



# Family Nursing & Home Care

## **Staff Hand Skin Health Surveillance Policy**

**March 2023**

## Document Profile

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<b>Description</b>	<p>This document details the organisation's policy for monitoring the hand skin health in staff at risk of work-related dermatitis from:</p> <ul style="list-style-type: none"> <li>activities such as 'wet work'</li> <li>exposure to substances and equipment known to have the potential to adversely affect skin health</li> </ul>
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### Version control / changes made

Date	Version	Summary of changes made	Author
March 2023	1	New policy (not implemented)	As above
April 2023	1.1	Requirement for a Staff Hand Skin Health Surveillance Document to be commenced on starting employment changed to only when required i.e. problem identified.	Head of Quality and Safety

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## 1. INTRODUCTION

### 1.1 Rationale

As a provider of health and social care, some staff working for the organisation are at risk of work-related dermatitis. This may be due to frequent hand washing ('wet work') and/or the use of substances and equipment that have the potential to adversely affect skin e.g. disinfectants, latex. This link to the Health and Safety Executive provides further detail [Dermatitis in Health and Social Care \(hse.gov.uk\)](https://www.hse.gov.uk/dermatitis/)

It is not possible to eliminate all known risks to staff hand skin health, therefore Family Nursing & Home Care need to ensure that effective measures are in place to detect any issues that may arise. This will be achieved through a hand skin health surveillance programme that balances proactive and reactive skin health management practice. The health and safety of staff is an important responsibility for Family Nursing & Home Care and one mandated in the Health and Safety at Work (Jersey) Law 1989. Health surveillance assists the organisation in meeting the general requirements of this law.

### 1.2 Scope

This policy applies to all staff working for or on behalf of Family Nursing & Home Care who are identified as being at risk of work-related dermatitis. It also applies to the managers of those staff and other Family Nursing & Home Care staff involved in any part of the staff hand skin health surveillance programme.

### 1.3 Role and Responsibilities

#### Chief Executive Officer

The Chief Executive Officer has overall responsibility for health and safety within the organisation and for ensuring that Family Nursing & Home Care has in place the resources required for staff hand skin health surveillance.

#### Director of Governance and Care

The Director of Governance and Care is responsible for ensuring that there is an effective programme in place for staff hand skin-health surveillance. They are also responsible for monitoring adherence with health surveillance, the identification of trends and implementing mitigation measures for risks identified.

#### Head of Quality and Safety

As chair of the Health and Safety Group, the Head of Quality and Safety is responsible for providing the organisation with an overview of its compliance with the Health and Safety Policy including statutory requirements.

#### Human Resources Department

The Human Resources Department is responsible for supporting the Staff Hand Skin Health Surveillance programme through:

- ensuring the need for health surveillance has been considered for all roles
- communicating with the Occupational Health provider regarding new recruits
- sending relevant staff an annual email with screening questions
- when email responses are received, liaising with relevant Team Leaders/Line Managers
- holding Health Surveillance records for 40 years

## Registered Managers

Registered Managers of services are responsible for:

- identifying roles within their services that require hand skin health surveillance
- monitoring compliance with hand skin health surveillance within their areas
- ensuring the necessary remedial action is taken where issues with compliance are identified

## Team Leaders/Line Managers

Team Leaders/Line Managers are responsible for:

- discussing hand skin health with all relevant staff new to their team
- monitoring compliance with health surveillance measures and addressing non-compliance issues
- reviewing hand care practice with staff when they report skin problems
- signposting staff to self-care/good practice resources
- encouraging staff to seek medical review by their GP where this is required
- making appropriate referrals where this is required e.g. Occupational Health
- ensuring that staff are given time to attend appointments relating to hand skin health

## Staff

Staff are responsible for:

- adhering to the requirements of this policy
- accessing the resources provided to support good hand skin health
- adhering to good skin care practices; being aware that what they do outside of work may have a detrimental effect on their skin
- early reporting of hand skin problems to their Line Manager **and** via Assure
- responding to the annual email where skin problems have been an issue or if there have been relevant changes
- attending appointments relating to skin health e.g. GP, Occupational Health

## 2. POLICY

Roles where staff may be at risk of work-related dermatitis should be identified. All such staff working as part of Family Nursing & Home Care will be included in a hand skin health surveillance programme.

A range of proactive and reactive skin health management practices will be used to manage risks to hand skin health.

An organisational risk assessment will be in place for work-related dermatitis. Exposure controls will be reviewed and updated annually or when a need is identified.

### 2.1 Control of Substances Hazardous to Health (COSHH)

COSHH risk assessments should be available for products in use marked as:

- R38 'Irritating to skin'
- R43 'May cause skin sensitisation by contact'
- R66 'Repeated exposure may cause skin dryness or cracking'

or with new changes to labelling and packaging legislation:

- H315 'Causes skin irritation'

- H317 'May cause an allergic skin reaction'
- EUH 066 'Repeated exposure may cause skin dryness or cracking'

However, it is acknowledged that as most staff at risk of work related dermatitis will also be using products supplied by patients/clients when delivering care in their home, it is not possible/reasonably practicable to complete COSHH risk assessments for all products used. Staff therefore need to maintain an awareness of potential issues that the products they are using may cause.

## 2.2 Hand Skin Health Surveillance

Hand Skin health surveillance will include:

- assessing the skin condition of new recruits as part of the Occupational Health assessment
- training/instruction during the induction period for new recruits
- proactive self-monitoring and reporting by employees
- annual employee email with screening questions ([Appendix 1](#))

According to the Health and Safety Executive, this higher level of health surveillance is appropriate in the cohort of staff identified as at risk of work-related dermatitis due to frequent hand hygiene and unavoidable exposure to substances and equipment (HSEb, date unknown). As the majority of 'at risk' staff are either Registered Nurses or work within nursing teams, the use of a planned programme of visual hand inspections by a 'responsible person' has not been included in the health surveillance programme.

## 2.3 Training

Staff recognised to be at risk of work related dermatitis should receive training and/or instruction on:

- good skin care practices
- likely exposures and symptoms
- how (and to whom) to report such symptoms

Resources are available to support this requirement ([Appendix 2](#))

## 2.4 Retention of Records

All records relating to staff hand skin health surveillance that falls under the Control of Substance Hazardous to Health (COSHH) Regulations 2002 must be kept for 40 years from date of last entry (HSEc, date unknown; HSE 2022).

# 3. PROCEDURE

## 3.1 Recruitment and Induction

During the recruitment stage, successful applicants to roles deemed to be at risk of work-related dermatitis will undertake Occupational Health screening which will include an assessment of hand skin health. This will provide a baseline.

On induction, Line Manager to advise 'at risk' staff about maintaining good hand skin health, the need for reporting problems and the completion of an incident report on Assure. Also advise staff about the organisation's annual email of screening questions ([Appendix 1](#)) and the importance of responding if they answer 'yes' to any of the questions.. Staff do not need to respond if they have no concerns regarding their hand skin health and if there have been no relevant changes. The Line Manager should

signpost the staff member to the information resources in [Appendix 2](#) that can be found in the Health and Safety folder in Central Filing as well as in this policy. Staff should access these resources.

### 3.2 Self-Monitoring and Reporting

Staff at risk of work-related dermatitis should report to their line manager any concerns about their hand skin health. Early detection and reporting of problems is important. Occurrences of work-related dermatitis should also be reported via the Assure incident reporting system.

Reported incidents of occupational dermatitis and sick leave data relating to skin disease will be monitored quarterly at the Risk and Performance meeting.

### 3.3 Responding to Concerns

Line manager to:

- review the staff member's hand-hygiene practice and exposure to substances that could be causing harm. See [Appendix 4](#) for prompts
- consider if exposure to suspected irritants could be avoided or minimised
- ask about what the staff member does outside of work and tailor advice accordingly
- advise general self-care measures ([Appendix 2](#)) which the member of staff should implement

Where problems are of a more serious nature, are frequently recurring or are persistent, consider a review by the individual's GP or by Occupational Health.

Timely follow up should be undertaken and the outcome of any advice given recorded on the Staff Hand Skin Health Surveillance Record.

In some situations, it may be necessary to re-deploy the member of staff to an area where there is no requirement for 'wet-work' or contact with the irritant and/or sensitising substances. The Human Resources Department should be involved in any decisions to re-deploy.

A Staff Hand Skin Health Surveillance Record ([Appendix 3](#)) should be commenced/updated. Employees are free to request a copy of this record.

### 3.4 Annual Hand Skin Health Questions

Annually, the Human Resources Department will send all staff at risk of work-related dermatitis an email with questions relating to hand skin health ([Appendix 1](#)).

Only where staff answer 'yes' to one or more questions do they need to email a response. A deadline will be set for the return of all positive responses. Positive responses should be made within the set timeframe.

When no return is received, it will be understood that the individual has no concerns regarding their hand skin health and nothing has changed.

The Human Resources Department will collate all returns and inform the relevant Team Leader so appropriate action can be taken. This may include low level actions such as reiteration of good skin care advice or where problems are more serious, a referral to Occupational Health may be appropriate. See [section 3.3](#) above.

The Team Leader should commence/update the employee's [Staff Hand Skin Health Surveillance Record](#). If an employee moves to another team, the Team Leader should forward the record to the new Team Leader. Only when the employee leaves (or

moves internally to a role where they are no longer considered 'at risk') should the Staff Hand Skin Health Surveillance Record be sent to the Human Resources (HR) Department. These records must be retained for the statutory time (see [section 2.4](#)). See flow chart in [Appendix 5](#)

#### 4. CONSULTATION PROCESS

Name	Title	Date
Amanda de Freitas	Head of Human Resources	24/08/22
Claire White	Head of Quality, Governance and Care	24/08/22
Tia Hall	Registered Manager – Adult Nursing Services	24/08/22
Michelle Cumming	Registered Manager – Child and Family Services	24/08/22
Clare Stewart	Registered Manager – Rapid Response and Reablement	24/08/22
Teri O' Connor	Registered Manager – Home Care	24/08/22
Claire Whelan	Head of Information Governance and Systems	6/10/22
Lee Newall	Business Analyst	6/10/22
Luke Elliot (CopCoy)	Health and Safety Advisor (external)	24/01/23

#### 5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Meet with all Registered Managers, Heads of Human Resources and Information Governance and Systems and Director of Governance and Care to agree plans for roll out	Head of Quality and Safety	Within 2 weeks following ratification
Policy to be placed on organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	Once roll out plan is agreed
Forms/templates to be uploaded to Central Filing	Secretary/Administration Assistant (Quality and Governance Team)	When policy placed on PDL
Email to 'all users'	Secretary/Administration Assistant (Quality and Governance Team)	When policy placed on PDL and forms on central filing

#### 6. MONITORING COMPLIANCE

The Human Resources Department will monitor adherence to the Occupational Health Screening process for new starters. They will also monitor the return of the annual Staff Hand Skin Health Surveillance Questionnaire.



Incidents of work-related dermatitis will be monitored as part of the organisation's incident monitoring process.

Once embedded, an audit of the requirements of this policy/procedure will be undertaken to ensure compliance.

## 7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

### **Always:**

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. See [Appendix 6](#) for the Equality Impact assessment for this policy

## 8. GLOSSARY OF TERMS

### **Control of Substances Hazardous to Health (COSHH)**

This is UK legislation, however its requirements are followed by Family Nursing & Home Care as best practice.

### **Health Records**

A health record is a legal record of the outcome of health surveillance and it must be maintained for all workers under health surveillance. Health records must be kept for at least the period specified in the relevant regulations. Under the Control of Substances Hazardous to Health Regulations (COSHH) this is 40 years. Where regulations do not specify how long they should be kept for, the health record should be kept for at least the duration of the employee's employment. (HSE, date unknown)

**Health Surveillance**

Health surveillance is a requirement in specific circumstances when there is still some residual risk to worker's health despite the control measures put in place.

It involves the use of valid techniques that are precise enough to detect something wrong that could be caused by exposure to a health risk. Valid techniques are safe and practicable to conduct e.g. visual skin inspection.

**Wet-Work**

'Wet work' tasks in the workplace can cause dermatitis. Such tasks likely involve prolonged or frequent contact with water, particularly in combination with soaps and detergents.

## 9. REFERENCES

NHS Greater Glasgow and Clyde (2019) Managing Skin at Work Procedure, available at [Microsoft Word - Managing Skin at Work Procedure v7, 2019.doc \(nhsggc.org.uk\)](#) (accessed 20/05/22)

Health and Safety Executive (2022) Health Surveillance for Occupational Dermatitis; COSHH Essentials: General guidance; available at <https://www.hse.gov.uk/pubns/guidance/g403.pdf> (last accessed 08/02/23)

Health and Safety Executive (date unknown a) Skin at work, [HSE: Skin at work](#) (accessed 23/05/22)

Health and Safety Executive (date unknown b) Health and Social Care Frequently Asked Questions [Health Services - Frequently asked questions](#) (accessed 13.07.22)

Health and Safety Executive (date unknown c) Health Surveillance – Recordkeeping; [Health surveillance - Record keeping \(hse.gov.uk\)](#) (accessed 13/07/22)

Health and Safety Inspectorate (2014) Occupational health and hygiene: information for employers; [Occupational health and hygiene: information for employers \(gov.ie\)](#) (accessed 23.05.22)

## 10. APPENDIX

### Appendix 1 Hand Skin Health Surveillance Screening Questions

**In the last 12 months, have you:**

- been concerned regarding redness/dryness/swelling/cracking/flaking/scaling/blistering/itching/bleeding of **fingers, hands, wrists** or **forearms**
- had skin issues affecting other parts of the arms or of the face e.g. redness, swelling, itching (excluding facial acne, shaving rash)
- had a new diagnosis of latex allergy

If you answer 'yes' to any of the above questions, please respond using the 'yes' button by **XXX**.

**You do not need to make a response** if none of the questions apply to you. When no return is received, it will be understood that you have no concerns regarding your hand skin health and nothing has changed.

The Human Resources Department will inform your Line Manager if you submit a 'yes' response. Your Line Manager will arrange to talk to you about the issue/s you have highlighted. In some cases, a referral to Occupational Health may be suggested or you may be advised to see your GP.

For further information, please see the Staff Hand Skin Health Surveillance Policy on the Procedural Document Library <https://www.fnhc.org.je/procedure-library/> .

## **Appendix 2 Staff Information Resources**

[hand\\_dermatitis\\_pocket\\_guide.pdf \(nhsggc.org.uk\)](https://www.nhs.uk/healthcareworkers/hand-dermatitis/pocket-guide/)

[RCN Signs of Work Related Dermatitis](#)

## Appendix 3 Staff Hand Skin Health Surveillance Record

### Staff Hand Skin Health Surveillance Record

Please avoid printing this document – complete electronically.



<b>Name of Employee:</b>		<b>Date of Birth:</b>	<b>Payroll Number:</b>
<b>Service:</b>	<b>Team:</b>	<b>Job title:</b>	
<b>Date commenced employment in current role:</b>		<b>Signposted to Relevant Resources</b>	(delete as appropriate) Yes / No      Date:

Date (update if exposure changes)	Glove use (state type)	Other substances/material with risk phrases* R38, R43, R66 or H315, H317, EUH 066	Handwashing >20 times/day Yes/No

**Health Record** (All 'at risk' staff are sent an annual screening questionnaire. Where concern is raised at any time, complete this section)

Date	Assessment	Action taken	Name of Assessor	Outcome (Include date outcome recorded and who recorded it if different from the Assessor)

\*see section 2.1 of the Hand Skin Health Surveillance Policy re explanation of the risk phrases

This document should be sent to the employee's new Line Manager if they move teams or transfer to another clinical department within Family Nursing & Home Care (if still considered 'at risk' of work-related dermatitis). Return it to the HR Department when the employee leaves the organisation or is no longer considered 'at risk' of work related dermatitis.

This health record MUST be stored for 40 years from date of last entry. It should be made available for inspection by the Health and Safety Inspectorate (HSI) etc.

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## Appendix 4 Prompts for Responding to Hand Skin Health Concerns

Observe the staff member's hands and ask about the symptoms they are experiencing or have experienced in the last 12 months.

Ask about their current hand skin health self-care practice

What substances/equipment do they use or might be exposed to? Examples may include:

- soap products
- alcohol gel
- surgical scrub
- latex gloves or other latex products
- non-latex gloves
- workplace moisturiser

Ask about other substances that they may use e.g. detergents/disinfectants

Are there any substances at home or work that affect their skin?

Is there any pattern to the skin problems they are experiencing e.g. gets better when not at work?

