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**Detection of Occupational Skin Disease**  
**Organisational Standard Operating Procedure (O-SOP)**

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Purpose of Agreement	The process for detection of occupational skin disease within the working population who are exposed to work processes, substances or activities that put them at risk of developing work-related skin disease
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### Review and amendment log

Version Number	Review date	Amendment section no.	Page	Amendment made / summary	Changes approved by
1	October 2022	New O-SOP which underpins current Health Surveillance Policy			Policy Steering Group, Clinical Executive Group

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# Detection of Occupational Skin Disease

## 1. INTRODUCTION & PURPOSE

Occupational skin disease is common. A recent survey in the UK identified 5600 cases of skin disease believed to be caused by work and a further 4100 made worse by work. In excess of 2000 new cases are believed to develop in the UK each year.

In practice, three main types of skin disease are most frequently encountered due to work exposure:

- Irritant Contact Dermatitis
- Allergic Contact Dermatitis
- Contact Urticaria

Of these, irritant contact dermatitis is the most common, but it is important that a correct diagnosis be made as management of the affected individual within the workplace may be quite different depending on the type of disease.

## 2. SCOPE AND DEFINITION

This process applies to all Occupational Health Advisors (OHA) and trainee Occupational Health Advisors (TOHA) or other clinical staff who are involved in triaging skin health surveillance questionnaires or who carry out skin assessments either via MS Teams or face to face and are responsible for issuing a Skin Surveillance outcome certificate to the manager or responsible person.

## 3. RISK ASSESSMENT

### 3.1 Staff at risk of occupational skin disease

All staff who carry out wet work (work involving wet hands or frequent hand washing) or frequent use of gloves will require annual skin checks e.g. clinical staff, housekeeping staff, catering staff

### 3.2 Responsible person

This is a member of a team who has been given the responsibility by the team manager to coordinate new starter and annual skin checks for all at risk staff.

### **3.3 Baseline Skin Surveillance Health Questionnaire (SSHQ) and annual checks**

On commencement of employment, the manager or responsible person should ensure that they complete a *Skin Surveillance Health Questionnaire (SSHQ) (Appendix A)* for all new employees to establish a baseline record. If no problems with skin are declared or identified, then this document should be filed confidentially with the manager and an onward referral to Occupational Health is not required. If symptoms are declared/identified, then a referral to Occupational Health (OH) is indicated (4. Notifying Occupational Health)

#### **3.3.1 Annual visual checks**

The manager or responsible person should conduct a visual skin check every 12 months as routine using *Appendix D*. The SSHQ does not need to be completed every 12 months if no skin problems are seen or declared/identified. If symptoms are declared/identified, then the SSHQ should be completed and a referral to OH is indicated

#### **3.3.2 Declaration of new skin symptoms**

A member of staff may declare new skin symptoms e.g. itching, redness, blisters, during their baseline or annual skin check. Staff should be encouraged to report changes to skin condition or symptoms as soon as they appear and not wait for the completion of the annual skin check. If a member of staff reports new symptoms to the responsible person, a new SSHQ should be completed with the relevant information.

If the responsible person is informed of new or changes in skin symptoms and completes the SSHQ, this should be reported to the team manager who will then make the referral to OH.

### **3.4 UK legislation**

In the UK this is an obligation under the COSHH regulations (for substances) and the Management of Health and Safety At Work Regulations

## **4. NOTIFYING OCCUPATIONAL HEALTH**

If the member of staff answers “yes” to any questions in the SSHQ and/or the visual check identifies changes/damage/disease, the responsible person should notify the team manager who will make a management referral for the member of staff via the OH portal. The completed SSHQ with the full details of the symptoms and history should be attached to the referral.

### **4.1 Waiting for an occupational health assessment**

Following submission of the referral to OH, and whilst waiting for OH assessment, contact with the suspected material (e.g. handwashing liquid or chemical) or substance (e.g. type of gloves or cleaning solution) or work activity (e.g. wet work) should be prevented or restricted until OH advice has been received by the manager.

### **4.2 Occupational Health triage**

The SSHQ will be triaged within 48 hours of receipt by OH. The ‘next available’ appointment will be offered with an Occupational Health Advisor (OHA) to be conducted via MS Teams. The aim is to offer an appointment within 10 working days of triage. The SSHQ will be uploaded and stored securely on the member of staff’s OH record on e-OPAS/OH record system.

