Prevention and Management of Dermatitis & Latex Allergy

Standard Operating Procedure

Issue Date | Review Date | Version
---|---|---
June 2020 | December 2020 | 2.1

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 procedure document is applicable to all staff; to include Ministry of Defence (MOD) personnel, contractors; those employed on a fixed term contract, honorary contract, agency or locum staff and students affiliated to educational establishments and volunteers.

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

Core accountabilities

Owner: Freda Allen – Head of Department, Occupational Health & Wellbeing
Review: December 2020
Ratification: Health and Safety Committee
Dissemination (Raising Awareness): ALL UHPNT Staff
Compliance: Occupational Health and Wellbeing Clinical Manager

Links to other policies and procedures

CLI.INF-GUI.55.9 Hand Hygiene Guidelines

Version History

<table>
<thead>
<tr>
<th>Version</th>
<th>Issue Date</th>
<th>Details</th>
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<tr>
<td>1</td>
<td>June 2005</td>
<td>Approved by the Health and Safety Committee</td>
</tr>
<tr>
<td>2</td>
<td>June 2013</td>
<td>Converted from a policy to a standard operating procedure</td>
</tr>
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<td>2.1</td>
<td>June 2020</td>
<td>Addition of COVID Dermatology provisions (Appendix H) and updated advice leaflets</td>
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The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business 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 Trust Documents. 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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Prevention and Management of Dermatitis & Latex Allergy

Standard Operating Procedure

1 Introduction

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 that 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 NLR. 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 UHPNT.

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

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

4 Key Duties

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, OHWB 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 OHWB.
- 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 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 UHPNT 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 OHWB as requiring alternative products.

5 Procedure to Follow

5.1 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.

5.1.1 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.

5.1.2 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
5.2 Management of Dermatitis and/or Latex Allergy

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

Member of Staff with skin / allergy problems

Informs Line Manager immediately if they have dermatitis or any skin condition that results in broken skin

Line Manager

Assesses Employee's hands

Redness, dryness, soreness
Possibility of restrictions and altered duties (e.g. non-clinical duties)

a. Directs Employee to see their GP (if symptoms are more than simple dryness or reddening of the skin or if other measures fail to improve the condition)

b. Directs Employee to OHWB Advice Line (37212 or 37222 Option 5).

Dryness
Fit for clinical work

a. Ensures employee's hands are kept hydrated — check that Trust standard moisturiser is available

b. Ensures that contact with sensitizers and/or irritants is reduced as far as is reasonably practicable

Cracked, bleeding, weeping areas
NOT Fit for clinical work

a. Completes a Datix report

b. Directs Employee to OHWB Advice Line (37212 or 37222 Option 5).

Self-refers to OHWB
In some cases, Employee will be directed to inform Manager of concerns

a. Follows advice from OHWB (where it can be accommodated).

b. Completes Datix report if appropriate

a. Where advice from OHWB cannot be accommodated or if on-going problems cause operational / absence issues - contacts HR for employment advice.

b. Considers Formal Referral (completion of Referral Form (see OHWB Folder on Trust Docs))
5.2.2 Flow Chart for Occupational Health & Wellbeing Team
What to do in the case of Dermatitis and/or Latex Allergy

Management / Self-Referral or Pre-placement Identification of Skin Problems

Occupational Health Nurse Team conducts skin assessment along with work and social history

Details entered onto OPAS database for follow up/monitoring and audit purposes

Skin Allergy to Natural Rubber
Will require alternative gloves and/or other products (Appendix C)

Entered onto Latex annual surveillance programme

If assessment suggests Allergic Contact Dermatitis consider referral to dermatology for patch testing

Advise staff-member and manager on fitness to work using Action Plan (Appendix B)

Dry but intact skin
Fit for clinical work with recommendations

Provide Action Plan (Appendix B) & information leaflet. Advise a trial of alternative products (Appendix C) - if required.

Flaking, Cracked, Bleeding or weeping areas
NOT Fit for clinical work

Direct Employee to GP

If condition not responding to adjustments – Refer OH Physician

If case meets RIDDOR reporting requirements OH Physician informs the Health and Safety Department without delay.

