Occupational Health Unit

Skin Surveillance Procedure

Effective from:

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Prepared by
Approved by

Review Dates: Year 1 Year 2 Year 3

Signature
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Respiratory Surveillance Procedure

Purpose

To provide a procedure for skin health surveillance that establishes baseline data and subsequently monitors personnel who may be, or have the potential to be, exposed to substances hazardous to health (as defined within the Control of Substances Hazardous to Health Regulations (2002). In particular substances that may cause occupational dermatitis. Periodic review of health surveillance results will assist in determining the effectiveness of control measures put in place by the University. This procedure enables the University to comply with the applicable legislation and reflects evidence – based practice.

Scope

This procedure applies to all University of Edinburgh employees and individuals who utilise the Occupational Health Department.

Standard

In line with the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 employers have a duty of care for the health, safety and welfare of their employees.

Regulation 6 of the Management of Health and Safety at Work Regulations 1999 states that;

“every employer shall ensure that his employees are provided with such health surveillance as is appropriate having regards to the risks to their health and safety which are identified by the risk assessment”

Regulation 11 of the “Control of Substances Hazardous to Health Regulations (2002) (as amended) obliges employers to provide health surveillance where:

- Employees are, or are likely to be, exposed to particular substances as listed in Schedule 6 of the Regulations
- There is a reasonable likelihood that an identifiable disease or adverse health effect will or may be related to exposure
- There are valid techniques for detecting indications of the disease or effect

As part of the risk assessment process appropriate control measures must be identified to prevent the exposure to identified hazards. Where there is a potential exposure to a hazardous substance personal protective equipment, to include respiratory protective equipment (RPE) will be used as a last resort. The Personal Protective Equipment Regulations (1992) state that personal protective equipment shall not be suitable unless it takes account of the person(s) who may wear it.
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The OHNA is required to:

- Where COSHH risk assessments and occupational hygiene reports have indicated actual/potential exposure to skin irritants or sensitisers, consult with the appropriate managers to obtain confirmation of the work areas and processes.

- Provide health surveillance for employees.

- Send appointment health surveillance letter to employees advising of date and time.

- A copy of this letter will be kept in the employee’s health surveillance record.

- Inform employees of the outcome of health surveillance and determine fitness to continue in current role.

- Arrange follow-up investigations if required e.g. examine COSHH assessments in preparation for OHP appointment, facilitate appointment for patch testing, collecting all applicable risk assessments/data sheets/work profile etc.

- Report the outcome of health surveillance to the appropriate manager within the bounds of medical confidentiality.

- Input the assessment results into OPAS enabling the analysis of trends and the production of robust health data. This assists in periodically determining the effectiveness of risk control measures.

The OH Physician (OHP) is required to:

- Where all appropriate health surveillance and referral has been carried out, make formal diagnosis of a work related skin disease.

- Send formal notification to the University of any reportable events under RIDDOR. Reporting is only required where the precise description and believed cause is listed in Schedule 3 of the Regulations.

- Where skin surveillance is abnormal, advise on fitness for continued exposure to substances causing skin symptoms/condition.

- Where skin surveillance results are abnormal and the employee is still considered fit for role, advise on frequency of subsequent health surveillance.

- Notify a confirmed diagnosis of Occupational Dermatitis to the University.
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Procedure

To help comply with the requirements of the Control of Substances Hazardous to Health Regulations 2002 (COSHH) which state that affected employees: “should be under suitable health surveillance and the degree of this surveillance should be related to the degree of risk identified by COSHH risk assessment”

Health surveillance shall be offered to all employees who handle or are exposed to any substance, as defined by the Control of Substances Hazardous to Health Regulations 2002 (COSHH), that carries a risk phrase indicating that it may be harmful to human skin. This specific information should be contained within the risk assessment. The health surveillance will be carried out by a suitable qualified/competent person within the Occupational Health Department. In addition to knowledge of the presence and the effects of skin irritants, sensitisers etc and the technical aspects of skin assessment, the competent person must be fully conversant with the types of PPE, in particular gloves and skin protection equipment used within the particular setting.

