

Occupational skin disease may result from exposure to physical, chemical or biological agents. Work related dermatitis accounts for about 70% of occupational disease. Conditions can be particularly serious where there is exposure to skin sensitisers or where the body evokes a severe immunological/allergic response when contact occurs. Civil claims can be particularly expensive where the affected individual can no longer work in the vicinity of the agent in question. The main source of employees' exposure will come from chemical agents although conditions can result from other sources e.g. extremes of temperature and humidity and as a secondary effect of stress.

MINIMUM STANDARDS

1. Processes and tasks involving potential harmful exposure to substances and agents are subject to a risk assessment identifying hazards associated with the substance/agent used or generated, determining whether existing control measures are sufficient and identifying any additional control strategies required.
2. A hierarchical and 'risk based' approach is adopted to reduce the risk of exposure to harmful agents i.e. elimination, substitution, change of work method, containment and engineering controls. Personal Protective Equipment (PPE) is used as a last resort.
3. Where required PPE selection takes into account the protection offered by the material, suitability to working environment, comfort, compatibility and wearer acceptability.
4. Natural Rubber Latex gloves should be avoided where effective alternatives are available. Where required, gloves should be low protein / powder free, and all reasonable steps should be taken to identify and control any wearer allergies or susceptibilities.
5. Barrier creams are used as a last resort where a high level of dexterity is required and the risk from the hazardous material is low. Antiseptic hand creams are used post exposure as part of a good hygiene regime.
6. Pre-employment procedures are in place to assess general fitness for work, including assessment of individual susceptibilities and allergies e.g. a comprehensive medical questionnaire. A follow up medical examination and opinion is sought and acted upon where the assessment flags up a potential susceptibility.
7. Health Surveillance is provided to employees potentially at risk, as identified from the risk assessment process and from routine occupational health monitoring. The facility is capable of identifying the early onset of occupational skin disease and assisting in the evaluation of suitable control measures to be deployed.
8. Employees sign for training and understanding of safe working practices and controls e.g. correct PPE use, skin checks, skin care and occupational health referral procedures.

BEST PRACTISE

- Insured's work with customers, suppliers and Trade Associations in attempting to modify processes and substances use where there is a significant hazard to health.
- Insured's offer a holistic and comprehensive occupational health and/or employee wellbeing service beyond statutory requirements. This includes health and hygiene promotion aimed at highlighting and preventing significant health problems within the organisation, including those relating to the skin.

LEGAL REQUIREMENTS

The Management of Health and Safety at Work Regulations contain provisions for risk assessment and health surveillance. The Control of Substances Hazardous to Health Regulations 2002 establishes minimum requirements for the protection of workers' health and safety from the presence or use of 'harmful substances' (as defined in the Regulations). They set out the factors to be considered when carrying out risk assessment, and the principles of prevention to be applied. They also set out prescriptive requirements for health surveillance.

GUIDANCE & USEFUL INFORMATION

- HSE Website 'skin at work' pages: www.hse.gov.uk/skin/index/htm
- The Control of Substances Hazardous to Health Regulations 2002. Approved Code of Practise and Guidance, L5 (4th Edition), HSE Books, ISBN 0 7176 2534 6

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