Arrange review skin assessment if required
### 5.3.3 Step by Step Guide for the Use of Sterilium 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 OHWB 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.

### 5.4 Prevention & Management of Latex Allergy

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 OHWB.

Any member of staff who is known or suspected to be suffering from Latex allergy should be referred to OHWB 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**

<table>
<thead>
<tr>
<th>Oral and Nasal airways</th>
<th>Dental dams</th>
</tr>
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<tbody>
<tr>
<td>Endotracheal tubes</td>
<td>Anaesthesia masks</td>
</tr>
<tr>
<td>Intravenous tubing</td>
<td>Blood pressure cuffs</td>
</tr>
<tr>
<td>Surgical masks</td>
<td>Syringes</td>
</tr>
<tr>
<td>Rubber aprons</td>
<td>Stethoscopes</td>
</tr>
<tr>
<td>Catheters</td>
<td>Tourniquets</td>
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<tr>
<td>Injection ports</td>
<td>Electrode pads</td>
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<tr>
<td>Bungs and needle sheaths on medicines</td>
<td>Surgical masks</td>
</tr>
<tr>
<td>Wound drains</td>
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**Consumer items**

<table>
<thead>
<tr>
<th>Erasers</th>
<th>Washing-up gloves</th>
</tr>
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<tbody>
<tr>
<td>Rubber bands</td>
<td>Carpets</td>
</tr>
<tr>
<td>Balloons</td>
<td>Adhesives</td>
</tr>
<tr>
<td>Condoms</td>
<td>Tyres</td>
</tr>
<tr>
<td>Contraceptive cap</td>
<td>Underwear elastic</td>
</tr>
<tr>
<td>Baby bottle teats</td>
<td>Shoe soles</td>
</tr>
<tr>
<td>Hot water bottles</td>
<td>Calculator/remote control buttons</td>
</tr>
<tr>
<td>Stress balls</td>
<td>Swimming cap and goggles</td>
</tr>
<tr>
<td>Sports equipment (e.g. hand grips and gym mats)</td>
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</table>
### 6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal 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 reviewed by the Health and Safety Committee and ratified by the Director.

Non-significant amendments to this document may be made, under delegated authority from the Director, by the nominated author. These must be ratified by the Director 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.

### 7 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 Formal Documents.

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

### 8 Monitoring and Assurance

The OHWB 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 annually.
9 | **Reference Material**


a. **Baktolan Protect (Manufacturer BODE)**

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

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 OHWB review. This gel can be obtained via EPROC as follows:

<table>
<thead>
<tr>
<th>Order No</th>
<th>Description</th>
<th>Cost</th>
</tr>
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<tbody>
<tr>
<td>974071</td>
<td>Sterillium 100 ml (pocket size)</td>
<td>£56.25 x 45</td>
</tr>
<tr>
<td>712 001</td>
<td>Pocket clip for 100ml bottle</td>
<td>£1.50 per clip</td>
</tr>
</tbody>
</table>

d. **Sterillium Hand Disinfectant (Manufacturer BODE)**

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

e. **Order No**  | **Description**    | **Cost**     |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>973490</td>
<td>Sterillium 1000mls</td>
<td>£39.75 x 10 ~ £3.97 each</td>
</tr>
<tr>
<td>974075</td>
<td>Sterillium 500mls</td>
<td>£40.16 x 20 ~ £2.00 each</td>
</tr>
</tbody>
</table>

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 OHWB. These gloves can be ordered via EPROC.
Staff Health & Wellbeing Department

Action Plan / Employee Advice - Skin Problem

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td>PHNT</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Dept:</td>
</tr>
</tbody>
</table>

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 moisture 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 ‘Demol 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 ‘Demol 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 OSH 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&W Advisor / Nurse

Staff Health & Wellbeing Department, Kingston House, Derriford Hospital
A dedicated advice line and email facility is now available. Please call 01752 407212. Monday to Friday between 08:00am - 17:00pm. Outside these hours, or if you call and the line is engaged you can request advice by emailing nhsh-02Health FuryNurse@nhs.net
Skin Care Advice and Information