### **4.3 Clinical assessment**

This initial assessment will be carried out by an OHA via MS Teams using the camera facility so that the affected skin can be seen. The manager should ensure that the affected member of staff has a private room or area to attend this meeting with the OHA and that a camera facility is available for the consultation. The clinical assessment will be documented by the OHA using the Skin Surveillance Aide Memoire (Appendix B) and this will be confidentially stored on the staff record on e-OPAS/OH Record System.

### **4.4 Face to face assessment**

A further face-to-face assessment will be arranged by OH Admin if requested by the assessing clinician.

#### **4.5 Skin Surveillance Outcome Certificate (Appendix C)**

This document will be completed and forwarded to the referring Manager detailing the outcome of the initial clinical assessment and recommendations for hand hygiene, glove products, further surveillance, work adjustments or details of any review required. A copy of this certificate will be confidentially stored on the staff record on e-OPAS/OH Record System.

#### **4.6 OH recommendations**

Managers or responsible persons to ensure that all recommendations from Occupational Health on the Skin Surveillance Outcome Certificate are put in place where operationally feasible. If any recommendations are not possible, this should be discussed with the assessing OHA directly.

#### **4.7 Risk reduction**

In addition to applying recommendations or adjustments advised by the OHA, further risk reduction measures should be applied as indicated for all staff at risk of occupational skin disease. They are:

- Usual hierarchy of risk reduction (elimination, substitution etc)
- Education of exposed staff (regular team talks or awareness sessions)
- Hand washing and drying facilities
- Select appropriate gloves when necessary
- Choose barrier creams and moisturisers that are not sensitisers themselves

### **5. FURTHER REFERRAL**

#### **5.1 GP**

If a suspected skin disease or suspected work related skin damage or disease is identified by the assessing OHA, the individual should be advised to visit their GP for further clinical assessment and treatment. A copy of the completed SSHQ can be given to the member of staff to share with their GP.

#### **5.2 OHA review**

A follow up assessment may be indicated if adjustments at work have been recommended and/or the member of staff has been advised to see their GP. A



recommended timescale for follow up assessment is 6 weeks from the initial assessment. This gives time for the member of staff to visit their GP and commence an appropriate course of treatment. The skin surveillance Aide Memoire should be completed again by the assessing OHA and confidentially stored on the staff record on e-OPAS/OH Record System. If ongoing work adjustments are indicated (if symptoms persist, treatment is not concluded or to maintain skin improvement), then a further Skin Surveillance Outcome certificate should be completed by the OHA and sent to the referring manager. A copy of this certificate should be confidentially stored in the staff record on e-OPAS/OH Record System.

### **5.3 Occupational Physician**

If no improvements in skin condition or if it is suspected work related skin condition, the OHA should consider a referral to an OH Physician for further clinical assesment and advice.

## **6. CLINICAL AUDIT**

Clinical audit is conducted annually on 10% of total health surveillance questionnaires submitted to OH that declare symptoms of skin disease or damage. The audit tool is linked to the clinical process in assessing the likely presence of occupational skin disease or damage. The audit questions can be found in *Appendix E*.

## Skin Surveillance Health Questionnaire

Skin health checks are required on an annual basis for all healthcare workers who are regularly exposed to any of the following: **latex**, **wet work** and exposure to other **materials** or **chemicals** which may cause skin irritation/allergy.

This form should be completed as a baseline (within 4 weeks of starting your role) and if skin symptoms are declared at your annual skin check or sooner. The form should be completed by you and either your manager or responsible person.

<b>Personal details:</b>	
<b>First Name:</b> Click or tap here to enter text.	<b>Last Name:</b> Click or tap here to enter text.
<b>Job Title:</b> Click or tap here to enter text.	<b>Work Base:</b> Click or tap here to enter text.
<b>Date of birth:</b> Click or tap to enter a date.	<b>Phone number and email:</b> Click or tap here to enter text.

