

Health and Safety Executive		Sector Information Minute	
		SIM 07/2006/13	
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Target Audience:

FOD Inspectors who cover dental practices;
Occupational Health Inspectors, Medical Inspectors;
HSAOs

PREVENTING DERMATITIS: INSPECTIONS IN DENTAL PRACTICES

This SIM covers FOD Operational Inspection Work in support of the Disease Reduction Programme – Skin Disease Project 2006/7 – Health Services (dentists and dental nurses). The inspections are aimed at raising awareness of work-related contact dermatitis as an issue among dentists and dental nurses, and advising on good practice control.

AIM

1 The aim of this project is to:

- Raise awareness of dermatitis in dentists and dental nurses;
- Determine if the risk of work-related contact dermatitis has been identified, adequately assessed and that steps have been taken to control the risk;
- Change attitudes and behaviours to bring about the adoption of good practice.

BACKGROUND

2 This activity is part of the Skin Disease Project within HSE's Disease Reduction Programme (DRP). The DRP aims to contribute to the FIT3 ill-health reduction targets by achieving a 2.4% reduction in the incidence of chemically induced ill health. The Skin Disease Project aims to achieve a 10% reduction in the incidence of work-related contact dermatitis by 2007/8 compared with 2003/4.

3 It is estimated that there are over 8 400 new cases of work-related contact dermatitis each year in Great Britain. Dentists and especially dental nurses

have been identified as having very high incidence rates of work-related contact dermatitis compared with the all industry average.

4 Data from EPI-DERM (HSE's surveillance scheme for occupational contact dermatitis) shows that some of the causes of work-related contact dermatitis in dentists include exposure to 'acrylics and resins', 'wet work' and (incorrect use of) personal protective equipment (PPE) - gloves. In dental nurses the main causes of work-related contact dermatitis are PPE and wet work.

- As a guide to what is wet-work, this can be taken to mean having wet skin for more than two hours a day or handwashing more than 20 times a day;
- Skin changes, which may lead to work-related contact dermatitis, can arise from the effects of skin occlusion by PPE (gloves) or skin reactions to the materials from which the PPE is made. See Inspection Dermatitis Topic Pack for more details.

5 The Skin Disease Project will be delivering a wider communications campaign in 2006/2007, targeted at a range of occupational groups including to the dental sector, to promulgate information and advice about preventing occupational contact dermatitis.

6 This project is aimed at reducing work-related contact dermatitis within these occupational groups without compromising other issues such as hygiene and infection control.

ACTION AND RESOURCE REQUIRED

7 To support the Disease Reduction Programme - Skin Disease Project 2006/07 - it has been agreed that FOD will allocate the following resource to dental practices nationally:

- 100 days Band 4 Inspectors;
- 110 days Occupational Health Inspectors and Occupational Hygienists;
- 400 days HSAOs;
- 25 days Medical Inspectors.

8 At FOD's request, the method of delivery of this intervention (inspections, SHAD-type events, workshops, or combinations) is for regions to decide. To help in the selection of practices to target, lists of dentists undertaking all or part of their work for the NHS are attached at Appendices 1 (England and Wales) and 2 (Scotland). These are listed in postcode order and will be available shortly.

9 Priority should be given to reaching practices with 3 or more dentists, as these premises are likely to have a practice manager. The intervention aims to reach 415 practices in total.

GUIDANCE

10 A Dermatitis Inspection Topic Pack is currently being developed and this will give further details and guidance on the key regulatory issues to cover at the inspection/visit.

11 Poor compliance should result in enforcement action in accordance with the HSC Enforcement Policy Statement and the Enforcement Management Model.

12 Any enforcement action taken should reflect the new emphasis in Regulation 7 of COSHH 2002 (as amended) to apply the principles of good control practice when controlling exposure to substances hazardous to health - Schedule 2A provides details on what is required.

13 Inspectors are also requested to discuss the use of latex gloves within each practice. Operational guidance on the use of natural rubber latex in healthcare is available in SIM 07/2003/24. In general, natural rubber latex gloves should be substituted with those made from another synthetic material. However, if it has been identified that there is a need for natural rubber latex gloves to be used then to minimise latex exposure, they should be "low protein and powder-free".

14 A list of Dental Practices in England and Wales and Scotland will soon be made available on the intranet pages of the Disease Reduction Programme.

RECORDING

15 Inspectors should report on this intervention using IRF and COIN, recording under RCI: DR dermatitis.

16 Examples of any action plans, best practice and other noteworthy information should be forwarded to George Cartlidge (contact details below) as this information will be used to support and promote any future initiatives in this sector.

INSPECTOR TRAINING

17 The Disease Reduction Programme team will deliver training for FOD Band 4 staff on all operational aspects of its programme in June/July 2006.

COMPLETION DATES

18 It is expected that this intervention should be delivered between March 2006 and March 2007.

HEALTH AND SAFETY

19 Inspection of dental practices has the potential to expose HSE staff to a range of hazards. In particular exposure to hazardous substances and asphyxiants, biohazards, microbiological and ionising radiation hazards should be considered at every visit.

20 Relevant Health and Safety Supplements (all of which are available on the Intranet under 'Your health and safety') are:

- Hazardous substances and asphyxiants: "Hazardous Substances and Asphyxiants - dealing with the risk of exposure";
- Biohazards: "Blood Borne Viruses and Needlestick/sharp injuries dealing with the risk of exposure ";
- Microbiological hazards: "Microbiological hazards when visiting sites".

RCI INDICATORS

21 Guidance on RCI Score is given in Appendix 1.

FURTHER ADVICE

22 For further information please contact George Cartlidge (VPN 523 3820) or Bob Rajan (VPN 523 3318). E-mail skinproject@hse.gsi.gov.uk.

APPENDIX 1

WORK-RELATED CONTACT DERMATITIS: RISK CONTROL INDICATORS (RCI)

ASSESSMENT SCALE			
Each risk control indicator should be assessed against the following 1 - 4 scale. A score of 1 must satisfy all the appropriate criteria of the risk control indicator.			
1	2	3	4
Full compliance in areas that matter	Broad compliance in areas that matter	Some compliance in areas that matter	Limited or no compliance in areas that matter

Work-related contact dermatitis	
a. Management system	Effective organisation and management arrangements including adequate risk/COSHH assessment, provision of information, instruction, training and supervision. Evidence of management commitment to preventing work-related contact dermatitis and arrangements for review.
b. Control strategy	Control hierarchy considered and applied. Substitution considered and effected where possible. Where appropriate, adequate engineering controls provided, used, maintained, examined and tested at suitable intervals. Suitable PPE (e.g. gloves, overalls) provided, worn and stored correctly, suitably cleaned and well maintained. Appropriate instruction and training provided in proper use of engineering controls and PPE.
c. Health surveillance	Health surveillance has been considered, and where deemed to be necessary, is provided by a competent person, everyone requiring it has been included, it is repeated as necessary and health records are kept. Cases of work-related dermatitis are reported under RIDDOR.