Initial or Baseline Skin Health Surveillance

Questionnaire will be completed:

- At pre-employment or within 12 weeks of commencement for new employees to a role with the potential for exposure to skin irritants/ sensitisers and/or those identified as requiring skin protection.

- Prior to beginning work or within 12 weeks for employees transferring to a new role within the University with the potential for exposure to skin irritants/ sensitisers and/or those identified as requiring skin protection.

Review Skin Health Surveillance

- At 12 weeks into role a skin questionnaire will be sent out to the individual and the results recorded in the comments box section of baseline questionnaire.
- Annual completion of questionnaire by way of face to face appointment.
- More frequent monitoring may be required depending on the outcome of individual assessment.

The OHNA should either:

Where the individual has not met the agreed criteria for fitness-

- Make a direct referral to the OHP and:
- Obtain consent from the employee to allow his/her GP to provide a medical report.
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Results Requiring Discussion With, Or Referral To, OHP

- Employee has not met the agreed criteria for fitness.
- Where there may be an impact of a potential exposure on any existing medical condition.
- Where the wearing of PPE is having an effect on any existing medical condition.

Notification and Recording of Results

- At each assessment the employee will be informed of their results verbally by the competent person and advised when they require review or further follow up by either OHP or own GP. The employee is asked to sign the questionnaire to acknowledge his/her understanding of the results.
- The HSE leaflet “Preventing contact dermatitis at work” will be given to each employee to comply with COSHH Regulation 12 – provision of information.
- Managers will be notified of the employees’ fitness for role using the standard fit slip.
- Where the employee is considered by the OHP to be unfit for such work the manager will be informed and suitable work adjustments or alternative work will be discussed in conjunction with the employee.
- Following every assessment the employee’s health surveillance record card must be updated. This record is not deemed to be confidential in nature and can be viewed by managers and external bodies for the purpose of audit and inspection. The outcome of the Skin Assessment will be recorded as fit or unfit on the record and no clinical examination details should appear.
- On completion of the assessment the skin assessment results and recall interval will be entered into the OPAS system

Non-attendance for Skin Health Surveillance

If the employee fails to attend a second appointment a letter will be sent notifying the manager of this fact. A recall date of 1 year will be entered into OPAS to ensure OH continue to provide an annual appointment. Copies of the appointment letters must be stored in the employee’s health surveillance record.
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Exit Health Surveillance

An exit assessment will be completed prior to the employee leaving the University or moving to a role that no longer exposes the employee to a skin irritant/sensitiser if more than 6 months have elapsed since they were last assessed.

Criteria For Fitness

FIT

- Employees who score 0 on the scoring scale

- Employees who score between 1 and 2 on the scoring scale who can implement alternative procedures within their workplace in order to promote healing of their skin. They must also agree to a 2 – 4/52 follow up period.

FIT with restrictions (must go via OHP if restriction to be permanent)

- Employees who require any workplace/work equipment adjustments to carry out their role in order to maintain the integrity of their skin e.g. specific gloving, specific handwash/cleanser etc. This is by no means an exhaustive list and if any doubt exists the issue should be discussed with the OHP

REFERRED for medical opinion

- Employees who score 3 or above on the scoring scale
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References


The Control of Substances Hazardous to health Regulations 2002 (as amended)

Personal Protective Equipment Regulations 1992 (as amended).

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
Skin Surveillance Flowchart

Baseline skin Questionnaire and skin check where hazard has been identified through COSHH risk assessment at pre-employment or redeployment or a new work practice is implemented

Repeat skin assessment and questionnaire at 12/52

Reviewed by OHNA and/or OHP

May require further medical investigation/information

UNFIT

Fit/Fit with restrictions – may require more regular health surveillance

Enter outcomes and recall dates onto OPAS

Annual skin questionnaire and skin assessment