<b>Gloves and handwashing:</b>	
<i>What type of gloves to do you wear at work: please tick (✓)</i>	
<input type="checkbox"/>	LATEX
<input type="checkbox"/>	NITRILE
<input type="checkbox"/>	NEOPRENE
<input type="checkbox"/>	VINYL
<input type="checkbox"/>	OTHER (PLEASE NAME)

<b>Handwashing:</b>	
<i>Please tick if you use the following: please tick (☞)</i>	
<input type="checkbox"/>	Liquid soap
<input type="checkbox"/>	Alcohol gel
<input type="checkbox"/>	Other (please name)

<b>Hand symptoms:</b>		
<i>Please indicate if you experience any of the following on your hands, face, neck or arms? please tick (✓)</i>		
Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Itching
<input type="checkbox"/>	<input type="checkbox"/>	Redness
<input type="checkbox"/>	<input type="checkbox"/>	Broken or cracked skin
<input type="checkbox"/>	<input type="checkbox"/>	Blisters
<input type="checkbox"/>	<input type="checkbox"/>	Dry skin
<input type="checkbox"/>	<input type="checkbox"/>	Have you been diagnosed as having a latex allergy?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been diagnosed as having an allergy to chemicals contained in gloves?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, what chemical? Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	Do you experience a metallic taste in your mouth?

**General health: please tick (✓)**

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Has there been any recent change in your general health?
		<i>If yes, please advise:</i> Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	Have you have been diagnosed with a skin condition?
		<i>If yes, please advise:</i> Click or tap here to enter text.
		<i>If yes, what treatment do you use for this condition:</i> Click or tap here to enter text.
		<i>If yes, is this treatment effective:</i> Click or tap here to enter text.
		Skin concerns not mentioned: Click or tap here to enter text.

**Declaration (please sign below):**

**Signed:**

**Print name:**CLICK OR TAP HERE TO ENTER TEXT. | **Date:**Click or tap to enter a date.

## Clinical Assessment of Occupational Skin Disease

For use by assessing clinician/OHA only

AIDE MEMOIRE FOR SKIN ASSESSMENT	
Date:	Click or tap to enter a date.
OH clinical notes of: <b>CHOOSE AN ITEM.</b>	Click or tap here to enter text.
Dob confirmed:	<input checked="" type="checkbox"/>
Gender:	Click or tap here to enter text.
Skin assessment:	Choose an item.
Data protection checks confirmed:	<input type="checkbox"/>
Consent and process of informing manager of outcome of assessment discussed:	<input type="checkbox"/>
MCA assessment:	Choose an item.
Manager's email address:	Click or tap here to enter text.
JOB ROLE	
Job title:	Click or tap here to enter text.
Hours of work:	Click or tap here to enter text.
Description of job:	Click or tap here to enter text.
Location:	Click or tap here to enter text.
Date employment started:	Click or tap to enter a date.
Previous employment:	Click or tap here to enter text.
Is a mask worn routinely at work?	Choose an item.
Other PPE?	<input type="checkbox"/>
DERMATOLOGICAL HISTORY	
Nature of problem: e.g. Rash, itch, pain, cracking	Click or tap here to enter text.
Site of problem: e.g hands, face	Click or tap here to enter text.
Duration of problem: e.g. Months, weeks	Click or tap here to enter text.
Date symptoms started:	Click or tap to enter a date.
Changes to symptoms since started:	Click or tap here to enter text.
Current symptoms:	Click or tap here to enter text.
Seen by GP?	Choose an item.
Any prescribed or non-prescribed treatment:	Click or tap here to enter text.
Aggravating factors:	Click or tap here to enter text.
Handwash or moisturising products used in work: e.g. Brands	Click or tap here to enter text.
Do symptoms improve when not in work?	Choose an item.

**OBSERVED SYMPTOMS:**

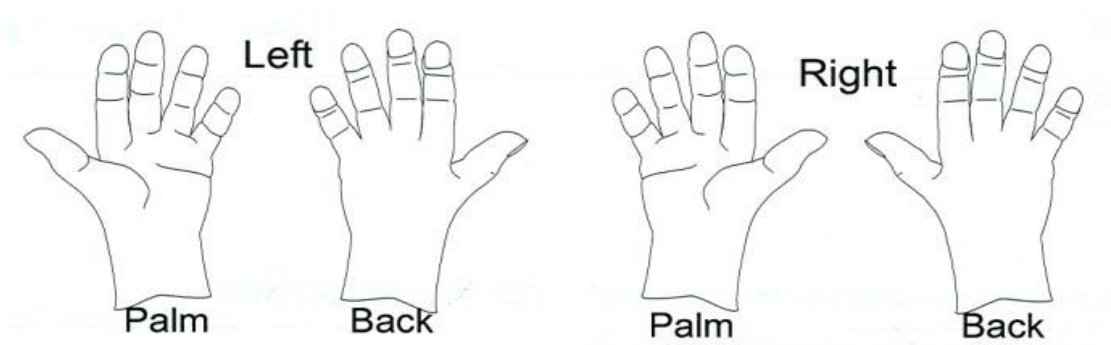
	<b>0</b> Not present	<b>1</b> Mild	<b>2</b> Moderate -	<b>3</b> Moderate +	<b>4</b> Severe
Dryness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redness/discolouration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thickening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cracking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flaking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blisters or sores:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of scratching:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PAST MEDICAL HISTORY**

