

Policy Document

Title: Dermatitis Policy

From: Faculty Lead for Inclusivity

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Work related dermatitis is considered a significant cause of work related ill health, particularly in the NHS. Each year up to 1,000 healthcare workers develop work related contact dermatitis (Health and Safety Executive 2012). This can include dermatitis due to known sensitisers including latex, or irritant dermatitis as a result of frequent handwashing.

Dermatitis has both personal and professional implications. On a personal level the skin will be inflamed, itchy and sore; in extreme cases cracking may occur leading to greater discomfort. Professionally students with dermatitis will require time away from direct patient contact which impacts on them gaining clinical experience and may affect their progression. In the worst cases dermatitis can become a long term condition which may require a change in career.

Types and causes of dermatitis

Irritant dermatitis: This is the most common form of dermatitis affecting healthcare workers. It is caused by frequent hand washing, incomplete hand drying and frequent contact with soaps and other irritant substances. It presents as dry, itchy, cracked skin between the fingers, which spreads to involve the rest of the hand. Treatment is by avoidance of irritants on the hands, careful hand drying and the use of emollients.

Allergic Contact Dermatitis: is an allergic reaction to chemicals used in the manufacture of gloves, including the powder that allows ease of application. It commonly presents as dry, itchy, cracked skin on the back of the hands and wrists where the gloves may be tightest. The reaction is frequently delayed and can occur 4-6 hours after wearing gloves. There is no urticaria, lip swelling or breathing difficulties. Skin patch- testing will aid diagnosis.

The most important factor in the management of dermatitis is PREVENTION.

The following principles of good hand hygiene should be observed:

1. Staff should be taught the importance of good skin care and surveillance.
2. Hands should be thoroughly wet before applying soap.
3. Water should be the correct temperature - neither too hot nor too cold.
4. Do not use more soap than required - one squirt is usually enough.
5. Ensure hands are thoroughly rinsed to remove any residual soap.
6. Dry hands carefully by patting (not rubbing) with a paper towel.
7. Do not apply gloves until hands are completely dry.
8. Use emollient creams during breaks and after finishing work, making sure that all areas are covered.
9. Check your skin regularly for early signs of dermatitis and seek advice from Occupational Health.

NB In cases of skin irritation Occupational Health have a self-referral process - it is important that they see the hands whilst they are still inflamed.

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