

Health and Safety Working Safely Guides

Hand Protection Guide



CONTENTS

- 1.0 Introduction
- 2.0 Managers, Head Teachers, Line Managers and Supervisors
- 3.0 Employees
- 4.0 Health Surveillance
- 5.0 Gloves
- 6.0 Appendices

Hand Protection

1.0 Introduction

This guide has been produced to support Warwickshire County Council's (WCC) Infection Prevention and Control Policy and Standard Infection Control Precautions Guide to ensure that all of the health and safety issues relating to the prevention of harm to hands and the spread of infection are adequately managed and controlled so activities are carried out in a safe manner.

2.0 Managers, Head Teachers, Line Managers and Supervisors must:

- Undertake specific risk assessments for all activities where infection control or harm to hands is identified as a significant risk; identify level of precautions needed to control risks; record findings; monitor and review to ensure control measures are still valid
- Ensure staff are made aware of possible harm and ill health implications and reasons for wearing gloves
- Inform staff about the benefits of health surveillance; what records will be held and how they should report any new skin conditions or changes in existing conditions
- Report any instances of recognised work related skin conditions diagnosed by a GP or medical professional using the WCC Accident/incident reporting system to ensure the cause can be investigated
- Ensure staff receive induction and attend training, where assessed by job role and are competent to undertake tasks in a safe manner
- Ensure that gloves supplied are the correct grade appropriate for the tasks
- Purchase gloves in a variety of sizes to ensure they fit the wearer and in sufficient quantities, so there is always a supply available
- Ensure gloves are stored in a suitable dry storage area as identified by risk assessment
- Inform staff about how to report any defects
- Only issue powder free latex gloves as this will reduce the sensitivity to latex, although this may still prove inadequate for a minority of people
- Ensure staff have access to latex free alternatives, but continue to carry out health surveillance as a reaction to latex may be replaced with another risk
- Wherever possible, ensure customers are asked if they have a known allergy to latex; this must be recorded and any staff providing personal care tasks must not wear latex gloves, but be issued with alternatives e.g. nitrile
- Report all accidents/incidents and near misses and any occupational skin conditions using the WCC Accident/incident reporting system

3.0 Employees must:

- Check skin condition, informing your manager/supervisor and seeking advice from your GP if you notice a change e.g. rashes, blisters, redness or itching
- Inform your manager/supervisor and seek advice from your GP if you suffer any skin irritation or rash after wearing gloves or when an existing skin condition worsens
- Use gloves for the tasks as identified by the specific risk assessments with instructions from manager/supervisor
- Check for wear and tear before use and report any defects to manager/supervisor; do not use if damaged
- Cover minor cuts and abrasions with waterproof dressings before wearing gloves
- Wash hands, concentrating on finger tips and thumbs, with soap and hot water and dry hands thoroughly before and after wearing gloves
- Use the correct method of putting gloves on and taking them off to ensure maximum protection
- Remove gloves carefully and dispose of responsibly
- Only wear gloves when identified by risk assessment and must not be worn when travelling to and from customers or the workplace
- When providing personal care, not wear stoned rings as gloves are liable to tear; don't wear false nails or nail varnish as these can harbour germs
- Participate in any County Council's health surveillance programme introduced to protect your health
- Inform your manager/supervisor if a customer receiving assistance with personal care develops any skin rashes where gloves have been used, as they may have an allergy to latex which was not previously known
- Attend infection control training where assessed by job role
- Notify all accidents/incidents and near misses and any occupational skin conditions to your manager/supervisor and report on the WCC Accident/incident reporting system

4.0 Health Surveillance

A health surveillance programme must be introduced to ensure existing skin conditions are managed effectively; any new occupational skin conditions are identified; and action is taken at the earliest opportunity. The level of surveillance will be proportionate to risks identified by a risk assessment.

Health surveillance is implementing regular and appropriate procedures to detect early signs of work related ill health and taking appropriate action to protect staff. It is not a substitute for preventing or controlling harmful exposure to hazards.