### Advice

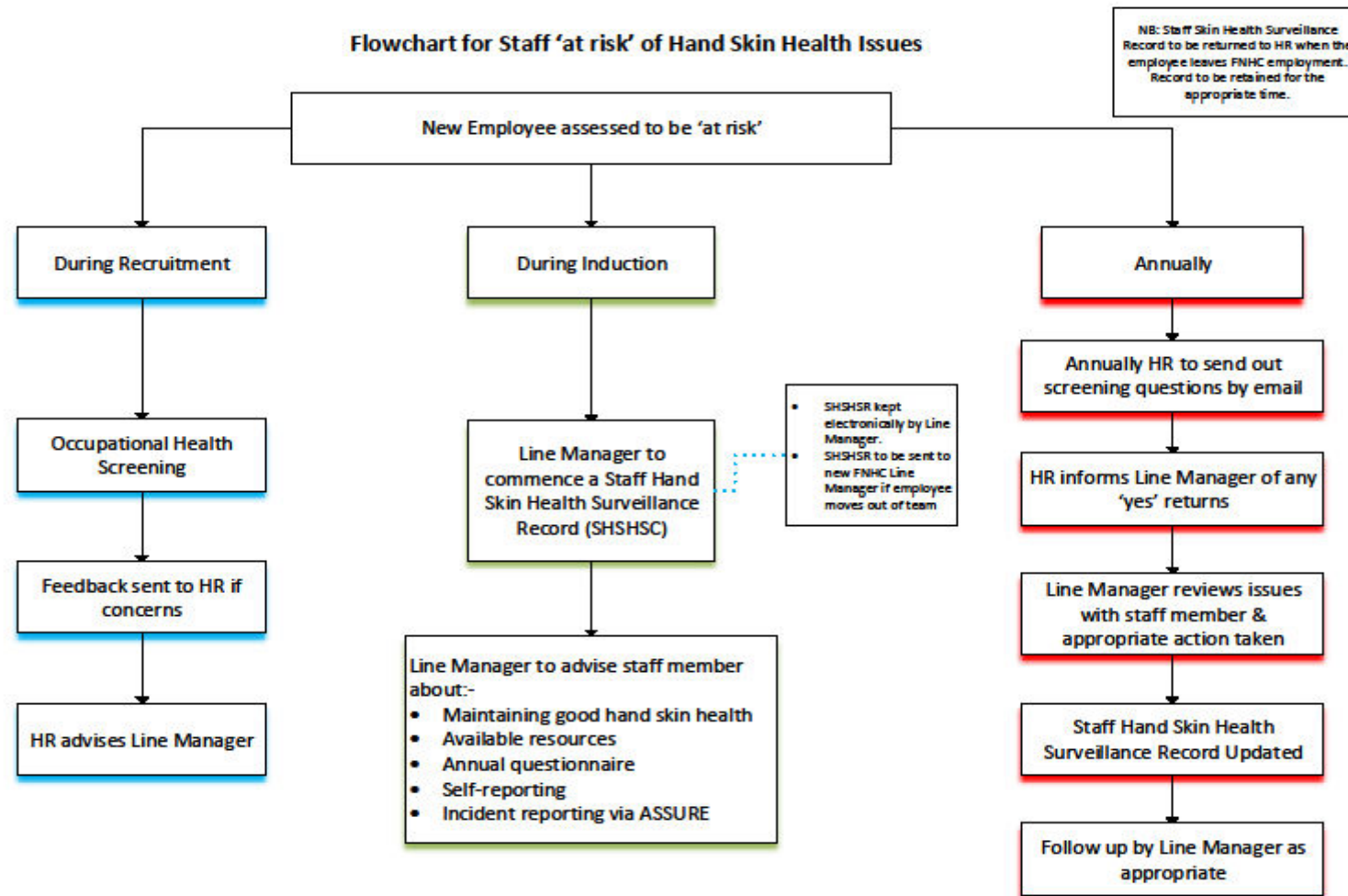
Advice will depend upon suspected cause and/or severity of the issues experienced. Options may include:

- considering if exposure to suspected irritants could be avoided or minimized
- advising general self-care measures ([Appendix 2](#)) which the member of staff should implement
- considering if they need to be advised to see their GP
- considering if referral to Occupational Health is required

### Follow-Up

Timely follow up should be undertaken and the outcome of any advice given recorded on the Staff Hand Skin Health Surveillance Record.

## Appendix 5 Staff Hand Skin Health Surveillance Flow Chart





## Appendix 6 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Staff Hand Skin Health Surveillance Policy			
Date of Assessment	15.07.22	Responsible Department	Governance and Quality
Name of person completing assessment	Elspeth Snowie	Job Title	Clinical Effectiveness Facilitator
<b>Does the policy/function affect one group less or more favourably than another on the basis of :</b>			
	<b>Yes/No</b>	<b>Comments</b>	
• Age	no		
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	no		
• Ethnic Origin (including hard to reach groups)	no		
• Gender reassignment	no		
• Pregnancy or Maternity	no		
• Race	no		
• Sex	no		
• Religion and Belief	no		
• Sexual Orientation	no		
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2			
Stage 2 – Full Impact Assessment			
What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer
Monitoring of Actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			