Prescribed medication:	Click or tap here to enter text.
Past illnesses or treatments:	Click or tap here to enter text.
Family history of skin disease:	Click or tap here to enter text.
Atopic history: e.g. eczema, asthma, hay fever, rhinitis	Click or tap here to enter text.
Allergies:	Click or tap here to enter text.
Previous history of skin problems: e.g. any treatments	Click or tap here to enter text.
Psychological history?	Click or tap here to enter text.

**AREAS AFFECTED**

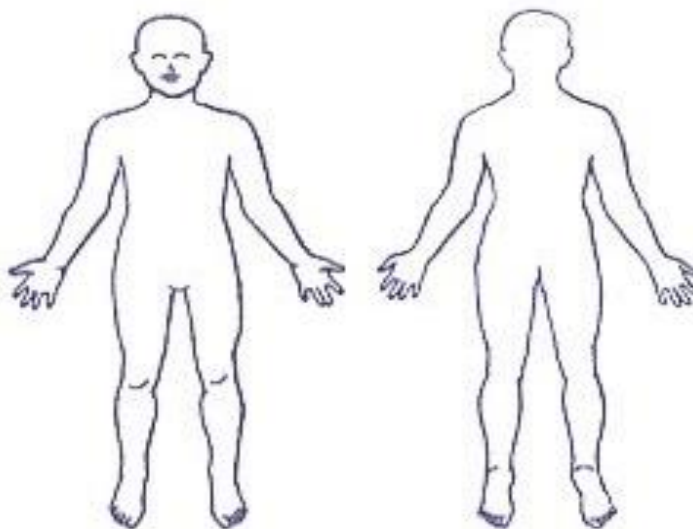
See Appendix H for how to indicate areas

**Hands:**

**Body:**

Front:

Back:

**SOCIAL HISTORY**

Hobbies and other activities: e.g. use of vibrating tools	Click or tap here to enter text.
Household or other activities e.g. Gardening, cleaning, animal care, care of a dependent	Click or tap here to enter text.
Type of gloves used in the household?: e.g. Washing up/marigolds, gardening gloves	Click or tap here to enter text.
Any other employment?:	Click or tap here to enter text.
Hand hygiene awareness: e.g. Frequent moisturising,	Click or tap here to enter text.
Handwash and moisturising products used in the home or outside of work:	Click or tap here to enter text.

**OUTCOME OF ASSESSMENT**

Satisfactory outcome/no further action:	<input type="checkbox"/>
Report to the manager with advice on exposure controls or restrictions:	<input type="checkbox"/>
Risk assessment of work activity recommended:	<input type="checkbox"/>
Report to health & safety/IPC:	<input type="checkbox"/>
Refer to OHP/GP:	<input type="checkbox"/>
Are symptoms likely to be caused or triggered by work activity?	Choose an item.
Statutory health record completed:	Choose an item.

**REVIEW**

Not required (routine surveillance)	<input type="checkbox"/>
6 weeks/other	<input type="checkbox"/>
Name and designation of assessing clinician:	Click or tap here to enter text.

## OCCUPATIONAL HEALTH and WELLBEING SKIN SURVEILLANCE OUTCOME CERTIFICATE

<b>Personal details:</b>	
<b>First name:</b> Click or tap here to enter text.	<b>Last name:</b> Click or tap here to enter text.
<b>DOB:</b> Click or tap to enter a date.	<b>Base:</b> Click or tap here to enter text.
<b>Job title:</b> Click or tap here to enter text.	<b>Line manager/responsible person:</b> Click or tap here to enter text.