The benefits are:

- To keep staff healthy in the workplace
- To manage existing skin conditions effectively

- Providing information, so that any ill health conditions are identified at the earliest stage to protect health
- Check control measures are working and whether risk assessments are still valid
- Provide data to detect health risks with specific tasks
- Train staff in safe and healthy working practices; and give staff an opportunity to raise any ill health concerns

The process for managing skin health surveillance is:

- If a skin condition is identified on the pre-employment questionnaire a referral to Occupational Health will automatically take place
- Self checks – if staff notice a change in skin condition e.g. rashes, blisters, redness or itching or have any concerns, the manager/supervisor must be notified immediately and staff must seek advice from a G.P. for a diagnosis
- Introduce regular checks by a manager/supervisor who has been trained to identify straightforward signs or symptoms to ensure early intervention
- A record will be kept with supervision notes on any findings which is signed by staff member and supervisor
- Only a qualified medical person can diagnose symptoms of an ill health condition and make recommendations for treatment
- Human Resources will arrange a referral to Occupational Health when G.P. diagnoses a recognised work related skin condition e.g. dermatitis, or allergy to latex
- Where a work related skin condition is diagnosed this must be reported on the WCC Accident/Incident reporting system as it may fall within the remit of RIDDOR and the Health and Safety team will report this to the Health and Safety Executive (HSE), as required.

5.0 Gloves

The purpose of wearing gloves is to keep the skin in good condition and to protect the skin against bodily fluids, detergents, chemicals, cuts and abrasions and to prevent the risk of cross infection between staff and customers.

- The types of gloves to be worn will be determined by risk assessment of activities or tasks and must be suitable to reduce the risks identified and conditions where they are to be used
- All latex gloves used must be powder free and vinyl gloves must not be used as they are more permeable to viruses
- All gloves must carry a CE marking
- Gloves must be issued free of charge to wearer
- Gloves must fit the wearer properly to provide protection to the skin and wearing them must not create other risks
- Gloves must only be worn for the tasks identified by risk assessment and not worn when travelling between customers or the workplace
- Gloves should only be worn where there is a risk of infection or hands may be harmed

- Gloves must be stored in a suitable dry place where they will not perish or degrade
- Disposable gloves must only be worn once
- Gloves provided for care tasks must only be used for one task
- Gloves must not be shared

6.0 Appendices

IC1 – Latex guidance

IC2 – Hand washing technique

IC3 – PPE removal procedure

IC4 – Work-based skin health surveillance record

Please refer to the Infection Prevention and Control Policy available on the Health and Safety Intranet site A-Z or WCC Health and Safety Document Library for Schools at www.warwickshire.gov.uk/SchoolHSDocs or contact the Health, Safety and Wellbeing Service for further advice.

What is Latex?

Natural latex is produced by the Hevea brasiliensis tree. The cloudy liquid latex is collected by tapping the tree and then going through a complex manufacturing process, involving the addition of sulphur and other chemicals.

The final product is a durable, flexible material which gives a high degree of protection from many micro-organisms and is often used in the manufacture of gloves. It currently provides the best protection against infection and gives the sensitivity and control needed in health/social care.

As well as being used in gloves it can be found in catheters, breathing apparatus, dressings and bandages, contraceptives, balloons, rubber bands, water bottles.

People at risk

Reactions to latex can vary greatly depending on product quality, but can occur through wearing gloves or coming into contact where heavily powdered gloves are in constant use. This means that staff and service users can be affected and therefore powder free gloves only must be worn by staff. Wearing gloves for extended periods could cause an unnecessary sensitisation.

Reactions can vary from:

Irritation - redness, soreness, cracking of the skin in areas exposed to latex. If latex is identified as the irritant agent, once contact with it ceases, the symptoms will disappear and not recur.

Type 1 allergic reaction - mild localised irritations or rashes (urticaria or hives), inflammation of the mucous membranes in the nose (rhinitis), red or swollen eyes with discharge (conjunctivitis) or asthma like symptoms. This is an allergic response to the latex proteins and occurs almost immediately on contact. In rare cases it may result in anaphylactic shock.

Type IV allergic reactions - dermatitis and itching with oozing blisters which are normally localised to the hands and arms. These occur between 10-24 hours after exposure and can get worse over the next 72 hours. This is an allergic response to the chemical additives used in the manufacturing process. The amount of latex exposure to produce sensitisation is unknown. Once sensitisation has taken place further exposure to the substance even a tiny amount will cause symptoms to recur. Increasing the exposure to latex proteins increases the risk of developing allergic symptoms. Occupational dermatitis is caused by the skin coming into contact with substances at work and is not infectious, so it cannot be passed from one person to another.

Research suggests that if someone is allergic to banana, avocado, kiwi, peach, papaya, potatoes or nuts or suffers from asthma then they will be at increased potential risk of developing allergies including latex protein allergy.

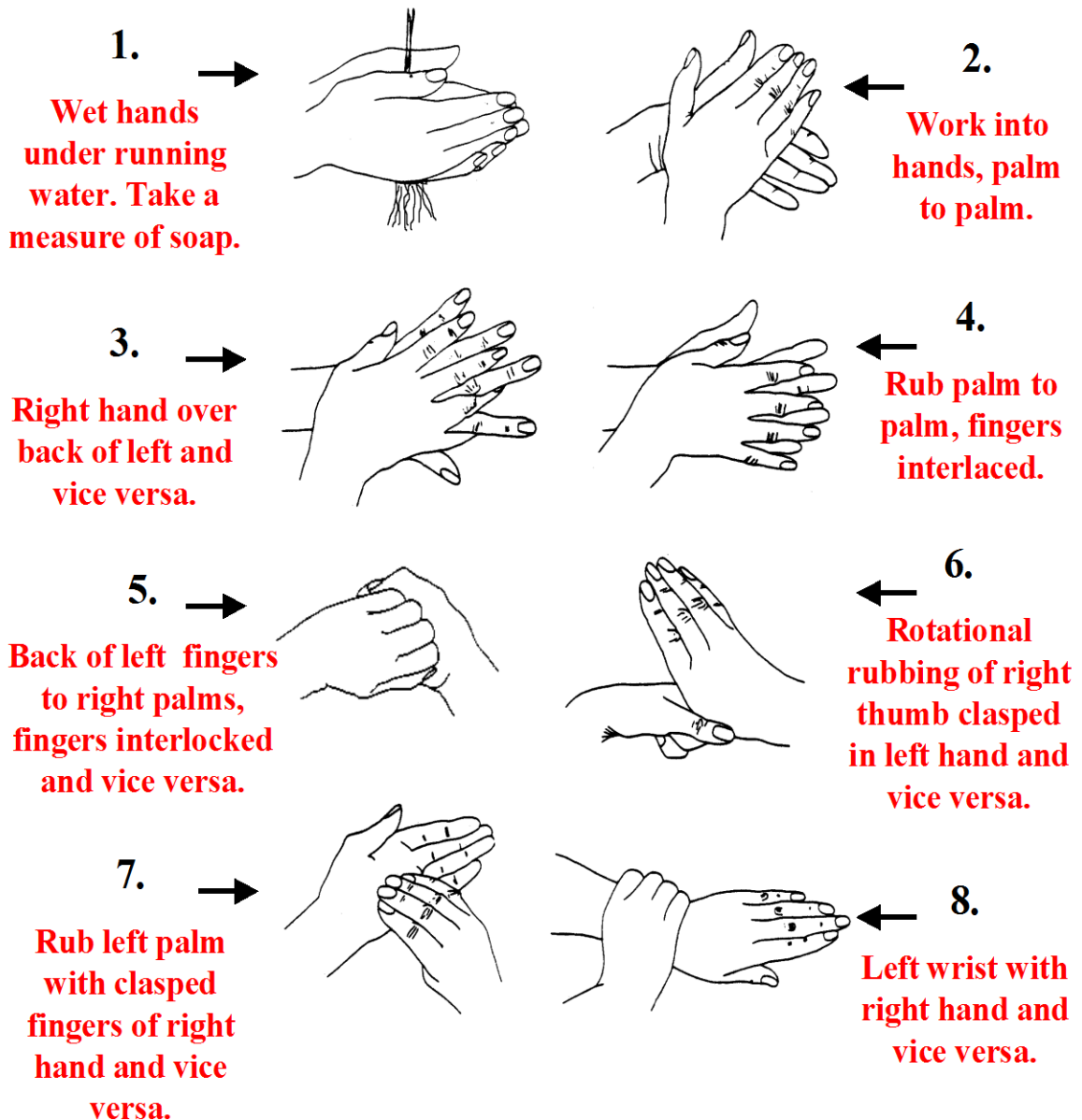
Powdered gloves pose an additional risk as during the manufacturing process, corn starch powder is added to latex to make gloves easier to take on and off. Although the powder is not an allergen in itself, the latex protein and chemical residues can cause irritations and allergies at the point of contact.

Latex proteins can leach into the powder and then be absorbed through the skin, especially as gloved hands can become sweaty and increasingly absorbent. Inhaling the powder if it becomes airborne when gloves are removed may lead to respiratory sensitisation.

Handwashing Technique

Wash hands using the following 8 steps.

Each step consists of five strokes rubbing backwards and forwards.



Rinse hands under running water and dry thoroughly

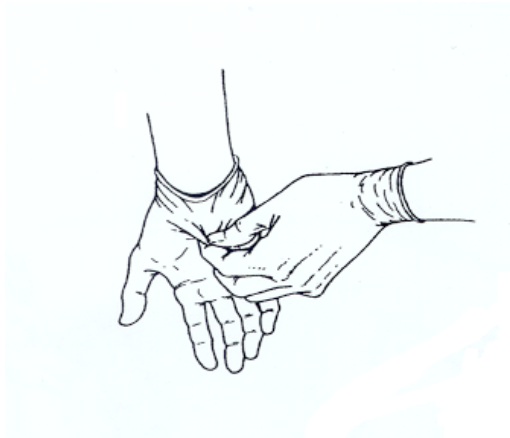
Appendix IC3

Personal Protective Equipment (PPE) Removal Procedure (Gloves, Apron, Face Mask)

Risk of exposure to potential contaminants is at its greatest when PPE are being removed.

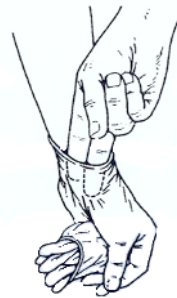
It is therefore important that they are removed using the correct method

- 1) Firstly whilst still wearing gloves remove the apron by pulling at the apron from the front at chest height until the apron ties break at waist and neck. Scrunch up the apron into a small ball and place in one hand.



- 2) Remove the glove from the hand which is holding the apron, pinch the material at the wrist and pull glove inside out towards fingers, without touching skin. At the end of this stage you should be holding the inside out glove (with the apron encased inside) in the gloved hand.

- 3) Holding the glove / apron in the gloved hand, remove the final glove. This time slide two fingers into the top of the glove on the inside, and then bend fingers and pull glove inside out and downwards, again this will encase the glove and apron inside.



- 4) You should finish with both gloves and apron all enclosed safely in one glove. Thereby avoiding contact with any potential infectious substances on the apron or outside of the gloves.

- 5)** The face mask should be removed last, once there is no likelihood of close contact with an ill customer. Assume that the front of the mask is contaminated; therefore avoid touching the front part of the mask. Untie or break bottom ties, followed by top ties or elastic and remove mask by handling the ties only.
- 6)** Dispose of PPE safely in clinical waste or by double bagging where possible, knot and disposal in dustbin.
- 7)** Wash and dry hands thoroughly after disposing of PPE.

Appendix IC4

Work Based Skin Health Surveillance Record

Employee Name:

Employee Job Title:.....

Team:.....

Known existing skin conditions / allergens:
.....

Date employee seen → & what to look for ↓	Date seen:	Date seen:	Date seen:	Date seen:
<p>For any of the following identify area of hands / arms (L or right):</p> <ul style="list-style-type: none"> • Dry patches • Open sores • Rashes • Spots • Lumps • Swelling 				
<p>Employee seen GP / Occ Health?</p> <p>Date seen?</p>				
<p>Treatment / advice given by GP / Occ Health?:</p>				
<p>Actions agreed with employee</p> <p>With time scales</p>				
<p>Manager/Supervisor signature:</p>				
<p>Employee's signature:</p>				

