

# G403

COSHH Essentials:  
General guidance

## Health surveillance for occupational dermatitis

### Control approach 4: Special

This information will help employers (including the self-employed) comply with the Control of Substances Hazardous to Health Regulations 2002 (COSHH), as amended, to control exposure and protect workers' health. It is also useful for trade union safety representatives.

The sheet describes specialist advice on health surveillance for occupational dermatitis.

It sets out what you should expect from a health surveillance provider.

Health surveillance should identify if your workers have any of the following skin symptoms:

- Itching
- Scaling/flaking
- Dry or cracking skin
- Skin colour changes
- Blistering
- Weeping
- Soreness

Workers should also understand the importance of reporting these symptoms if they occur. A clear system should be in place for who they report these symptoms to.

#### Introduction

- Exposure to skin sensitisers or repeated exposure to skin irritants can lead to occupational dermatitis (OD). It is an important and common type of work-related ill-health.
- If skin becomes sensitised, exposure to a small amount of the relevant substance can trigger a severe reaction.
- If you detect the signs of OD early and modify a worker's exposure, the risk of developing long-term (irreversible) skin problems is reduced.

#### Main causes

- Epoxy resins, latex, solvents, chemicals used in rubber manufacture, soaps and cleaning products, metalworking fluids, cement, enzymes, wood and irritating chemicals.
- Hand immersion ('wet work'), particularly multiple washing of hands using soap or detergent.
- Prolonged glove use.

#### High risk occupational groups

These include construction work, health service work, rubber processing, printing, paint spraying, agriculture, horticulture, electroplating, cleaning, catering, hairdressing and floristry.

#### What is health surveillance?

- Health surveillance is a risk-based scheme of repeated health checks for the early identification of ill-health caused by work (eg OD).
- You should not use health surveillance instead of doing a risk assessment or using effective exposure controls.
- You should feed results from health surveillance into your risk management system.
- Where OD is identified in a worker you must review your risk assessment and controls, taking into account any advice given, for example, by an occupational health professional.
- Health surveillance is not the same as health promotion or health screening.

#### Planning and preparation

Plan what you are going to do if a worker reports symptoms of OD. This includes:

- referring workers for further assessment of their symptoms by a suitable health professional eg in occupational health;
- how workers diagnosed with OD will be managed at work, such as reducing exposure to the relevant cause or working in an alternative role;
- ensuring your workers are aware of your plans.

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### When health surveillance is required

Health surveillance should be considered where there is:

- exposure to the main causes of OD (above) or substances and processes where OD is a known problem;
- exposure to substances labelled:
  - H315 'Causes skin irritation.'
  - H317 'May cause an allergic skin reaction.'
- reliance on Personal Protective Equipment (PPE) in workers exposed to substances which may cause OD; or
- a confirmed case of OD in your workers.

### What a suitable health surveillance scheme should look like

- You will need to involve an occupational health professional (doctor or nurse) who has the relevant competence, skills and experience for the health risks in your business. They will help you develop your health surveillance scheme and they can train responsible persons (see below) to help deliver it.
- Workers' skin health should be assessed before exposure, but if not, as soon as possible after exposure starts (for example within six weeks) to provide a baseline.
- You must have ongoing assessments at appropriate frequencies; for example, annually. Your occupational health professional can advise you on how frequently you should do this.
- Health surveillance involves an appropriate questionnaire and a relevant skin inspection (for example of the hands, forearms, face and, if these can be contaminated, lower legs).
- In circumstances where there is:
  - only occasional exposure to a known cause of OD; or
  - adequate control of exposure with no evidence of health problems at health surveillance (questionnaire and skin checks) over a representative time period;an annual skin questionnaire and keeping a health record may be adequate.
- Occupational health professionals should interpret the health surveillance results for both individuals and groups of similarly exposed workers, taking into account any previously available results. This allows you to identify any need to revise your risk assessment, review exposure controls, and where necessary move workers to alternative roles.
- You should ensure that your risk management system allows workers to report any symptoms that occur between assessments. This could be either to your responsible person or occupational health professional.
- A 'responsible person' is a worker you appoint who is trained and supported by an occupational health professional. You should always consult with your occupational health professional if you decide to use a responsible person as part of your health surveillance scheme.

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- You must keep a health record for each worker under health surveillance and also encourage them to keep a copy of their results in case they change jobs.
  - Your risk management system should ensure that concerns raised by employees are investigated and that any relevant sick leave data is taken into account. This can help highlight cases of occupational skin disease and any issues with working practices.

### Record keeping for Health Surveillance

- You must keep a health record for each worker under health surveillance which includes:
  - the worker's name and address;
  - national insurance number;
  - products or process(es) they work on;
  - date exposure started and its frequency and duration;
  - what personal protective equipment (PPE) is used; and
  - the results of any health surveillance.
- These health records should be kept securely for at least 40 years from the date of the last entry.

### Further information

For further information visit [www.hse.gov.uk/](http://www.hse.gov.uk/) and search for 'health surveillance' and 'occupational health' and 'Work-related skin disease statistics in Great Britain.'

Further information on medical aspects of occupational skin disease can be found via <https://www.hse.gov.uk/pubns/priced/ms24.pdf>

For information about health and safety visit <https://books.hse.gov.uk> or <http://www.hse.gov.uk>

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