*This member of staff has been clinically assessed for occupational skin disease and the outcomes are documented below:*

<b>Advice to Line Manager/Responsible person:</b>	
<i>What type of gloves to do you wear at work: please tick</i>	
<input type="checkbox"/>	Able to undertake all work associated with their role without restriction
<input type="checkbox"/>	Able to undertake all work associated with their role with recommended adjustments or restrictions
<input type="checkbox"/>	Timescale of recommended adjustments or restrictions
<input type="checkbox"/>	Vinyl
<input type="checkbox"/>	Other (please name)

<b>Further recommendations and actions:</b>	
Further Occupational Health review has been booked	Click or tap to enter a date.
Advised to see GP before next OH review	Choose an item.
Further clinical assessment with OH Physician has been booked	Click or tap to enter a date.
Likely occupational skin disease?	Choose an item.

<b>Assessor's signature:</b>	
<b>Print name:</b> Click or tap here to enter text.	<b>Date:</b> Click or tap to enter a date.
<b>Job title:</b> Senior Occupational Health Advisor	

## **Skin Health Surveillance**

### **Visual Skin Check Tracker (for managers or responsible person)**

A visual skin check should be completed annually for each 'at risk' member of staff by the line manager or a responsible person. The aim is to identify early stages of dermatitis or other skin effects caused by skin exposure. The earlier the health effects are recognised and treated, the more likely the sufferer will make a full recovery.

A responsible person is someone who has been proposed by the manager as fit to carry out annual visual skin checks on member of staff. The role of the responsible person is to assess the condition of a new member of staff's skin within the first 4 weeks of starting work by completing a Skin Surveillance Health Questionnaire as a baseline.

Thereafter an annual skin check is carried out and this record is a tracker of such skin checks.

A responsible person can be any member of the team as long as they have received suitable training. They should know:

- the substances or processes in their workplace that could cause skin disease
- the types of skin disease they can cause
- what the early signs of these disease look like
- how exposure happens
- what current controls are in place and the consequences of shortcomings
- what action to take when finding a problem e.g. report to the team manager, recommend a referral to Occupational Health, keep records of observations, keeping records secure

During the annual check, the responsible person should

- check the condition of the skin on the member of staff's hands and forearms for the early signs of skin disease
- keep a secure record of these checks
- advise the member of staff the outcome of these checks or for any remedial action (e.g. avoidance of wet work)
- advise the member of staff if they require further expert assessment (e.g. Occupational Health)



## Visual Skin Check Tracker form

**Record your baseline and annual skin checks in the table below and keep this record confidential and secure**

First name	Click or tap here to enter text.
Last name	Click or tap here to enter text.
Gender	Click or tap here to enter text.
Date of birth	Click or tap to enter a date.
Address and post code	Click or tap here to enter text.
National insurance number	Click or tap here to enter text.
Date present employment started	Click or tap to enter a date.

### Skin health checks

Baseline Skin Surveillance questionnaire				
Visual skin check	Date	Type	By whom	Outcome
1	Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Choose an item.
2	Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Choose an item.
3	Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Choose an item.
4	Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Choose an item.
5	Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Choose an item.
6	Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Choose an item.

Appendix E – Skin surveillance audit questions to be completed by OH auditor

**Audit tool for assessing clinician (OHA)**

		<b>Yes</b>	<b>NO</b>
<b>1</b>	Has the initial clinical assessment been carried out via MS Teams?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Has the Aide Memoire (v3 June 2022) been used to document the clinical assessment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	Has the completed Aide Memoire been uploaded to the member of staff's e-OPAS/OH Record System?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	If a face to face appointment is indicated, has an appointment been made?	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Has clear clinical advice been provided and documented in the OH record on recommendations or restrictions to work activity?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	Has clear clinical advice been provided and documented in the OH record on hand hygiene/maintaining good skin condition?	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	If indicated, have barrier cream samples been advised to employee?	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	If a follow up appointment with an OHA is indicated, is this documented and an appointment booked on e-OPAS?	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	If indicated, has the employee been advised to see their GP about skin symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	If indicated, has the employee been advised to see their GP about other symptoms? e.g. stress, other physical illness	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	If indicated, has member of staff been given a copy of the completed Skin Surveillance Health Questionnaire to take to their GP?	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	If the skin condition is suspected as work related, has an onward referral to OHP been booked?	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b>	Has the manger been advised of the outcome of this assessment including details of follow up appointments?	<input type="checkbox"/>	<input type="checkbox"/>
<b>14</b>	Has a Skin Surveillance Outcome Certificate been issued to the manager after each clinical interaction with an OHA?	<input type="checkbox"/>	<input type="checkbox"/>

## **SolNet page**

### **What is dermatitis?**

It is a general term used to describe a common skin irritation in the form of itchy, dry skin or a rash.