Preventing skin problems
- See your GP for diagnosis and treatment and use any emollients or treatment prescribed.
- Use moisturiser cream whenever you can.
- Use lukewarm or tepid water to wash hands, as damage can occur to the skin surface if water is too hot or too cold.
- Dry hands well, patting rather than rubbing.
- Avoid direct contact with washing-up liquid, detergents, cleaning agents, window/furniture/car/metal polishes.
- Avoid direct contact with the peel or oil from citrus fruits, hair shampoo/lotions/dyes, and DIY chemicals such as paint or cement.
- Avoid prolonged contact with water. Dishwashers and washing machines will markedly reduce your contact with water.
- Use PPE (personal protective equipment) gloves at home and work but keep glove usage to a minimum to avoid irritation caused by sweating inside the glove.
- Wear non-latex (nitrile) gloves at work, to prevent the risk of latex allergy.
- For domestic use, brands such as Marigold manufacture nitrile gloves. Ensure they are cleaned on the inside by rinsing under hot water several times a week. Consider using separate cotton lining gloves inside rubber or plastic gloves (home use only).
- Wash and dry hands thoroughly before and after glove use.
- Rings and watch straps can aggravate – and in some cases cause – eczema, as well as constituting an infection risk at work.
- Wear leather gloves in inclement weather, as these don’t allow cold or wet air to come into contact with your skin.

It can take many months for skin to regain its resilience 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.

Assessment and review
Once you have been identified as having a skin problem, the next step is likely to be an assessment appointment with an OSH Nurse. Follow-up review appointments, if required, will monitor your skin condition over a period of time.

Further information
StaffNet has a dedicated area for Occupational Health & Wellbeing advice and guidance, including referral forms and health promotion information.

How to get in touch
Opening hours: 08.00 – 16.00
Phone: 01752 437222
Email: pH-rc.occupationalhealthadvice@nhs.net.

Occupational Health & Wellbeing
Derriford Centre for Health & Wellbeing
University Hospitals Plymouth NHS Trust
Derriford Road
Plymouth PL6 8DH

Ref: OHMB Skin Care Leaflet v8 05.08.20 (review January 2022)
Occupational Health & Wellbeing
Minimising work-related ill-health and supporting healthy working

Latex Allergy Advice and Information

What is Latex and how does it affect me?
Natural rubber latex (NRL) is an integral part of thousands of everyday consumer and healthcare items. Latex use within the Trust is as minimal as reasonably practicable and use of latex gloves is almost non-existent. Note: powdered gloves should not under any circumstances be used anywhere in the Trust.

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. Most skin conditions are not caused by work and the majority of healthcare workers do not suffer from a latex allergy.

If you are diagnosed with either Type 1 or Type 4 latex allergy, you will receive advice on how to manage your allergy. Working areas should be adapted to allow staff suffering with latex allergy to continue to 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 Latex Allergy
This is rare, affecting only 0.5% of UK healthcare workers, and is caused by NRL proteins. Symptoms appear almost immediately after contact with NRL 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 Latex Allergy and allergies to some foods, such as 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.

Assessment and review
Whether related to latex or not, we will investigate the causes of your problem. The next step is likely to be an assessment appointment with an OH Nurse. Follow-up review appointments, if required, will monitor your skin condition over a period of time.

We will advise your manager of ways in which further problems can be prevented or minimised, including the risk of infection transmission. We may recommend specific products and/or the introduction of restrictions or modification of duties.

Further information
- StaffNet has a dedicated area for Occupational Health & Wellbeing advice and guidance, including referral forms and health promotion information.
- The Health & Safety Executive’s ‘Latex & You’ leaflet is available free to download at www.hsebooks.co.uk.
- Latex Allergy Support Group helpline 07071 225638, 7pm-10pm daily.
- Health & Safety law applies to the management of latex allergy. Related references include: Health & Safety at Work Act, Personal Protective Equipment, Controls of Substances Hazardous to Health, Reporting of Incidents, Diseases and Dangerous Occurrences; Equality Act 2010.

