

Summary findings of the dermatitis inspection project 2008/09

Prevention and management of work-related contact dermatitis in the NHS acute sector

Introduction

In 2008/09, HSE specialist inspectors (occupational health) undertook a project to examine arrangements for the prevention and management of work-related contact dermatitis (WRCD) in acute sector NHS premises. The dutyholders of 44 organisations were visited, representing approximately one-third of acute sector trusts (England and Wales) and health boards (Scotland).

Work-related contact dermatitis is recognised as a significant hazard within the healthcare sector. An HSE survey in 2005/06 indicated that 1 in 5 nurses (80 000) reported work-related skin problems. This is about two orders of magnitude higher than previously estimated based on the 2005/06 Self-reported Work-related Illness survey (SWI).

Suitable and sufficient arrangements for the prevention and management of work-related ill health, including dermatitis, are required under the Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH).

This summary report presents the findings and recommendations from the full inspection report. For further information on the project please view the full report *Dermatitis inspection report 2008/09: Prevention and management of work-related contact dermatitis in the NHS acute sector*.

Summary

The arrangements for the prevention and management of WRCD and compliance with the relevant requirements of COSHH 2002, such as assessment and identifying control measures, were generally found to be poor. There was little evidence of monitoring, audit or review of health policies, where such policies existed.

Omissions or deficiencies in terms of policy, procedures and arrangements for reporting dermatitis under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) were identified. For example, in some organisations it was not clear who was responsible for reporting work-related ill health resulting in cases which were identified but not reported.

Considerable variation was demonstrated in the level of involvement of occupational health services (OHSs) in the management and diagnosis of individual cases of dermatitis. Where such services were outsourced, they made significantly less contribution to the organisation's health and safety management arrangements overall.

Project

Specialist inspectors reviewed the health-related policies and procedures provided by each organisation and interviewed key staff involved with the management of health and safety, ie managers at various levels, health and safety, occupational health staff and procurement. Employee and worker representatives were also interviewed. The project did not examine the management of chemical hazards or the action taken to eliminate or substitute substances hazardous to health. Following the visit, each organisation received a report of the findings in the form of a 'strengths and weaknesses' report which set out the actions needed to improve arrangements for prevention and management of contact dermatitis.

Key findings

- Forty organisations (91%) were unable to identify actual (or approximate) incidence of dermatitis or skin problems.
- 70% had an incomplete or flawed system either for identifying cases of dermatitis, or for reporting diagnosed cases under RIDDOR.
- 46% of healthcare staff questioned had problems with their skin. Symptoms ranged from dry skin to dermatitis.
- 91% of organisations' risk assessments failed to differentiate between the generic risk situation, which could be assessed centrally, and those specific to job or location.
- Various glove types, sterile and non-sterile, including latex, were found to be in use. Latex glove use ranged from 3% to 95%. 'Glove use' policies were found in 22 organisations, although these policies failed to inform staff of activities where gloves were not required.
- Only 10% of organisations had either considered the full impact on staff of hand washing policies, including use of alcohol gels, or had management systems in place to assess, monitor or review the effects.
- 34% of organisations provided employees with information, instruction and training regarding hand washing and use of alcohol gels. However, instruction about the signs and symptoms, prevention and control of dermatitis was not generally included in this training despite the significant level of risk.

In addition:

- Organisations made limited use of their occupational health services to assist in the prevention or management of WRCD.
- Only 3 organisations out of 44 had integrated the services of occupational health in the health and safety management system to prevent or manage work-related contact dermatitis.
- None of the occupational health services visited provided ill-health data on dermatitis (or other work-related health issues) to the organisations. Advice and guidance were provided to individuals and managers only if requested.

Recommendations

Organisations should develop improvement action plans to address the management of dermatitis risks to staff, paying particular attention to:

- providing a written policy with clear lines of accountability;
- carrying out suitable and sufficient risk assessments;
- ensuring staff are trained and competent to undertake the assessments;
- ensuring the hierarchy of COSHH is followed, ie elimination, substitution or control of exposure to substances hazardous to health, including latex;
- ensuring appropriate monitoring arrangements are in place and followed.

Organisations should review their policies and arrangements for RIDDOR reporting, paying particular attention to:

- ensuring they have a robust mechanism for identifying and reporting work-related contact dermatitis;
- reviewing the specific role line managers and others such as human resources, health and safety and occupational health services play in the reporting and investigation process once WRCD has been identified;
- reviewing how employee ill-health data is collected, monitored and used proactively.

Organisations should review the contribution their occupational health service provider makes to their arrangements for the prevention and management of health risks, paying particular attention to:

- involving the OHS in the development and review of policies and procedures;
- identifying and agreeing the specific proactive contribution the OHS can make;
- specifying clear reporting arrangements in terms of reports of ill health, trends, data etc to senior management;
- ensuring there are written in-house policies, procedures and standards against which the provider works and is audited.

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