the initial stages, then progressing to 'phone reviews or by means of a questionnaire. In some cases, we recommend that you see your GP in the first instance as we do not provide a treatment service.

Health Surveillance and Review

Whether related to latex or not, we will tailor a health surveillance programme specifically for you. We can advise you on aspects of skincare, glove use etc. We can discuss how the problem may be affecting you especially at work and how best to manage your situation.

We will then advise your manager of ways in which further problems can be prevented and/or minimised which would include the risk of infection transmission. Advice will be in writing and normally include any specific products that are recommended and/or the introduction of restrictions or modification of duties.

If the diagnosis is confirmed that you have Type 1 or 4 allergy, you will receive advice on how to manage your allergy. Working areas should be adapted to enable staff suffering with latex allergy to continue work safely and effectively. Avoidance of latex products and risk assessment of your area of work will be essential as tiny amounts of NRL can cause symptoms.

Type 1 Allergy

This is rare (found in 0.5% of UK health care workers) and is caused by NRL proteins. Symptoms appear almost immediately after contact with NRL at home or work, and include skin reddening and raised wheals on the skin. This may be accompanied by swollen lips or tongue, breathlessness, runny nose, red eyes and wheezy chest. Anaphylaxis may occur.

There is an association between Type 1 allergies to latex and allergies to some foods including bananas, avocados, kiwi fruit and tomatoes. There is an increased risk in individuals with a history of asthma, eczema, hay fever; and those who have had multiple surgical and dental procedures

Type 4 Allergy

This is thought to affect up to 10% of all health care workers and is a delayed localised reaction to chemicals used in the manufacture of rubber products (latex and synthetic alternatives). Symptoms start within 6-48 hours of contact and include skin cracking, redness, itching and blistering.

Health Surveillance Questionnaire
Staff Potentially Sensitised To LatexPlymouth Hospitals 
NHS Trust

Name:		Date of birth:	
Dept.		Position:	
Employer:	PHNT	Manager's name:	

1. What type of allergy do you have (please indicate): *Type 1* *Type 4* *Do not know*
2. What type of gloves are you currently using? (include manufacturer's name)
3. Have you had any of the following symptoms in the last 12 months?
(If yes, please circle and indicate location of skin symptoms) *Yes / No*

Itching Redness Wheals Skin cracking Wheezing
Chest tightness Watery eyes/nose Facial stinging/swelling
4. In the last 12 months have you developed symptoms on contact with the following?
(If yes, please indicate) *Yes / No*

Gloves Balloons Condoms
Banana Avocado Kiwi Fruit Chestnut Potato Tomato Mango
5. Has a risk assessment been carried out in your area for latex exposure? *Yes / No*
6. Have any adjustments to your work or work area been implemented?
(If yes, please comment) *Yes / No*
7. Do you have any concerns at present about your condition? *Yes/ No*

I confirm that the responses given by me are to the best of my knowledge, true and correct.

Signed:

Date:

For completion by Occupational Health & Wellbeing Dept:

- No skin problems ~ Review Questionnaire: 1yr
- Arrange assessment with OH Nurse / Adviser Entered onto OPAS

This table should list all the staff groups that require this training as shown below. Consideration must be given to how this training can be accessed by all staff groups including, temporary staff, bank staff, part-timers, full-timers and volunteers.

Staff group	Core knowledge required The learner will:	Core skills required The learner will have the ability to:	Mode of delivery	How can this training be accessed by part-timers; temporary; bank/agency staff; volunteers
All new staff (and existing staff moving between Departments)	Gain an understanding of: <ul style="list-style-type: none"> • The potential causes and prevention of work related dermatitis. • Glove selection available and appropriate use of gloves. • Latex allergy and types of, and measures required to reduce the effects of such an allergy • Have an awareness of how damaged skin can contract and transmit infection. 	Undertake effective hand hygiene and use appropriate gloves when required. Identify a potential skin problem/allergy and seek help and advice where appropriate Be proactive in the management of their skin integrity Seek help and advice from their own GP if required Refer to OH&WB for advice and review as required	Familiarise with the SOP. Attend and participate in hand hygiene audits for clinical staff Referral to the SOP and relevant legislation/ Trust policies/procedures Attend and/or participate in Trust Induction and Annual Mandatory Training.	On employment and on-going training.

Review		
Title	Is the title clear and unambiguous?	Yes
Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?		Yes
Does the style & format comply?		Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Procedure	Is the method described in brief?	Yes
Are people involved in the development identified?		Yes
Has a reasonable attempt has been made to ensure relevant expertise has been used?		Yes
Is there evidence of consultation with stakeholders and users?		Yes
Content	Is the objective of the document clear?	Yes
Is the target population clear and unambiguous?		Yes
Are the intended outcomes described?		Yes
Are the statements clear and unambiguous?		Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
Are key references cited and in full?		Yes
Are supporting documents referenced?		Yes
Approval	Does the document identify which committee/group will review it?	Yes
If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?		Yes
Does the document identify which Executive Director will ratify it?		Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
Does the plan include the necessary training/support to ensure compliance?		Yes
Document Control	Does the document identify where it will be held?	Yes
Have archiving arrangements for superseded documents been addressed?		Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
Is there a plan to review or audit compliance with the document?		Yes
Review Date	Is the review date identified?	Yes
Is the frequency of review identified? If so is it acceptable?		Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes