

Topic Inspection Pack

Work Related Contact Dermatitis

Disease Reduction Programme (DRP)

Skin Disease Programme

Version 4

March 2008

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1 Why focus on work-related contact dermatitis?

1.1 HSE has established a Disease Reduction Programme (DRP) as part of the Fit3¹ Strategic Programme. The aim of the DRP is to achieve a reduction in the incidence of work-related ill health caused by exposure to hazardous agents. Work-related dermatitis (sometimes known as eczema, but hereafter referred to as 'dermatitis') accounts for a significant proportion of work-related ill health, and therefore a specific Skin Disease Project has been set up to address this.

1.2 The aim of the Skin Disease Project is to achieve a 10% reduction in the incidence of dermatitis by 2008/09, when compared with the incidence in 2004. Achievement of this target is an essential element of HSC's Public Service Agreement (PSA) targets.

1.3 The strategic approach of the Skin Disease Project is:

- Awareness raising
- Provision of advice and support to industry
- Enforcement

1.4 The initial phase of the project, in the period 2006/07, was primarily aimed at awareness-raising and provision of support and advice. During 2007/08, the primary aims were: (i) reinforcement of control messages; (ii) embedding good practice with the help and support of stakeholders and (iii) enforcement where non-compliance warrants such an action.

1.5 During 2008/09, focus should be on (i) helping to secure the implementation of appropriate control actions (ii) increasing awareness among newcomers to the industry and (iii) increased focus on enforcement where non-compliance warrants such an action.

1.6 Further guidance on "[enforcement](#)" is given in section 8.

1.7 This topic inspection pack provides information for awareness raising and enforcement in selected industrial sectors. These sectors have been identified as priority areas for the Skin Disease Project because they have particularly high incidence rates (compared with the all-industry average) and/or they have high annual numbers of new cases. Also included are some sectors that are being targeted by other work streams within the DRP, but where dermatitis is also an issue, so that we can give 'joined-up' messages.

1.8 A key message is that **in general, the control measures required are simple, low-cost and easy to implement**. In many instances, we are looking to improve the control culture in our target industries. Therefore, raising

¹ Fit3 – Fit for work, fit for life, fit for tomorrow

awareness about controls and helping them to maintain the expected control standards is key to achieving improvements.

1.9 The primary purposes of this topic inspection pack are to provide:

- information for awareness raising by HSE and LA inspectors
- information for enforcement action by HSE and LA inspectors

2 Evidence (Statistics)

2.1 The major sources of statistical information on work-related skin diseases are the Self-reported Work-related Illness survey (SWI) and the EPIDERM voluntary surveillance scheme.

2.2 The 2004/05 SWI survey estimated the prevalence of self-reported work-related skin disease in Great Britain as 29 000. However, the true figure is likely to be higher than this. For example a study of British hairdressers estimated that over 45% (approximately 50 000) suffer from dermatitis.

2.3 EPIDERM captures information on new cases of occupational skin disease seen by dermatologists who have volunteered to report to the database. These are the more severe cases of skin disease, requiring referral to a specialist. The total number of serious/complex cases of contact dermatitis recorded by EPIDERM in 2004 was 1872 (this is the baseline incidence figure set for the project). However, because this represents only the more serious cases and because not all dermatologists report into EPIDERM, the actual number of new cases is estimated to be 4-5 fold higher².

3 What is Dermatitis?

3.1 Dermatitis is an inflammatory condition of the skin. It can vary in severity. Dermatitis is not infectious, so it cannot be passed from one person to another.

3.2 Typical signs and symptoms of dermatitis are: dryness, itching, redness, swelling, blistering, cracking, flaking and bleeding. In severe cases nails can be affected. Where the eyes are involved, signs are runny eyes and redness. In severe cases eye lids may be swollen and closed.

3.3 Work-related dermatitis is caused or made worse by work. It can develop as a consequence of workplace exposure to physical, chemical (including 'wet

² (i) Prevalence refers to the number of people with a particular type of ill health at a certain point in time or during a certain period of time.

(ii) Incidence refers to the number of new cases of a particular type of ill health (e.g. contact dermatitis) during a defined period (e.g. in 2004). This measure does not include those already suffering from the given ill health.

(iii) Both terms may be quoted to a specified population (e.g. printers in GB) or the whole working population of the UK or GB.

work') or biological agents or to mechanical forces. Background information on dermatitis can be found at <http://www.hse.gov.uk/skin/diseases/index.htm>.

3.4 The Skin Disease Project is concerned only with dermatitis caused by hazardous chemical agents, including 'wet work'. Experts and regulatory agencies world-wide recognise 'wet work'-related irritant contact dermatitis as an occupational disease and therefore it is reportable under the RIDDOR regulations.

3.5 'Wet work' means work that involves hands being wet for significant periods during the working day; as a guide - more than two hours a day or about twenty to forty hand washes a day. 'Wet work' is of particular concern when in combination with exposure to soaps, detergents or solvents, as the skin is eventually stripped of its natural protection.

3.6 We are concerned with two types of dermatitis: irritant contact dermatitis (ICD) caused by chemicals and 'wet work'; and allergic contact dermatitis (ACD) caused by sensitising chemicals (and foodstuffs). Both ICD and ACD can be prevented by avoiding skin contact with hazardous agents causing these diseases.

3.7 The most commonly affected part of the body is the hands. Hand dermatitis accounts for almost 75% of all dermatitis. This is because hands are often used as tools, without suitable precautions, allowing exposure of the skin to hazardous agents. Other commonly affected areas are the arms, face, eyes and neck, although other parts of the body can also be affected.

4 How does exposure happen?

4.1 A causative agent may come into contact with the skin in the following ways:

- **Immersing** hands in chemicals and water (e.g. rinsing or shampooing hair with bare hands)
- **Direct handling** of contaminated workpieces (e.g. handling workpieces contaminated with metal working fluid) or cloths soaked in cleaning chemicals
- **Touching contaminated surfaces** such as work benches, tools, clothing and containers
- **Splashing** (e.g. when liquid or powdery chemicals are mixed or handled)
- **Depositing** from the air (e.g. when sanding epoxy coated nails or floors).

5 Occupations and Causative Agents – where does dermatitis occur?

5.1 Dermatitis can affect numerous occupations. However, the Skin Disease Project is focusing on a small number of priority occupations that are at highest risk and/or account for high numbers of cases annually. These are:

- Hairdressers and beauticians (primarily nail technicians)
- Cooks and chefs
- Kitchen and catering assistants
- Cleaners
- Construction workers
- Dentists and dental nurses
- Contract chemicals manufacturers
- Printers
- Users of metal working fluids
- Bakers and flour confectioners
- Motor vehicle repairers

5.2 [Table 1](#) below gives examples of commonly encountered hazardous agents in some of these occupational groups. It is not an exhaustive list of hazardous agents. These examples are provided to help discussion with employers on hazard identification and implementation of control measures, including skin checks. The relevant risk control messages can be found in [Appendix 1](#). For certain activities COSHH Essentials Control Guidance Sheets (CGS) are available and these are also referenced in Table 1.

