

Skin at work – are you aware of your responsibilities?

At the end of February 2015, the HSE confirmed the Royal Cornwall Hospitals NHS Trust was to be fined after failing to take suitable measures to prevent work-related skins conditions, a breach of the Management of Health and Safety at Work Regulations. The HSE stated the Trust 'failed to have adequate management systems in place to prevent dermatitis, a recognised condition in the health sector and to deal with it when it arose'. The fine was £10,000 and in addition they were ordered to pay costs approaching £10,000.

A high prevalence of dermatitis was discovered during an inspection by the HSE, when it was identified cases had not been reported to them; a legal requirement under RIDDOR. Other serious failings included:-

- Despite the known risk there was limited information for staff on effective but simple measures to avoid the hazards associated with poor skin such as drying hands fully and regularly applying moisturisers;
- The Trust failed to carry out regular checks of employees to detect any symptoms of dermatitis or other skin issues;
- When symptoms were reported the advice from the occupational health team was simply to refer individuals to their own GP rather than taking action internally.

Occupational skin conditions are generally classed into two groups. **Irritant contact dermatitis** develops when an irritant substance comes into contact with skin in sufficient quantities over a period of time. It causes damage to skins cells usually in the hands causing swelling, flaking, blistering and cracking. Water and repeated hand washing are a known irritant in health care settings.

Allergic contact dermatitis is caused by a reaction to a substance which causes inflammation, usually a rash.

Advice for employers

- Provide hand hygiene products – gentle soaps that are both effective and minimise the risk of skin disease;
- Provide good hand hygiene facilities (good quality soft paper towels);
- Provide emollients in suitable dispensers to prevent cross contamination;
- Train employees in correct hand cleaning and skin care measures;
- Make individuals aware of the early symptoms of dermatitis such as itchy, dry or red skin and ensure they are aware to report such symptoms to a supervisor;
- Consider a system of skin checking to ensure preventative measures are working.
- Refer individuals to occupational health if they develop skin issues

For access to further guidance with a range of posters and leaflets click here <http://www.hse.gov.uk/skin/index.htm>

Occupational Vaccinations for Health Care Workers - Guidance from the Green Book

Workplace Health and Wellbeing are often contacted by employers and asked for guidance on the necessity of vaccinations for specific employment groups. The following article confirms your obligations to protect your teams in your Practice. This information also links closely to the guidance we provided in the spring 2015 version of the newsletter and your occupational health obligations under CQC. For access to a previous copy of the newsletter click here

<http://www.norfolkwaveneylmc.org.uk/library/occupational-health-newsletters/>

Occupational vaccinations are a requirement under the Health and Safety at Work Act where employer and employees have specific duties to protect, so far as reasonably practicable, those at work and others who may be affected by their work activity. Employers need to be able to demonstrate that an effective employee immunisation programme is in place, and they have an obligation to arrange and pay for this service. It is recommended that immunisation programmes are managed by occupational health services with appropriately qualified specialists.

What would a suitable immunisation programme be for your team?

Staff involved in Direct Patient care

This includes staff who have regular clinical contact with patients and who are directly involved in patient care. This includes doctors, dentists, midwives and nurses, paramedics and ambulance drivers, occupational therapists, physiotherapists and radiographers. Students and trainees in these disciplines and volunteers who are working with patients must also be included.

In addition to routine vaccinations (**diphtheria, tetanus and polio**), staff are required to have **MMR, VZV and TB immunity**.

The MMR vaccine is especially important in the context of the ability of staff to transmit measles or rubella infections to vulnerable groups. While healthcare workers may need MMR vaccination for their own benefit, they should also be immune to measles and rubella in order to assist in protecting patients.

BCG vaccine is recommended for healthcare workers who may have close contact with infectious patients.

Hepatitis B vaccination is recommended for healthcare workers who may have direct contact with patients' blood or blood-stained body fluids. This includes any staff who are at risk of injury from blood-contaminated sharp instruments, or of being deliberately injured or bitten by patients.

Varicella Zooster vaccine is recommended for susceptible healthcare workers who have direct patient contact. Those with a definite history of chickenpox or herpes zoster in the UK can be considered protected. Anyone who originates from overseas should be blood tested to assess immunity.

Influenza immunisation helps to prevent influenza in staff and may also reduce the transmission of influenza to vulnerable patients. Influenza vaccination is therefore recommended for healthcare workers directly involved in patient care, who should be offered influenza immunisation on an annual basis.

Post-exposure management Specific additional measures may sometimes be required following an incident where exposure to an infected individual, pathogen or contaminated instrument occurs. Advice should be sought from an occupational health department or from the local microbiologist or other appropriate consultant.

Non-clinical staff in healthcare settings

This includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care. This group includes receptionists, ward clerks, porters and cleaners.

Routine vaccinations. All staff should be up to date with their routine immunisations, e.g. **tetanus, diphtheria, polio and MMR**. The **MMR vaccine** is especially important in the context of the ability of staff to transmit measles or rubella infections to vulnerable groups.

BCG vaccine is not routinely recommended for non-clinical staff in healthcare settings.

Hepatitis B vaccination is recommended for workers who are at risk of injury from blood-contaminated sharp instruments, or of being deliberately injured or bitten by patients

Varicella Zooster vaccine is recommended for susceptible healthcare workers who have regular patient contact but are not necessarily involved in direct patient care

For further guidance on occupational immunisation programmes for your staff teams please contact us.



Was this information of use?

*Are there any occupational health other concerns your Practice requires advice on?
Does your Practice know about the breadth of occupational health services offered to all NHS GP and Dental Practices in Norfolk **FREE** at the point of contact...?*

For further information on how we can support the health and wellbeing of your organisation please contact our Business Managers,

Rachel Hunt or **Jane Egle** on **01603 286840 / 286667** or visit;
www.workplacehealthandwellbeing.co.uk for further information.

*For electronic access to this newsletter and previous versions, please log onto
www.nnuh.nhs.uk/Publication.asp
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'Occupational Health News'.*