How to get in touch
Opening hours: 08:00 – 16:00
Phone: 01752 437222
Email: ph-oh.ceohealthadvice@nhs.net

Occupational Health & Wellbeing
Derriford Centre for Health & Wellbeing
University Hospitals Plymouth NHS Trust
Derriford Road
Plymouth PL6 8DH

Ref: OrHWB Latex Allergy Leaflet v8 05.08.20 (review January 2022)
Health Surveillance Questionnaire
Staff Potentially Sensitised To Latex

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept.</td>
<td>Position:</td>
</tr>
<tr>
<td>Employer:</td>
<td>Mint</td>
</tr>
</tbody>
</table>

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? Yes / No
   (If yes, please circle and indicate location of skin symptoms)
   - 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? Yes / No
   (If yes, please indicate)
   - 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? Yes / No
   (If yes, please comment)

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 OHNurse/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.

<table>
<thead>
<tr>
<th>Staff group</th>
<th>Core knowledge required</th>
<th>Core skills required</th>
<th>Mode of delivery</th>
<th>How can this training be accessed by part-timers; temporary; bank/agency staff; volunteers</th>
</tr>
</thead>
</table>
| All new staff (and existing staff moving between Departments) | Gain an understanding of:  
- 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 and Approval Checklist

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

**COVID-19 Addendum: PPE Related Skin Conditions**

Appendix H
Background

The 2020 COVID-pandemic has resulted in heightened PPE requirements for health care workers alongside an increased frequency of handwashing. An increase in skin related concerns has been anticipated by the British Association of Dermatologists and Guidance issued: https://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=6675.

The following support processes have subsequently been identified and enacted by the Trust:

- Remote Occupational Health Skin Assessment – referral via (Self Referral Request - Skin Assessment). Staff will be asked to provide photos of any affected areas of skin.
- Urgent Dermatology Referral Processes for staff – this referral to Dermatology is undertaken, where appropriate, by OHWB following a Skin Assessment. It is restricted to COVID-19 related conditions.
- Provision of topical skin products with waiving of associated prescription charges:
  
Topical Skin Products related to COVID-19 and approved for staff treatment:

a. **Cutan Moisturising Cream** (Item Code MRB985, Item Description CREAM MOISTURISING 1L CUM39Y)
   
   This is recommended as the first line moisturiser (emollient) in clinical areas and requires a wall-based dispenser. Can be ordered through ORACLE.

b. **Dermol 500**
   
   The British Association of Dermatologists have advised that Dermol 500 as a handwash may not be effective in removing Covid-19. Trust guidance is that Dermol 500 is therefore not suitable as a soap substitute curing the COVID-19 pandemic.

   Dermol 500 may still be used as a moisturiser (emollient) and can be ordered from pharmacy (plh-tr.DerrPharmDistOrders@nhs.net).

c. **Baktolan Protect** (Manufacturer BODE)
   
   Baktolan Protect is a moisturiser for the hands which can be used by staff after OHWB review. This product can be ordered via pharmacy on a named basis only on the recommendation of OHWB. The line manager will be informed of this recommendation via an email from OHWB.

   This product is being replaced and will only remain available as long as stocks last.

d. **Cetraban Cream / Ointment and Zeroveen Cream**
   
   These are moisturisers (emollients) which may be recommended by either OHWB or Dermatology and ordered via pharmacy on a named basis only. The line manager will be informed of the recommendation to order via an email from OHWB.

e. **Clobetasone Cream / Ointment (Eumovate)**
   
   This is a prescription only steroid cream which may be prescribed by Dermatology. The associated prescription charges will be waived by the Trust. The prescribing dermatology consultant should use a green LloydsPharmacy prescription with “Staff PPE related treatment – no Rx charge” endorsed at the top. Staff should then be directed to the Hospital Pharmacy on Level 5 to be dispensed.

f. **Cavilon Barrier Cream and Duoderm Extra-Thin**
   
   These are topical products and dressings which may be used to form a protective barrier for the skin, particularly for facemask related conditions. They can be recommended by OHWB and/or Dermatology with line managers requested to order via ORACLE