Table 1: Commonly encountered hazardous agents

Occupation	Examples of irritants (leading to ICD)	Examples of sensitisers (leading to ACD)	COSHH Essentials Direct Advice Sheets available?
Bakers	Acids, detergents, wet work	Ammonium persulphate, benzoyl peroxide, dyes, essential oils, enzymes (e.g. α -amylase), flavours, flour, lemon, orange, spices	Yes FL01 to FL09 SR24
Bartenders	Detergents, disinfectants, scale-removers, wet work	Formaldehyde, lemon, lime, orange	Yes SR02, SR04
Beauticians (nail bars)	Wet work, cosmetics	Epoxy and acrylic resins	Yes SR02, SR12, SR13
Brick layers and plasterers (Construction)	Cement, dusts, solvents, sand, wet work	Cement, chromium, cobalt, epoxy resins, nickel, resins, wood dust	No
Butchers and abattoir workers	Acids and alkalis, detergents, meat, waste products, wet work	Animal proteins, formaldehyde, nickel, sawdust	Yes SR01, SR02, SR04
Cooks and caterers	Acids and alkalis, bleaching agents, detergents, vegetable juices, wet work	Flavours, formaldehyde, garlic, onions, sodium metabisulphite, spices, hardwood cutting boards	Yes SR01, SR04, SR24, SR27
Cabinet makers and carpenters (Construction)	Detergents, glues, solvents, thinners, wood dust, wood preservatives	Colophony, dyes, fungicides, glues, turpentine, varnishes, woods	Yes WD0 to WD09
Carpet layers (Construction)	Adhesives, dust	Adhesives (epoxy and latex type), mites	No
Cleaners	Detergents, solvents, bleach and acids	Preservatives	Yes SR01, SR02, SR04, SR24
Dentists and dental technicians/assistants /nurses	Detergents, hand cleansers, wet work	Dental impression material, disinfectants, eugenol, local anaesthetics, mercury, methacrylates	No
Floor-layers (construction)	Solvents	Cement, epoxy resins, house mites, woods, wood dust	No
Florists	Compost, fertilizers, pesticides, wet work	Plants, pesticides	Yes SR04, SR07, SR26
Graffiti removers (Construction)	Dust, solvents, wet work		Yes SR01
Hairdressers	Bleaching agents,	Dyes and perming	Yes

Occupation	Examples of irritants (leading to ICD)	Examples of sensitisers (leading to ACD)	COSHH Essentials Direct Advice Sheets available?
	dyes, permanent wave solutions, shampoos, wet work	solutions may contain a variety of sensitising chemicals. Examples include: para-phenylenediamine, resorcinol and other phenol based products. Another common sensitiser is latex rubber protein found in latex gloves.	SR02, SR04, SR11
Hospital and care home workers	Detergents, disinfectants, foods, wet work	Latex rubber protein, medicines	Yes SR02, SR04, SR07, SR24
Printers	Solvents	UV-cured inks/acrylates and isocyanates	Yes See COSHH Essentials for printers

5.3 Single-use natural rubber gloves (sometimes referred to as latex gloves) may contain unreacted natural rubber proteins due to manufacturing practices. These proteins have either caused allergic reactions by contact with the skin or by inhalation of proteins attached to the powder from powdered single use latex gloves. Technically speaking, the allergic reaction caused by the proteins (Type I) is different from the allergic reaction caused by chemicals (Type IV). Type IV allergy may be caused by accelerators, softeners and preservatives used in the manufacture of gloves. For practical control purposes, both types may be referred to as allergic contact dermatitis.

5.4 Latex protein allergy is much more common among glove users when compared to allergic reaction caused by chemicals present in nitrile and vinyl gloves.

5.5 See '[Additional information](#)' in Section 7 for more advice on latex.

6 What to do and when

6.1 As indicated earlier, the strategy adopted by the Skin Disease Project is to raise awareness of dermatitis, its causes and controls and to take enforcement action where appropriate.

6.2 All cases of dermatitis complaints or reports should require attention and employers should be advised that they have a legal duty to [report cases of dermatitis under RIDDOR](#). A case of work related dermatitis becomes reportable only when the disease is confirmed by a medical practitioner. Inspectors may come across situations where employers have not sought help to confirm the disease. In these circumstances follow guidance provided

in [Table 4](#) or seek specialist advice; LA inspectors can access this via Partnership Managers.

6.3 Inspectors should note that HSE has taken cases against employers who have failed to adequately assess the risks or adequately control exposure to substances that can cause dermatitis.

6.4 HSE has issued several Improvement Notices (INs) and Prohibition Notices (PNs), where employers have not put in place adequate control measures for preventing the potential risk of dermatitis. These can be found in HSE's enforcement database. These notices have been issued to improve compliance on matters such as engineering controls, PPE, health surveillance, welfare facilities and reporting of skin disease. Section 21 of HSW Act states that where an inspector is of the opinion that a person is contravening, or has contravened one of the relevant statutory provisions in circumstances which make it likely that the contravention will continue or be repeated, he/she may serve an Improvement Notice. Sections 22 and 23 HSW Act concern Prohibition Notices. Prohibition Notices are directed to addressing "activities" which involve a risk of serious personal injury; allergic contact dermatitis constitutes serious personal injury. Section 22 allows an inspector to serve a Prohibition Notice if he/she is of the opinion that an activity carried on or likely to be carried on by or under the control of a person, involves, or will involve, a risk of serious personal injury. Further information can be found in '[Types of Notice](#)'

6.5 A number of employees suffering from work-related dermatitis (caused by 'wet work', cleaning agents and nail and hairdressing chemicals) have made successful civil claims against employers.

7 Awareness Raising

7.1 A vast majority of the industrial sectors affected by dermatitis and on which the Skin Disease Project is focussing are micro-businesses, which are particularly hard to reach and influence. The information given in this topic inspection pack and this section in particular, will help you to take forward the awareness raising messages. A significant proportion of the micro-businesses are non-unionised and efforts are needed to promote workforce awareness of the control standards and the need to apply these standards consistently.

Safe working distance (SWD)

7.2 As indicated earlier, hands are the most commonly affected area, because they are frequently used as a handling 'tool' when an alternative handling procedure would eliminate the hazardous exposure. However, clearly some tasks require the use of hands (e.g. shampooing, rinsing and colouring in hairdressing).

7.3 When hands are in direct contact with hazardous agents or subjected to 'wet work', employers should be asked why an alternative procedure could not be used (e.g. use of a cleaning tool rather than a cloth). We need to promote

the use of a 'safe working distance' when handling hazardous agents, and the benefits that can be achieved by adopting this approach. A poster promoting SWD is available to download from HSE's 'Skin at Work' website.

7.4 Where direct use of hands or contact cannot be avoided, adequate exposure control can be achieved by using a suitable pair of gloves.

'Wet work'

7.5 Many employers and workers are unaware that 'wet work' can cause dermatitis. However, together, exposure to soaps and cleaners, and 'wet work' account for over a quarter of all cases of dermatitis reported in EPIDERM. 'Wet work' is a major feature of occupational exposure in many of our target sectors.

7.6 As an example of the effect of 'wet work', an outbreak of ICD occurred in a firm where pork meat was handled. The internal investigation found that the workers were washing their hands 35 to 40 times a day to satisfy the customer hygiene requirements. By modifying the handling procedures they were able to reduce the number of hand washings and the problem was resolved.

Hazardous agents, cosmetic/beauty products and foodstuffs

7.7 In terms of dermatitis, chemicals fall into two categories: irritant and skin sensitising chemicals.

7.8 Chemicals and chemical products subject to the CHIP Regulations (Chemicals (Hazard Information and Packaging for Supply) Regulations 2002; sometimes known as CHIP3) should carry labels and the suppliers should provide Safety Data Sheets (SDS). Employers should have copies of relevant SDSs and make use of the information for risk control. HSE's experience suggests that a large proportion of SDSs do not provide adequate or correct information on hazards and exposure controls. This cannot be rectified in the short term unless a concerted enforcement action is taken. Where you consider that a given SDS is inadequate for assessing risks, you may follow this up through the usual channels; LA inspectors should refer this through their HSE Partnership Manager. In addition, inspectors are requested to bring it to the attention of the Skin Disease Project team (e-mail: skinproject@hse.gsi.gov.uk). This would help us to build a picture and take action centrally in the future.

7.9 The requirement to provide SDSs has certain exclusions. Cosmetic, beauty, food and natural products are not covered by the requirement to provide SDSs. Nevertheless, product suppliers have a legal responsibility under the Health and Safety at Work Etc Act to provide adequate information about any risks to health or safety of the users and about any conditions necessary to ensure that the products can be used safely. The Cosmetic Products (Safety) Regulations requires that full list of ingredients are given on the outer packaging, where there is no outer packaging, the list must appear

on the container. Warning statements and precautionary information must be provided on both the primary container and outer packaging. For example, hair dye products may contain para-phenylenediamine, which is a potent skin sensitiser. Therefore, the supplier has a duty to inform the buyers about the hazardous properties and precautionary measures needed for minimising the risks. Employers should actively seek health and safety information from their suppliers. In addition, employers should be able to obtain help and advice from their trade associations.

How to identify hazardous agents

7.10 The containers of hazardous chemicals and products must carry labels. Key words relevant to health, including dermatitis, are: corrosive, irritant, harmful, toxic or very toxic. Employers must be aware of the information on the labels and have evidence to show that they are using this information for risk control.

7.11 Chemicals or chemical products labelled with the following R-phrases would indicate that they have the potential to cause dermatitis. Employers should know which, if any, of the R-phrase(s) is applicable to the product in use and they must apply that information for risk control decisions.

- R38 - irritating to the skin
- R43 - may cause sensitisation by skin contact
- R66 - repeated exposure may cause skin dryness or cracking

7.12 Chemicals or chemical products with the following hazard phrases have the potential to cause dermatitis at low concentrations. In other words, exposure of the skin to the concentrated chemical or product would cause chemical 'burns', but a diluted concentration (working solution) may have the potential to cause dermatitis. Employers should be aware of this potential and take action to minimise the risk.

- R34 - causes burns
- R35 - causes severe burns

7.13 However, the absence of a label or SDS does not necessarily mean that a substance present in the workplace is 'safe' in terms of its potential to cause dermatitis. Employers should be made aware of this, to ensure that they consider potential hazards, particularly in those occupations which have a higher than average risk of work-related dermatitis e.g. occupations involving 'wet work', or handling foodstuffs, animal or plant material.

7.14 For some of the chosen priority sectors (the 'service' sectors), we have identified a few simple control measures and these can be found in [Appendix 1](#). Please note that the communication of these measures to the relevant industry sectors is being done as part of the awareness-raising programme,

such that the measures may not yet be recognised in some sectors that you will visit. Nevertheless, these measures should be highlighted during visits.

Health surveillance

7.15 Health surveillance will be a new concept for a lot of small businesses, many of which are the focus of the Skin Disease Project. These tend to be businesses that do not have access to in-house or external occupational health advice. Therefore these groups should be made aware of the need for health surveillance.

7.16 Health surveillance is a very useful tool for early detection and prevention of dermatitis. It is good practice to have a written health surveillance procedure or a protocol. This will be useful for checking consistency and people can refer to it.

7.17 However, employers should be aware or be made aware that health surveillance is not a substitute for the required control measures but it is required as a part of the risk management package.

7.18 Employers should be aware of the early signs of ICD and these include: dry skin, redness, cracking, flaking and blisters.

7.19 A person suffering from ACD may exhibit many of the signs relevant to ICD and in addition may exhibit swelling in the affected areas of the body as well as elsewhere.

7.20 Employers are required to arrange for suitable health surveillance (COSHH Reg. 11) where:

- There is exposure to 'wet work' and/or substances known to cause dermatitis **and**
- There is a reasonable likelihood that the working procedures in place would lead to dermatitis. In other words, hands are in direct contact with 'wet work' and/or chemicals (such as colouring and perming solutions) **and** there is evidence that the exposure is taking place regularly.

7.21 To meet the requirements of the COSHH ACoP (page 64, Table 2), as a minimum, employers need to appoint and train a 'responsible person' to look actively for signs of dermatitis. Suitable training can be obtained from an internal or external Occupational Health Service provider. Some employers may decide to use other approaches such as securing the help of a 'suitably qualified person' (e.g. a medical practitioner or an occupational health nurse). The competency requirements for a responsible person are listed in [Appendix 2](#). The training requirements for a responsible person (for checking the early signs of dermatitis) are not onerous. If an employer can demonstrate that they have in-house capabilities to satisfy the competency requirements listed in Appendix 2, then in-house training is acceptable in this situation. Where this

capability is not available, help could be sought from a locally available occupational health and safety consultancy.

7.22 A 'responsible person' is someone appointed by the employer, is competent to carry out assessments for early signs of dermatitis or able to observe changes to the skin and is charged with reporting to the employer the findings of the procedure. This person may be a supervisor, foreman, first-aid-er, safety representative or the employer.

7.23 Where there is a risk of dermatitis, the responsible person is expected to:

- carry out skin condition assessment prior to someone joining the company or as soon as possible after an employee has started the work
- carry out periodic checking of the hands and forearms of employees for early signs of dermatitis
- keep records of the skin checks
- inform the employer of the outcomes of the skin checks so that he or she can take the necessary action
- If there is an outbreak of dermatitis, advise the employer to seek expert help for managing this and for restoring adequate control of exposure.

7.24 The responsible person may carry out skin inspection by direct observation of the skin, using a questionnaire or some other method within his/her competence.

7.25 Further information on health surveillance may be found in [COSHH Essentials Control Guidance Sheet G403](#). This can be downloaded from the COSHH Essentials website

Managing sickness absence

7.26 Employers need to tell their employees that:

- it is their employment policy to help employees return to work following sickness absence
- They have a legal duty to know the cause of employees' sickness, in case it is work-related. If it is, there is a duty to review the systems in place to prevent the illness happening again

7.27 Further information is in INDG399.

Independent help to small businesses

7.28 The Workplace Health Connect pilot service, for small and medium sized businesses in England and Wales, finished as planned in February 2008. Following completion of this pilot, small and medium businesses can obtain free help and advice on workplace health via the following routes:

- In England: use the 'Ask an expert' scheme – contact HSE at <http://www.hse.gov.uk/contact/index.htm> or via HSE's Infoline on 0845 345 0055
- In Scotland: contact 'Healthy Working Lives' - <http://www.sahw.co.uk/> or telephone free on 0800 019 2211
- In Wales, contact the new Workboost Wales pilot project. Call the Workboost Wales Enquiry Line on 0845 609 6006 or visit the [Workboost Wales website](http://www.workboostwales.org.uk/) at <http://www.workboostwales.org.uk/>
- Small and medium sized businesses in the Milton Keynes area can benefit from the Healthy Workplaces MK service provided by HSE and Milton Keynes Council, which is a similar service to Workplace Health Connect. Businesses can call the HWMK Adviceline on 0845 408 9570, or visit the website at <http://www.healthyworkplacesmk.co.uk.healthyworkplaces/>

Additional information

7.29 Additional information sources are listed in HSE's '[Skin at Work](#)' website; hairdressers' '[Bad Hand Day?](#)' website; [COSHH Essentials for printers website](#).

7.30 Natural rubber latex (NRL) is used in the manufacture of some gloves. NRL contains proteins which are known sensitizers that can cause respiratory and skin allergies in people who wear single-use disposable latex gloves. The potential for sensitivity is increased where powdered single-use gloves are used. As the proteins are known sensitizers, they are substances hazardous to health and are subject to the requirements of the COSHH Regulations. Employers have a duty to ensure exposure to substances hazardous to health is prevented or where this is not reasonably practicable, exposure is adequately controlled.

7.31 What are the practical consequences of using single-use NRL gloves? There are alternative types which can replace NRL gloves. In many workplace situations it is reasonably practicable to prevent exposure to proteins in NRL gloves. Where an employer has no alternatives but has to use single-use NRL gloves, the justification for this must be stated in a risk assessment that is required by law. In addition, in these cases, employers should use powder-free low-protein gloves (as defined in EN standards). For more details on how to take appropriate action in the case of potential NRL exposure, particularly through the use of powdered latex gloves, the following guidance refers:

- [SIM 07/2003/24: Natural Rubber Latex Sensitisation in Healthcare](#)

- [RHS Inspection Topic Pack Asthmagens](#)

8 Enforcement

Management arrangements

8.1 To reduce the risk of dermatitis, employers must be aware of the tasks and activities that can expose workers' skin to hazardous agents and 'wet work'. For each of the target sectors, key tasks, activities and risk gap assessment guidance are listed in [Table 4](#).

8.2 If there is a risk of exposure and harm, then employers must put in place suitable control measures and should have a suitable management system to ensure that the risk of dermatitis is minimised. The management system in place should be proportionate to the size of the undertaking and the extent of the risk. Micro-businesses, in general, follow procedures developed by their respective industry associations. These should be considered as acceptable, unless the inspector's opinion is that they are falling far below the acceptable standards for the adequate control of the risks as required by the law. In such cases, inspectors should seek further specialist advice before taking an enforcement action. LA inspectors should be able to access this advice through the HSE Partnership Managers.

8.3 Deficiencies found should be addressed using the dermatitis Risk Control Indicator (RCI) and assessment scale:

Work-related contact dermatitis: Is there effective organisation and arrangements, including COSHH assessment, information, instruction and supervision, with evidence of management commitment; are controls adequate to establish a Safe Working Distance between skin and contaminants, and is PPE (including gloves) used only as the last option; is skin inspection in place, with records; and is work-related contact dermatitis reported under RIDDOR.

Risk Control Indicators – Assessment Scale: the risk control indicator should be assessed against the following 1-6 scale.					
1	2	3	4	5	6
High standards with some aspects meeting best practice.	Good standards meeting minimum legal requirements .	One or more minor shortcomings are present. As these shortcomings are not serious, they can be dealt with informally with oral advice.	Standards are patchy. It is necessary to address one or more shortcomings by giving formal instructions for remedial action to be taken. Formal instructions may be implemented by, e.g., obtaining a verbal undertaking from the company to take specific action, sending a letter, or physical removal/ disposal of items..	Standards generally unsatisfactory . Typically, at least one contravention that gives rise to a discernible risk gap.	Standards unacceptable. Unless application of the EMM identifies duty holder factors that provide strong mitigation, the issuing of a notice and/or prosecution is likely to be appropriate.

Enforcement guidance

8.4 The following is a guide to when enforcement action may be appropriate and is based upon Enforcement Management Model (EMM) version 3.0 and the general guidance on the application of EMM principles to health risks. Actions taken by inspectors should ensure that they reflect any changes to the EMM. The final decision on any type of enforcement action should take account of local arrangements (e.g. Local Council management procedures).

8.5 The risk gap assessments for a selected number of activities in the target industrial sectors are summarised in Table 4.

Table 4: Industrial Sectors and Risk Gap Assessment

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Industrial Sector - Hairdressing				
Activity	Benchmark	Gaps in controls	Risk Gap	Indicative Action
Management systems	<p>Employer knows the health risks from wet work, shampoos, colouring, perming and styling agents and disinfectants.</p> <p>Employer should have formally (written or otherwise) explained the risks, how to control the exposure, what control options are in place and how employees should carry out the tasks safely.</p> <p>Employer has systems in place to check that the controls in place are working.</p>	<p>Poor knowledge of hazards and risks – no attempt has been made to find out; not shown evidence that they have obtained and read relevant information. Does not know wet work/shampoo and other chemicals can cause dermatitis. There is evidence that employees are unaware of the health risks including skin sensitising chemicals in the products used (e.g. PPD). Employer has not taken steps to tell employees about risks and controls. No system is in place for H&S training. Relevant information - e.g. "Myths, Misunderstanding and Prevention Checklist" available at HSE's 'Bad Hand Day?' website; SDS; labels; LA information; industry association advice by HABIA, NHF, CTPA, HBSA). HABIA website has suitable control messages and resources agreed by consensus with HSE and LAs.</p> <p>Have not put in place acceptable controls.</p>	S to M	<p>Letter indicating their responsibilities and what is being expected and the time frame for implementing the required action. Leaflets on HSW act, and COSHH. Follow up, no action consider IN under HSW/MSHW/COSHH where there is evidence that employees (including rent-a-chair) are likely to be harmed.</p> <p>If you are planning to deal separately with rent-a-chair people, read the contract details and seek legal help locally.</p>
		<p>In addition to above, more than five employees and no written RA as required by law (MHSW and COSHH)</p>	M	<p>Letter about law and requirements, what is expected and by when. Follow up, no action consider IN.</p>
Control strategy Shampooing and/or rinsing	<p>Suitable gloves provided and employees trained on correct donning and doffing. Supply is available in different sizes. When a single-use glove is taken off it is thrown away and not re-used. All-round smooth nitrile or vinyl gloves have been found to be suitable. Adequate cuff length and seal around the edges of the gloves to help to prevent or minimise water ingress between hands and the gloves and this has been taken into account when selecting gloves. Skin care creams (e.g. paraffin-based or aqueous types) are made available and they are used without the risk of cross contamination between users.</p>	<p>Washing/shampooing without gloves and the exposure pattern for wet work exceeds the wet work guidance (COSHH, MHSW).</p> <p>Skin care creams not provided (COSHH reg 7(4)(e)).</p> <p>Cross contamination of creams allowed (COSHH reg 7(4)(e)).</p>	S	<p>Letter indicating the need for providing suitable gloves, training on correct use and why this requirement is sought. Specify deficiencies and what is required and why, give details about HSE posters. Indicate what is expected and by when. Follow up and no action consider IN.</p> <p>Where short length gloves (less than around 260 mm length) are provided seek specialist advice before action is taken.</p> <p>Letter indicating why and the need for providing skin care creams. Refer to Bad Hand Day and Industry guidance. Follow up and no action consider IN.</p> <p>Refer to (ii) above.</p>
	Some employers may say they use job rotation instead	Colours and perms containing skin sensitising chemicals used	E	Consider IN. There is a risk of sensitisation.

Table 4 continued: Industrial Sectors and Risk Gap Assessment

Industrial Sector - Hairdressing				
Activity	Benchmark	Gaps in controls	Risk Gap	Indicative Action
	of gloves. In this case they will have to demonstrate that this approach can ensure adequate control of risks. It means they have skin check programme in place. For example, formal skin inspection once a month by employer and employees are instructed to examine their skin weekly and report any adverse findings.	on a daily basis and without gloves. Employees do not know the risks, no arrangements for skin inspection. Job rotation as a risk control measure not justified. Even with job rotation, employees are doing more than 10 shampoos a day.		Employer has a legal duty to reduce exposure to skin sensitisers and there have been cases taken for inadequate control of exposure to skin sensitisers. If more than 5 employees and no written assessment consider INs on: Assessment and steps to control; Skin checks and if there are confirmed cases of dermatitis for RIDDOR contravention.
	<p>There is plenty of evidence about powdered latex gloves and allergic reactions including skin sensitisation and asthma:</p> <p>1. Employer is aware of this and has taken action to avoid latex gloves. Using vinyl or nitrile gloves should be acceptable providing water and chemicals do not get inside the gloves during use.</p> <p>2. Employer is aware of this and has taken action to avoid powdered latex gloves.</p> <p>3. Employer using low protein powder-free latex gloves, justified by risk assessment, and further risk assessment is in place for staff and clients who will be exposed.</p>	<p>(i) Using powdered latex glove (see paragraphs 7.30 and 7.31).</p> <p>(ii) Using low protein powder-free latex gloves without justification for why non-latex alternatives cannot be used as required by the primary requirement of COSHH reg. 7(2). No risk assessment to establish risks to staff and clients exposed to latex.</p>	<p>E</p> <p>M</p> <p>-</p>	<p>(i) Letter indicating sensitisation potential and the need to provide alternatives. Follow up in a given time frame as advised, no action consider IN.</p> <p>(ii) Letter indicating HSE policy, the primary requirement of COSHH 7(2) and examples of suitable alternatives including cost comparison. Follow up, no action consider IN.</p>
	Employees know how to put on and take off gloves. They know that they should prevent water getting inside the gloves.	No instruction or training	M	Letter and poster details on single-use gloves (see HSE's Skin at Work web pages)
Control strategy Colouring, Perming	Suitable gloves and skin creams (e.g. paraffin-based or aqueous type creams) are made available. Creams can be used without cross contamination.	No gloves or creams provided. Cross contamination of creams allowed.		Letter indicating sensitisation potential. Follow up, no action consider IN.

Table 4 continued: Industrial Sectors and Risk Gap Assessment

Industrial Sector - Hairdressing				
Activity	Benchmark	Gaps in controls	Risk Gap	Indicative Action
		Exposure to skin sensitising chemicals takes place daily and repeated contact, no systems in place for exposure control and there are no systems for skin inspection.		Consider IN
		Using powdered latex glove.	E	Letter indicating sensitisation potential and the need to provide alternatives. Follow up in a given time frame as advised, no action consider IN.
		Using low protein powder-free latex gloves without justification for why non-latex alternatives cannot be used as required by the primary requirement of COSHH reg. 7(2). No risk assessment to establish risks to staff and clients exposed to latex.	M	Letter indicating HSE policy, the primary requirement of COSHH 7(2) and examples of suitable alternatives including cost comparison. Follow up, no action consider IN
	Employees know how to put on and take off gloves. They know that they should prevent water getting inside the gloves.	No instruction or training	S	Letter and single use gloves poster details.
Health Surveillance	Responsible person appointed and duties carried out	Responsible person not appointed and no skin inspection	M	Letter advising the requirements of law.

Table 4 continued: Industrial Sectors and Risk Gap Assessment

Industrial Sector – Beauty (nail)				
Activity	Benchmark	Gaps in controls	Risk Gap	Indicative Action
Management systems	Employer knows the health risks from wet work (frequent hand washing), waxes, nail polishes, colophony or rosin, resins, dusts, solvents and disinfectants. Employer should have formally explained the risks, how to control them, what control options are in place and how employees should carry out the tasks safely. Employer has systems in place to check that the controls in place are working.	Poor knowledge of hazards and risks – no attempt has been made to find out. Not shown evidence that they have obtained and read relevant information (e.g. SDS, labels, LA information and industry association advice – e.g. HABIA). Does not know wet work causes dermatitis. There is evidence that employees are unaware of the health risks. Not aware of skin sensitising chemicals in the products used. Have not taken steps to tell employees about risks and controls. No system in place for H&S training Have not put in place acceptable controls	S to M	Letter indicating their responsibilities. Leaflet on HSW act and COSHH and a copy of SR13.
		More than five employees and no written RA	M	Letter about law. Follow up, no action consider IN.
Control strategy Nail work	A portable cone or down draught ventilation to extract dusts. Work surfaces are free of pastes, solvents and dust arising from nails and resins.	Dirty working surface allowing skin contamination including sensitising chemicals. Dermal exposure to rosin and epoxy resin dusts are uncontrolled. No system in place for skin inspection. No attempt to control exposures	E	A letter requiring action and by when. Follow up no action Consider IN.
	Suitable gloves.	No gloves provided.		Letter requiring urgent action. Follow up, no action consider IN
		Using powdered latex glove.	E	Letter indicating sensitisation potential and the need to provide alternatives. Make them aware that industry guidance is available? Follow up in a given time frame as advised, no action consider IN.
		Using low protein powder-free latex gloves without justification for why non-latex alternatives cannot be used as required by the primary requirement of COSHH reg. 7(2). No risk assessment to establish risks to staff and clients exposed to latex.	M	Letter indicating HSE policy, the primary requirement of COSHH 7(2) and examples of suitable alternatives including cost comparison. Follow up, no action consider IN
	Suitable hot and cold water facilities, cleaning agents and hand drying facilities available. Skin creams (e.g.	No creams provided or cross contamination of creams allowed. Welfare facilities inadequate	M	Letter follow up no action consider IN

