



<b>Title:</b>	<b>Skin Care Policy</b>		
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<b>Ownership:</b>	Dr Nigel Ruddell, Medical Director Lynne Charlton, Director of Quality, Safety & Improvement		
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May 2021	1.0	Risk Manager	New Policy

## 1.0 INTRODUCTION:

Health is wealth.

### 1.1 Background:

The Northern Ireland Ambulance Service (NIAS) recognises that skin conditions caused by substances at work are one of the most common occupational health issues. The Trust recognises that a comprehensive and effective skin care programme can help prevent occupational health complaints, such as dermatitis. When work related skin problems do occur, early recognition and appropriate treatment can improve the prospects of resolution or successful control of the condition, allowing the member of staff to remain at work.

### 1.2 Purpose:

The main function of the skin is to act as a barrier against infection however this is dependent upon the skin remaining intact. Broken, dry, cracked and blistered skin increases the risk of infection to employees and potentially even service users. Employees with pre-existing skin complaints may be particularly susceptible to work-related skin problems. It is therefore essential that an effective skin care programme is maintained in order to reduce the incidence of skin problems.

### 1.3 Aims & Objectives:

The Trust is committed to protecting and improving the health, safety and well-being of its staff and ensuring a safe working environment in accordance with Health and Safety legislation as far as is reasonably practicable to do so.

The core objective of this policy is to describe how the Trust intends to prevent or minimise the risk of staff developing a skin complaint a result of their work by:

- Increasing the awareness of managers and staff of the importance of good skin care.
- Providing guidance on, and ensuring there is consistency in the selection, use and quality of gloves.
- Establishing systems for the early identification and referral of staff to the Occupational Health Service who may have, or be at risk of, developing a work related skin complaint.

This will be achieved by:

- Completing and implementing risk assessments which will identify activities or substances which create the potential to cause or worsen pre-existing skin conditions and measures needed to prevent or adequately control the risks to staff involved.
- Providing guidance, information and advice on practices or measures which promote good skin care and reduce the risk of developing or worsening a skin complaint.
- Promoting consistency in the selection and use of gloves within the Trust.

Reference should be made to the Trusts IPC policies, procedures and guidelines relevant to hand hygiene.

## **2.0 SCOPE OF PROCEDURE:**

This Policy is applicable to all NIAS staff who potentially may be exposed to health hazards at work (physical, chemical or biological) at any site where NIAS has a duty of care and responsibility.

## **3.0 ROLES AND RESPONSIBILITIES:**

### **3.1 Chief Executive, Trust Board & Trust Directors:**

The Chief Executive, Trust Board & Trust Directors have overall responsibility for workplace health and safety and infection control in the workplace. The Senior Management Team are responsible for ensuring that this policy is implemented as appropriate and the undertakings outlined are adhered to throughout the Trust.

### **3.2 Human Resources – Contracted Occupational Health Service:**

The Occupational Health Service will:

- Undertake pre-employment health assessments and identify people who have a history of existing skin conditions particularly eczema and dermatitis or who have known allergies; or who, by being employed for work which may include work with hazardous substances, water etc. may be at increased risk of developing skin conditions.
- Provide general skin care advice to Trust staff prior to commencing employment.
- Provide specific skin care advice:
  - to any member of staff presenting with skin complaints.
  - to any manager / supervisor who has queries about work practices or the use of gloves or creams.
- Maintain accurate records of staff presenting with skin complaints.
- Support line management with investigations and recommendations following reported incidents of work related skin complaints and identify issues requiring further attention.
- Work with the IPC Team / Risk Management Team as necessary in order to prevent and reduce incidents of occupational ill health relating to the skin.
- Regularly review the effectiveness of the Trust's arrangements for promoting good skin care practice.
- Report incidents of staff confirmed or suspected of having developed an Natural Rubber Latex (NRL) sensitisation to the Risk Management Team who will report to the Northern Ireland Adverse Incident Centre when required.
- Report notifiable skin complaints as specified under RIDDOR Regulations to the Risk Management Team who will then process the RIDDOR Report and inform the Health and Safety Executive for Northern Ireland (HSENI) where relevant.

### **3.3 The Infection Prevention & Control Team:**

The Infection Prevention and Control Team are the competent persons accountable to the Director of Quality, Safety and Improvement to advise the Trust in respect of Infection Prevention and Control Policy formulation and development. In the context of skin care their duties include the provision of advice and training on all aspects of infection prevention and control including:

- The selection and use of gloves to prevent the spread of infection (clinical).

- Effective hand decontamination technique.
- Carrying out observational audits of hand hygiene within clinical areas and feedback to staff /managers.

### 3.4 Line Managers:

Line Managers will ensure that:

- This policy is brought to the attention of all relevant staff.
- Good skin care practices are regularly promoted and monitored.
- Staff use the appropriate gloves and take other preventive measures indicated as being needed following a risk assessment.
- Where possible, work practices are mechanised to eliminate or reduce the risk of skin complaints developing.
- Activities assessed as presenting the highest level of risk which cannot be eliminated or carried out by alternative means are rotated amongst as many staff as possible.
- Any member of staff engaged in activities which may create risks to their skin are provided with a copy of the trust's guidance (Appendix 1: Skin care – what you need to know (guidance for staff)).
- All incidences of work related skin complaints are reported immediately and thoroughly investigated in accordance with the Trust's reporting procedures (DATIX). With support from the Trusts IPC Team and Risk Management Team as necessary. See Appendix 4 for a flow chart to assist.
- All incidences of work related skin complaints are referred promptly to the Occupational Health Service.
- Notices on proper hand hygiene technique and good skin care practice are displayed near hand washing facilities, where appropriate.
- Emollient hand cream is available for all staff.
- Skin surveillance / monitoring is undertaken where identified as being required.

### 3.5 All Staff:

3.5 Staff will ensure that they:

- Comply with this policy.
- Apply good skin care practices and techniques (Appendix 2 - Top ten tips for tip top skin).
- Adhere to safe systems of work as identified through assessments.
- Use equipment and substances in accordance with training and instructions.
- Wear appropriate gloves / PPE and follow instructions given.
- Inform their manager immediately of any skin problem, however minor, being experienced.
- Ensure all incidences of work related skin complaints are reported immediately in accordance with the Trust's reporting procedures (DATIX) so that they can be referred promptly to the Occupational Health Service.
- Participate in skin surveillance monitoring where identified as being required.

## 4.0 **KEY PRINCIPLES:**

### 4.1 Definition:

Dermatitis means inflammation of the skin usually characterised initially by irritation and redness. Contact dermatitis is a rash which usually develops as a response to a substance in contact with the skin. (see Appendix 4: Dermatitis: Definition & Guidelines for prevention).

#### 4.2 Policy Principles:

The Trust in complying with the requirements of the Health & Safety at Work (NI) Order 1978, the Management of Health and Safety at Work Regulations (NI) 2000, other relevant legislation, codes of practice and guidance has produced this Skin Care Policy for the information and guidance of all staff.

### **5.0 IMPLEMENTATION:**

#### 5.1 Dissemination:

This policy is required to be implemented by all Directorates. All managers and staff are required to comply with this policy, in particular those individuals and Departments with specific responsibilities, as detailed in Section 3. All Trust staff should be provided with access to this Policy. The latest version of this procedure (and related documents) is available on SharePoint (Corporate Documents and Medical Directorate).

#### 5.2 Resources:

Control of Substances Hazardous to Health (CoSHH) Risk Assessment and awareness training is arranged / delivered by the Risk Management Team and is available to all staff. The Infection Prevention & Control Team delivers mandatory hand hygiene training in which staff are referred to the Trust Skincare Policy, encouraged to use emollients and report any issues regarding hand hygiene to their respective line manager and via DATIX. At the pre-employment stage for all staff deemed to at risk and those existing staff moving to a role that is considered to increase risk, the Occupational Health Service will highlight the need for vigilance and good skincare to all new staff.

#### 5.3 Exceptions:

There are no exceptions to this Policy and to the organisation's commitment to protect staff health and safety.

### **6.0 MONITORING:**

It is the responsibility of line managers to monitor the completion and review of relevant risk assessments, incidents reporting and investigation and the completion of audit tools. Other specific monitoring responsibilities will be a measurement of compliance with the Controls Assurance Standards / replacement processes, Internal / External Audit and by other external parties such as the Health and Safety Executive for Northern Ireland.

### **7.0 EVIDENCE BASE / REFERENCES:**

- Health & Safety at Work (NI) Order 1978.
- Management of Health & Safety at Work Regulations (NI) 2000.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997.

- Personal Protective Equipment at Work Regulations (NI) 1993.
- Control of Substances Hazardous to Health Regulations (NI) 2003.
- Management risk from skin exposure at work. HSG262.  
<https://www.hse.gov.uk/pubns/books/hsg262.htm>
- Health and Safety Executive Guidance <https://www.hse.gov.uk/skin/index.htm>

## 8.0 CONSULTATION PROCESS:

This policy was developed by the Risk Manager taking into consideration a number of Policies and Procedures in place across HSC (regionally). Consultation took place with Human Resources, Occupational Health, Trade Unions, Senior Managers, Assistant Directors and Directors within the organisation. The final content of the document was agreed at Health and Safety Committee, before SMT approval on recommendation by the Health and Safety Committee. It was then given final approval by Trust Board.

## 9.0 APPENDICES:

- Appendix 1 – Skin Care: What You Need To Know (Guidance For Staff).
- Appendix 2 – Top Ten Tips For Tip Top Skin.
- Appendix 3 – Dermatitis: Definition & Guidelines For Prevention.
- Appendix 4 – Skin Concern / Report – Management Process:

## 10.0 EQUALITY STATEMENT:

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this procedure should be subject to a full impact assessment was carried out on the 15<sup>th</sup> March 2021. The outcome of the Equality screening for this procedure is:

Major impact

Minor impact

No impact.



**Katrina Keating**

**Date: 6<sup>th</sup> May 2021**

**Lead Author**



**Dr Nigel Ruddell**

**Date: 6<sup>th</sup> May 2021**

**Lead Director**

## **APPENDIX 1 - SKIN CARE: WHAT YOU NEED TO KNOW (GUIDANCE FOR STAFF):**

### Introduction:

The skin provides a natural protection for the body as long as it is not damaged by cuts or injury or subjected to irritation by everyday substances such as water or cleaning products. Because of this the skin must be cared for and protected from irritants both at home and at work.

Greatest care needs to be taken with the parts of the body where the skin is most often exposed, i.e. the hands, wrists, arms, face and neck.

Staff with sensitive skin or pre-existing skin conditions such as eczema need to take special care of their skin. Such staff may wish to obtain personal advice from the Occupational Health Service regarding any special precautions to be taken.

If recognised and treated early many skin complaints can be managed. Left untreated they may become more serious. If you notice problems with your skin such as:

- Reddening / cracking / blistering.
- Swelling.
- Very dry skin.
- Rashes.

Immediately tell your manager. Referral for Occupational Health Service advice can then be arranged.

### Using detergents and cleaning products / hazardous substances:

All products/substances are labelled to show if they could cause harm. Some may be harmful and others are irritant or corrosive.

Only products/substances provided by the Trust should be used.

You must familiarise yourself with the CoSHH assessment before you start to use the product and follow the instructions given about:

- Using the product safely.
- What to do if some accidentally splashes onto your skin or into your eyes.

All product and substance containers should be kept clean from content spillage to avoid contact with the skin when handling.

### Hand washing:

Not washing your hands properly increases the risk of infections being passed on. Proper hand washing and thorough drying is important to avoid leaving substances on the skin and the skin damp.

Always:

- Use lukewarm water and a small amount of soap as provided;

- Rinse the hands thoroughly to remove the substances with which the skin may have had contact and also to remove traces of soap.
- Dry carefully paying particular attention between the fingers (and under a plain band if worn).
- Hands should also be washed after the removal of gloves even if the gloves worn appear intact.

### Creams:

An aqueous emollient hand cream should be used from time to time throughout the day in the work place. For example apply after washing and drying the hands before going for a meal break or at the end of a shift. You should also use an emollient cream at home.

Barrier Creams are NOT a substitute for good skin care or gloves. They should only be used where directed by the Occupational Health Service.

### Gloves:

Over-use of gloves can cause as many problems as under use. Gloves should only be worn when identified by a risk assessment as being needed for the task to be undertaken, and / or for clinical purposes, and only:

- For the specific task they have been provided for.
- By the person they were issued to.
- For the shortest possible periods.

When providing gloves consider the:

- Individual needs of the member of staff.
- Percentage of working time during which gloves must be worn.
- Work environment, e.g. if washing is done in a deep sink with very warm water gloves should have a long cuff and cotton liners.
- Tasks being undertaken.

Specialist advice on glove selection is available from the Occupational Health Service, Risk Management Team or Infection Control Team.

### Infection Prevention and Control

If you are undertaking clinical procedures or personal care tasks you must reduce the possibility of transferring infection by:

- Applying proper clinical practice or following any instructions given by your line manager or member of the clinical training team.
- Washing and drying your hands thoroughly after you finish with each services user.
- Changing gloves where required.

**Failure to use protective equipment or not using it for the purpose intended, i.e. for your safety and that of those people you come into contact with, may warrant action under the Trusts disciplinary process.**

## **APPENDIX 2 – TOP TEN TIPS FOR TIP TOP SKIN:**

1. Always read the label on a product before you use it.
2. Avoid skin contact with substances which may be harmful as much as possible.
3. Wear the correct gloves for the task and as instructed by your line manager or a member of the clinical training team.
4. Never wear gloves which are torn or share gloves with another person.
5. Never let liquids come in over the top of your gloves.
6. Wash hands after removing gloves.
7. Report immediately to your line manager any:
  - Skin irritation; or
  - Puncture wounds, cuts or abrasions which occur at work and obtain first aid if necessary.
8. Cover any cuts and wounds with waterproof self-adhesive plasters when at work and change at least daily.
9. Keep your skin clean but do not use abrasives to clean your skin. Wash or replace cotton liners if worn frequently.
10. Use the hand cream provided several times a day to keep your skin moisturised and avoid the use of shared hand cream / emollient as the container may be a vector of infection.

Staff experiencing adverse effects using any of the available skin cleansing products, creams or gloves products should contact their line manager for advice.

### **APPENDIX 3 – DERMATITIS: DEFINITION & GUIDELINES FOR PREVENTION:**

Dermatitis means inflammation of the skin usually characterised initially by irritation and redness. Contact dermatitis is a rash which usually develops as a response to a substance in contact with the skin. Normally, early identification of the condition and the implementation of appropriate management (possibly including removal from the substance causing the condition) results in the condition resolving. Prolonged exposure may however cause the rash to become chronic, even if the causative substance is removed. Early recognition and management of the condition is therefore of key importance.

Dermatitis can be prevented by following some simple rules:

- Almost any substance can damage your skin, even water.
- Skin protection applies to everyone.
- Do not wait for skin damage to occur. Prevention is better than cure. It is important to remember that the presence of dermatitis or other chronic skin condition increases skin scale shedding and thus increases the risk of shedding colonising or transient organisms from areas affected by dermatitis.
- The following are some substances which may irritate healthy skin: polishes, abrasive, hot water, detergents, disinfectants, bleach. Even having hands damp for long periods can contribute to dermatitis. Always rinse off skin contaminants, including soap promptly, and dry thoroughly.
- Protective gloves should be worn if using any of the above substances or where the job is wet in nature. If perspiration is a problem or where the gloves are worn for a long time, cotton liners should be worn inside the gloves if possible.
- Where water or other substances ingress over the cuff and into the glove, or if they are defective in any way, a fresh pair of gloves should be obtained immediately. Hands should be washed and dried well after the removal of gloves. If contamination occurs regularly, consideration should be given to the appropriateness of the glove. Gloves should be removed carefully to avoid contamination of the skin.
- Skin should be wet before soap or other hand washing solution is applied.
- The use of emollient cream is important to keep the skin in good condition. The cream should be applied at convenient times during the day and at the end of every working shift.
- With regards to rings, care should be taken when washing and drying hands to ensure that no soap is left under the ring and that the skin under the ring is well dried.
- Only the substances provided specifically for skin cleaning should be used.
- Hand towels should be non-abrasive, dye fast and with a maximum degree of absorbency.
- Any skin irritation or rashes must be reported immediately to line management who will contact Occupational Health.

**APPENDIX 4 – SKIN CONCERN / REPORT – MANAGEMENT PROCESS:**