Other symptoms can include redness, blistering, thickening, inflammation, dryness or cracked skin

### **Jobs at risk of dermatitis**

Any job that requires regular handwashing or handling of chemicals or cleaning agents can be at risk of developing dermatitis

### **Prevention tips**

- always wet hands with warm water before applying soap
- ensure hands are rinsed thoroughly of soap before drying
- dry hands thoroughly especially in between the fingers
- apply fragrance free moisturiser to the hands numerous times each day
- change gloves after each patient contact
- do not wear gloves if you don't need to
- wash hands after wearing gloves
- if hands are not visibly dirty, consider using alcohol gel instead of handwashing

### **Health surveillance**

If you are considered to be at risk of dermatitis at work, you will be placed on a health surveillance programme by your manager. This will involve completion of a baseline questionnaire when you first start work, where your manager or responsible person will check your hands for any symptoms of dermatitis and record their findings. The questionnaire will be held confidentially and securely by your manager. Then you will have an annual visual skin check performed by your manager or responsible person and the date and findings of this will be recorded and kept with your baseline questionnaire. If symptoms are seen or declared by you then your manager will refer you to Occupational Health for further clinical assessment by an Occupational Health Advisor. If you develop symptoms sooner than your annual visual skin check, please let your manager know immediately and an Occupational Health appointment will be arranged for you.

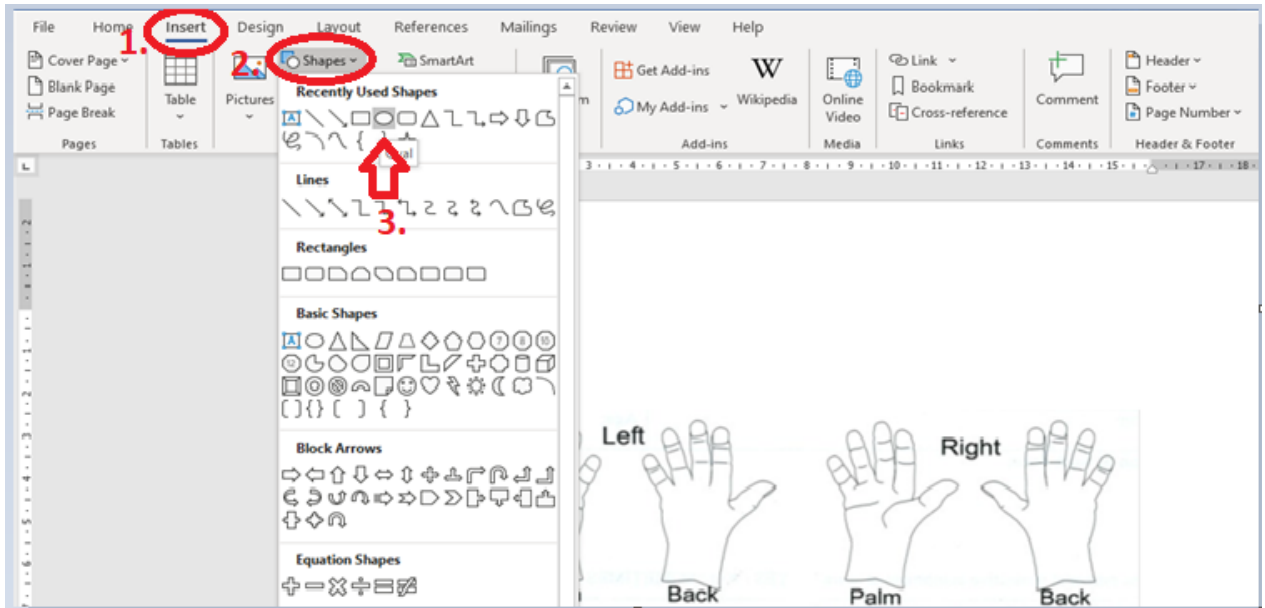
### **Occupational Health**

Baseline and annual skin checks are not carried out by Occupational Health, but by your manager or responsible person. If you do not have any symptoms of dermatitis or any other symptoms of concern, you do not need to be seen by Occupational Health. An occupational health appointment is made for members of staff who declare skin symptoms to their manager or responsible person.

## APPENDIX G - HOW TO INDICATE AFFECTED AREA ON SKIN QUESTIONNAIRE (for clinicians)

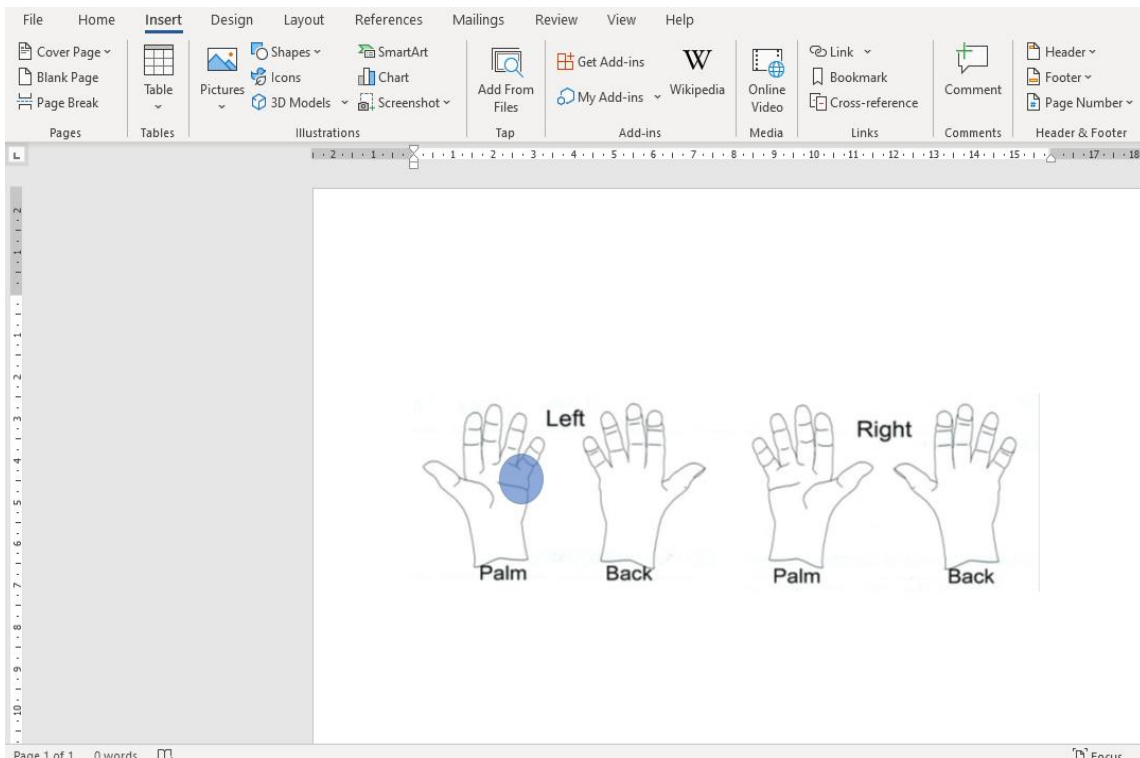
1.

Select INSERT > Shapes > Oval



2.

Use cursor to draw shape to indicate affected area



## APPENDIX H – EQUALITY IMPACT ASSESSMENT

### Equality Impact Assessment (EIA)

#### Step 1: Scoping and Identifying the Aims

Service Line / Department	<i>Occupational Health - corporate</i>	
Title of Change:	<i>Occupational Skin Disease Clinical Standard Operating Procedure</i>	
What are you completing this EIA for? (Please select):	<i>Service Change</i>	<i>Click or tap here to enter text.</i>
What are the main aims / objectives of the changes	<i>Updates in line with legislation, good practice guidance and Solent health surveillance policy v.3</i>	

#### Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select “not applicable”:

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: (e.g. adjustment to the policy)
Sex	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Gender reassignment	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Disability	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Age	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Sexual Orientation	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pregnancy and maternity	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Marriage and civil partnership	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Religion or belief	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Race	x	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Current legislation, HSE guidance occupational skin disease, health surveillance
Have you taken into consideration any regulations, professional standards?	Yes	Yes, as above

#### Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	<b>Low</b>	<b>Medium</b>	<b>High</b>
	n	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	nil		
Who will be responsible for monitoring and regular review of the document / policy?	Occupational Health and Wellbeing Service		

**Step 4: Authorisation and sign off**

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

**Equality  
Assessor:**

Angela Tomlinson

**Date:**

23 September 2022