Table 4 continued: Industrial Sectors and Risk Gap Assessment

	paraffin-based or aqueous type creams) are made available. Creams can be used without cross contamination.			
Health surveillance	Responsible person appointed and duties carried out.	Responsible person not appointed and no skin inspection	M	Letter advising the requirements of law

Table 4 continued: Industrial Sectors and Risk Gap Assessment

Industrial Sector - Dentistry				
Activity	Benchmark	Gaps in controls	Risk Gap	Indicative Action
Management systems	<p>Employer should know the health risks from wet work, frequent hand washing and chemicals such as x-ray developer, dental repair products, epoxy resins, detergents, latex rubber proteins and disinfectants. Further details in SIM.</p> <p>Employer should have formally explained the risks, how to control them, what control options are in place and how employees should carry out the tasks safely. Employer has systems in place to check that the controls in place are working.</p>	<p>Poor knowledge – no attempt has been made to find out about hazard and risks. Not shown evidence that they have obtained and read relevant information (e.g. SDS, labels, and industry association advice – e.g. BDA). Does not know wet work causes dermatitis. There is evidence that employees are unaware of the health risks. Not aware of skin sensitising chemicals in the products used.</p> <p>Have not taken steps to tell employees about risks and controls. No system in place for H&S training</p> <p>Have not put in place acceptable controls</p>	S to M	Letter indicating their responsibilities. Leaflets on HSW act, Latex and You (INDG 320), BDA advice such as sheet A12 - Infection Control in dentistry (see http://www.bda-dentistry.org.uk/advice/docs/A12.pdf).
Control strategy Manual sterilisation	Automated cleaning systems considered. If not, reasons are justified. For manual cleaning, suitable trays and handling facilities available for cleaning and transferring instruments. Contaminated surfaces wiped to avoid contact with skin.	Control systems are inadequate causing inhalation and skin exposure. Skin and respiratory sensitising chemicals are involved.	S	Consider IN
	Suitable gloves (e.g. rubber or nitrile disposable) provided for manual cleaning.	Powdered latex gloves used	E	Letter indicating sensitisation potential and the need to provide alternatives. Follow up in a given time frame as advised, no action and establish the reason for no action, consider IN.
		Using low protein powder-free latex gloves without justification for why non-latex alternatives cannot be used as required by the primary requirement of COSHH reg. 7(2). No risk assessment to establish risks to staff and clients exposed to latex.	M	Letter indicating HSE policy, the primary requirement of COSHH 7(2) and examples of suitable alternatives including cost comparison. Follow up, no action consider IN
	Adequate welfare facilities and skin care creams available	No skin care creams provided or cross contamination of creams allowed. Welfare facilities inadequate	M	Letter follow up no action consider IN. COSHH 7(4)(e)
Control strategy PPE for infection control	Provided with non latex gloves	Using powdered latex glove	E	Letter indicating sensitisation potential and the need to provide alternatives. Follow up in a given time frame as advised, no action consider IN.

Table 4 continued: Industrial Sectors and Risk Gap Assessment

		Using low protein powder-free latex gloves without justification for why non-latex alternatives cannot be used as required by the primary requirement of COSHH reg. 7(2). No risk assessment to establish risks to staff and clients exposed to latex.	M	Letter indicating HSE policy, the primary requirement of COSHH 7(2) and examples of suitable alternatives including cost comparison. Follow up, no action consider IN
Control strategy Preparing and handling dental fillers	Closed containers used for mixing and preparing the mix. Knows and prepares only a minimum. Contact with skin avoided.	Manual mixing of skin sensitising chemicals in an open system and spillages on workbenches. Dermal exposure is evident. No arrangements for skin inspection. Had or have dermatitis problems.	E	Consider IN
Health surveillance	Responsible person appointed and duties carried out	Responsible person not appointed and no skin inspection	M	Letter advising the requirements of law

Table 4 continued: Industrial Sectors and Risk Gap Assessment

Industry Sector - Printing				
Activity	Benchmark	Gaps in controls	Risk Gap	Indicative Action
Management systems	Employer should know the health risks from solvents, inks, washes, development fluids Employer should have formally explained the risks, how to control them, what control options are in place and how employees should carry out the tasks safely. Employer has systems in place to check that the controls in place are working.	Poor knowledge – no attempt has been made to find out; Not shown evidence that they have obtained and read relevant information (e.g. SDS, labels, and industry association advice). Does not know solvents cause dermatitis. There is evidence that employees are unaware of the health risks. Not aware of skin sensitising chemicals in the products used. Have not taken steps to tell employees about risks and controls. No system in place for H&S training Have not put in place acceptable controls	S to M	Letter indicating their responsibilities. Reference to relevant COSHH Essentials sheet. Reference to industry guidance
Control strategy Manual cleaning of printing presses and press components	Automated cleaning systems considered; wiping tools used instead of hand-held cloths;	No automated processes, hand wiping using cloths.	M	Letter indicating responsibilities. Relevant COSHH Essentials CGS sent.
Control strategy PPE	Suitable gloves	Gloves not provided or used; incorrect gloves selected; damaged gloves in use.	M	IN where no suitable gloves provided. Otherwise letter advising correct use. Follow-up no action, consider IN.
Health surveillance	Responsible person appointed and duties carried out	Responsible person not appointed and no skin inspections	M	IN where UV inks or isocyanates in use. For irritants leading to ICD, letter. Follow up no action, consider IN.

Table 4 continued: Industrial Sectors and Risk Gap Assessment

Industry sector – Engineering (MWF)				
Activity	Benchmark	Gaps in controls	Risk Gap	Indicative Action
Management systems	Employer should know the health risks from solvents, metal working fluids, coolants, and antibacterial agents. They should know wet work causes dermatitis. Employer should have formally explained the risks, how to control them, what control options are in place and how employees should carry out the tasks safely. Employer has systems in place to check that the controls in place are working.	Poor knowledge – no attempt has been made to find out; Not shown evidence that they have obtained and read relevant information (e.g. SDS, labels, and industry association advice). Does not know solvents, metal working fluids, coolants, antibacterial agents and wet work cause dermatitis. There is evidence that employees are unaware of the health risks. Not aware of skin sensitising chemicals in the products used. Have not taken steps to tell employees about risks and controls. No system in place for H&S training Have not put in place acceptable controls	S to M	Letter indicating their responsibilities. Leaflets and relevant COSHH Essentials Sheets MW0, MW1, MW2, MW3, MW5, S200
Control strategy Dermal exposure to MWF	Control measures identified in CE- Control Guidance Sheets (CGS) are in place.	Assess the availability and application of each of the control elements in CGS, consider against the RCI and the assessment scale		Decide risk gap and take appropriate action

Appendix 1- Simple control measures for the 'service' sectors

Hairdressers

- Wear disposable non-latex gloves when rising, shampooing, colouring, bleaching, etc.
- Dry your hands thoroughly with a soft cotton towel or paper towel
- Moisturise after washing your hands, as well as at the start and end of each day. It's easy to miss fingertips, finger webs and wrists. HSE poster at Skin at Work website will show you how to apply the creams correctly so that all parts of the hands are covered.
- Change gloves between clients. Make sure you don't contaminate your hands when you take them off. HSE poster at Skin at Work website will show you how to put on and take off gloves without contaminating your skin.
- Check skin regularly for early signs of dermatitis. HSE poster at Skin at Work website will show you how to check (self check by hairdressers as well as checking by a responsible person like the owner of the salon) for early signs of dermatitis.

Nail technicians

- **Avoid** exposure. A downdraft ventilation table is recommended for all nail work. Where power tools are not in use, place customers' hands on a 'wet-wipe'. This will help to reduce dust generation when cleaning the work surface.
- **Protect** your skin:
 - Wear 'single use' vinyl or nitrile type gloves for nail sculpture and nail product use.
 - If you use a disinfectant hand gel, choose a fragrance-free one containing a softener.
 - Moisturise – apply hand cream before starting work and each time you wash your hands.
 - Throw away 'single use' gloves every time you take them off. Change them between clients.
- **Check** your skin regularly for any signs of dryness and cracking which are early signs of dermatitis and if necessary, seek medical advice.

Cleaners & domestics

- **Avoid** exposure. Keep a 'safe working distance' between you and cleaning products or water– use handles not hands (e.g. use a floor mop not a floor cloth, dish mop not a dish cloth). Substitute irritant chemicals for milder alternatives where

available. Avoid concentrates and instead use dosing systems such as single use sachets.

- **Protect** your skin:
 - Wear gloves – robust natural rubber gloves are acceptable unless a cleaning product label tells you to wear a different type. Choose a flock-lined glove or use a separate cotton liner.
 - Moisturise – apply hand cream before starting work and each time you wash your hands.
 - Take regular glove breaks – air your hands for a minute before they get hot and sticky inside your gloves. Be careful how gloves are taken off. Wash them or wipe the outsides first and take off not letting ungloved hand touch the contaminated glove.
- **Check** your skin regularly for any signs of dryness and cracking which are early signs of dermatitis and if necessary, seek medical advice.

Catering staff

- **Avoid** exposure. Keep a 'safe working distance' between you and cleaning products, food and water – avoid direct handling where possible e.g. use a dishwasher rather than washing up by hand; use utensils rather than hands to handle food.
- **Protect** your skin:
 - Wear gloves – 'food-grade, single use' gloves are acceptable for food handling; robust natural rubber gloves can be used for more 'heavy duty' work. For 'heavy duty' gloves choose flock-lined or use a separate cotton liner.
 - Moisturise – apply hand cream before starting work and each time you wash your hands.
 - Take regular glove breaks – air your hands for a minute before they get hot and sticky inside your gloves.
- **Check** your skin regularly for any signs of dryness and cracking which are early signs of dermatitis and if necessary, seek medical advice.

Appendix 2 - Responsible person – Competencies

The responsible person should be competent to carry out skin checks. To be competent, the person should know:

(i) which processes at their work are associated with the potential to cause skin disease

This information can be found in HSE publications relevant to the industrial sector and from relevant trade associations.

(ii) the substances (used in the processes) at the workplace that are likely to cause skin conditions such as dermatitis i.e. the hazards.

This information can be found in HSE publications, safety data sheets and/or from trade associations.

(iii) what types of skin conditions may be caused by the substances.

e.g. ICD, ACD, burns, skin discolorations and boils

(iv) what control measures should be in place to prevent or adequately control dermal exposure

This information can be found in HSE industry specific guidance or from trade associations.

(v) what types of shortcomings in control measures are likely to lead to dermal exposure, and the RISKS in their particular workplace

For example:

- contamination of work surfaces, which are left uncleaned - skin comes into contact with contaminated tools, equipment and clothing.
- contamination of the insides of gloves because wearers have not been instructed on their correct use.
- heavily contaminated coveralls and/or apron worn and not regularly cleaned.
- contamination of footwear contributing to skin contamination.

In these circumstances skin can come into contact with substances likely to cause skin problems, because procedures set out for exposure control are not being followed.

(vi) what are the early visible signs on the skin that may be noted and raise concern that there might be a problem.

- Signs: redness, itching, swelling, minor scaling, severely dry looking skin without shine and lustre, discoloration, minor wounds.

(vii) what should be done if controls are not working and/or signs of skin problems are noted. Report to the employer that signs on the skin that have given cause for concern and request that the person should be seen by a medical practitioner (this could be the individual's GP) as soon as is practicable; keep a record of what was observed and to whom that record belongs. Report to the Employer any incorrect use of controls. Once the responsible person has raised a suspicion, the duty lies with the Employer to investigate, as well as get the person seen by a medical practitioner.

Appendix 3 – Sample Letter

A sample letter where immediate enforcement notices are not being considered. A letter may be appropriate when the Inspector forms a view that the situation falls within the RCI assessment scale 4.

Health and Safety at Work etc Act 1974, Section 2 Management of Health and Safety at Work Regulations 1999 Control of Substances Hazardous to Health Regulations 2002 (as amended)

I refer to my inspection visit to your premises on **date** and I now write to confirm what was discussed.

It is my view that you are not taking adequate measures and doing all that is 'reasonably practicable' to prevent contact dermatitis in your workplace. Therefore, as a matter of urgency, you should implement such measures needed to prevent your employees being exposed to substances hazardous to health.

In particular, you need to consider those carrying out shampooing and rinsing activities. You should inform your employees about the risks associated with wet-work, shampoos, hair colouring and bleaching products; provide them with suitable gloves for wet work activities; instruct them how to put the gloves on correctly, use them and take them off; and how to self-check their skin for early signs of dermatitis.

All-round smooth, powder-free nitrile or vinyl gloves of overall length 300 mm are ideal for hairdressing activities. You should have available different sizes of gloves so that employees can select the right size for them.

I would like to revisit your premises in about **a month** to check that adequate control measures are in place. If the exposures are not being adequately controlled, I shall need to consider further action, including an Improvement Notice if appropriate. (I will tell you the reasons for issuing the Notice and what measures are needed to effect compliance with law. The Notice will also state the time period, agreed in consultation with you, by which compliance must be met. Failing to comply with the Notice is a criminal offence and the employer can be prosecuted at a Magistrate Court).

Yours...

Enc:

Appendix

1 Hairdressers are at a greater risk of work-related dermatitis due to the exposure to hairdressing chemicals and wet-work. A study of British hairdressers estimated that over 45% (approximately 50 000) suffer from dermatitis.

2 Wet-work means work that involves hands being wet for significant periods during the working day; as a guide - more than two hours a day or about twenty to forty hand washes a day. 'Wet work' is of particular concern when in combination with exposure to shampoos, soaps, detergents or solvents, as the skin is eventually stripped of its natural protection.

3 There are two types of dermatitis among hairdressers: irritant contact dermatitis (ICD) caused by chemicals and 'wet work'; and allergic contact dermatitis (ACD) caused by sensitising chemicals (e.g. colouring and bleaching products; PPD is a well known skin sensitiser). Both, ICD and ACD can be prevented by avoiding skin contact with hazardous agents causing these diseases. The most commonly affected part of the body is the hands.

4 Those undertaking shampooing and rinsing are at a greater risk from wet-work related dermatitis. Wet-work requires suitable gloves for preventing the exposure.

5 Employers can get help from HSE's 'Bad Hand Day?' website and from trade associations such as the Hair and Beauty Industry Association (Habia) and the National Hairdressers' Federation (NHF).

6 A recent study among hairdressers (conducted by Local Authorities and the Health and Safety Executive) found that nearly two thirds of hairdressers said that they would wear gloves for shampooing and rinsing. Hairdressers found that all round smooth nitrile or vinyl gloves were comfortable to wear and they did not interfere with the job. It is important to select the right size.

7 HSE's 'Skin at Work' website has number of posters that can be used to train employees on correct donning and doffing of gloves and skin inspection.

8 LAs are carrying out inspection throughout the country to ensure employers in hairdressing industry are taking adequate control measures to prevent employees' exposure to substances hazardous to health, which includes wet-work.

Appendix 4 – Contents for Sample Notices (For Use in LP2)

1 Failure to provide suitable gloves for wet-work – This example is for hairdressing, but can be adapted for others

Health and Safety at Work etc Act 1974, Section 2

Management of Health and Safety at Work Regulations 1999

**Control of Substances Hazardous to Health Regulations 2002 (as amended),
Regulation 7**

So far as is reasonably practicable you, as an employer, have failed to adequately control employees exposure to substances hazardous to health, in particular you have failed to provide employees exposed to wet work (shampooing, rinsing and cleaning) with gloves which will adequately control their skin exposure.

Schedule to the notice

Wet work involving shampooing and rinsing hair and cleaning tasks can cause irritation to the skin leading to skin damage and dermatitis.

It is necessary to avoid skin contact when undertaking wet work tasks. One suitable method for controlling skin exposure is to wear suitable gloves. You should make available different sized gloves so that your employees can select the right size.

OR

You should take any other equally effective measures to achieve compliance with the Notice

The information below does not form part of the Notice

Irritant contact dermatitis caused by prolonged or frequent contact with water or tasks involving wet work. Wet work is a major cause of work related dermatitis in the hairdressing industry.

You are reminded that the persons who need to use gloves to control skin exposure should be trained in their correct use. When selecting suitable gloves you should take account of the need to provide different sizes of gloves to meet the requirements of those persons needing to use gloves.

HSE research and user surveys among British hairdressers have shown that single use all round smooth, powder free nitrile or vinyl gloves of overall length 300 mm are suitable.

Further information relevant to this notice can be found at [HSE's 'Bad Hand Day?'](#) and at the [Habia website](#).

The requirements of Controls of Substances Hazardous to Health Regulations 2002 (as amended) can be found in: L5, COSHH ACoP, Control of substances hazardous to health (fifth edition).

2 Using single-use powdered latex gloves

Health and Safety at Work etc Act 1974, Section 2

Management of Health and Safety at Work Regulations 1999

**Control of Substances Hazardous to Health Regulations 2002 (as amended),
Regulation 7**

So far as is reasonably practicable you, as an employer, have failed to prevent employees exposure to substances hazardous to health, namely exposure to natural rubber latex proteins because you have not eliminated the use of single-use powdered latex gloves.

Schedule to the notice

To comply with this notice you should provide gloves made from non-latex material. By taking this action it is reasonably practicable to prevent the exposure to potent sensitisers (proteins) present in powdered latex gloves.

OR

You should take any other equally effective measures to achieve compliance with the Notice.

The information below does not form part of the Notice

Natural rubber proteins are well known sensitisers. They have caused several cases of sensitisation reactions in the workplace. One major contributor is the use of single-use powdered latex gloves. The proteins in the latex gloves can get absorbed on to the powder. When this contaminated powder comes into contact with the skin or respiratory system it can lead to sensitisation reactions among the exposed. Information on latex protein and allergic reactions can be found at [HSE's website](#).

You are reminded that the persons who need to use gloves to control skin exposure should be trained in their correct use. When selecting suitable gloves you should take account of the need to provide different sizes of gloves to meet the requirements of those persons needing to use gloves.

The requirements of Controls of Substances Hazardous to Health Regulations 2002 (as amended) can be found in: L5, COSHH ACoP, Control of substances hazardous to health (fifth edition)

3 Failure to undertake health surveillance – in cases where you have established that one or more employees are suffering from work-related dermatitis or in your view exposure is taking place to substances that can cause severe dermatitis (e.g. wet-work)

**Health and Safety at Work etc Act 1974, Section 2
Management of health and Safety at Work Regulations 1999
Control of Substances Hazardous to Health Regulations 2002 (as amended),
Regulation 7**

So far as is reasonably practicable you, as an employer, have failed to provide adequate and suitable health surveillance to your employees who are liable to be exposed to substances hazardous to health that may cause work-related dermatitis.

Schedule to the notice

To comply with this notice, you should identify employees who should be placed under health surveillance; appoint a competent responsible person to carry out regular skin inspections; Keep records of the skin inspection and make it available to the individuals who have been subjected to skin inspection.

You may appoint an independent provider of health surveillance to undertake the task on your behalf or appoint a competent responsible person from within your business.

OR

You should take any other equally effective measures to achieve compliance with the Notice.

The information below does not form part of the Notice

The objectives of health surveillance are to:

- a) Protect the health of individual employees by detecting as early as possible adverse changes to the skin which may be caused by exposure to substances hazardous to health
- b) Help evaluate the measures taken to control exposure
- c) Collect and keep up-to-date information for determining and evaluating risks to health

Further information on work-related dermatitis and health surveillance may be found at HSE's "[skin at Work](#)" website.

The requirements of Controls of Substances Hazardous to Health Regulations 2002 (as amended) can be found in: L5, COSHH ACoP, Control of substances hazardous to health (fifth edition).

4 Washing facilities

Health and Safety at Work etc Act 1974, Section 2

Management of health and Safety at Work Regulations 1999

**Control of Substances Hazardous to Health Regulations 2002 (as amended),
Regulation 7**

Workplace (Health, Safety and Welfare) Regulations 1992, Regulations 21) Washing facilities

You, as an employer, have failed to provide adequate washing facilities to your employees who are liable to be exposed to substances hazardous to health that may cause work-related dermatitis.

Schedule to the notice

To comply with this notice you should provide (select from below, as appropriate)

Running hot and cold water

Provide waterless cleaning system as appropriate for mobile workers

Provide suitable hand cleaning product

Provide suitable skin conditioning cream

Provide suitable facility for hand drying

Provide separate facility for men and women

(If reg 23 applies (accommodation for clothing), take into account and deal with it)

OR

You should take any other equally effective measures to achieve compliance with the Notice.

The information below does not form part of the Notice

Any person using a substance hazardous to health capable of causing work-related dermatitis or undertake work involving methods of work which can cause work-related dermatitis should have access to adequate washing facilities. Contamination on skin should be cleaned regularly and hands dried after washing. Pre-work creams and moisturising creams help to ensure that the skin remains hydrated to maintain the protective functions of the skin and reduce the potential for dermatitis.

Further information on work-related dermatitis and health surveillance may be found in HSE's "[skin at Work](#)" website.

The requirements of Controls of Substances Hazardous to Health Regulations 2002 (as amended) can be found in: L5, COSHH ACoP, Control of substances hazardous to health (fifth edition).