Skin health for students

Healthcare workers are required to undertake hand hygiene measures including hand washing routinely before and after contact with patients. This can cause contact dermatitis (also known as eczema) which is a type of skin inflammation.

There are two types of contact dermatitis:

**Irritant contact dermatitis** develops when skin is in contact with irritant detergents which strip the skin of its natural oils. Healthcare staff are particularly at risk of developing occupational related skin problems due to frequent exposure to soaps and skin cleansers during wet work (washing hands frequently during the working day).

**Allergic contact dermatitis** occurs when an allergy develops to a specific chemical or substance that has been in contact with the skin. Examples of this are the chemicals in personal protective equipment. Further tests may be needed to establish the exact cause of the allergen such as skin patch testing.

For those who develop skin conditions like these or have a pre-existing skin condition, we may suggest some ways of managing this during your placement. You may require a specific treatment for your skin or an alternative soap may be recommended. In addition, it may be suggested to use different gloves when in practice.

**What to expect**

Regularly check your skin for early signs and look for;

- Dryness
- Itching – most common symptom.
- Redness and inflammation

This can develop into;

- Flaking and Scaling
- Cracks- can be very painful
- Swelling
- Blisters
The most common areas of dryness appear across the knuckles and between fingers where skin is thinnest.

**How to protect your skin - best practice.**

If you are experiencing dry skin, the first step is to review your hand hygiene practice. Dryness can be considerably reduced and controlled by ensuring the following practice is followed:

- If possible and only when appropriate, use alcohol gel as an alternative to handwashing. Although this may sting, they are less damaging to the skin’s layer and help maintain the skin’s natural barrier protection.
- When washing hands, ensure that water is luke warm and **not hot**. Hot water removes the skin’s natural oils and dries the skin further.
- Always wet hands before applying soap. Always rinse well to remove all soap residue as this can cause irritation, especially if skin is already dry and cracked. Dry hands thoroughly.
- Do not disinfect hands with alcohol gel directly after washing.
- Moisturise regularly. Regular use of moisturisers will replenish the skin and is one of the best preventative measures you can take against skin problems. However, care should be taken as to when and how they are applied. Use a pea sized amount of hand cream at the start and end of your shift, during any breaks and at any other time you feel you need it. Hand washing, wearing gloves, and alcohol gels can all remove moisture from the skin; to keep the protective surface layer of the skin in good condition, moisture must be replaced when required. Apply at night to restore your skin between shifts.
- Use appropriate gloves - avoid latex. Do not wear gloves for prolonged periods.
- Look after your hands outside of work and wear gloves to protect your hands.

The above advice should be followed at all times not just when your skin becomes dry.

- If your skin is dry and you have followed the advice given and there are no changes in the condition of your skin please contact your **personal supervisor**.
- If you experience a skin reaction in placement, inform your **mentor** and you may need to see your GP. Contact your personal supervisor.
- For urgent and severe reactions you should be seen in the nearest Emergency Department. Again, it is important to inform your personal supervisor.

As a result, you may require an Occupational Health assessment for your skin and this will be arranged by the Fitness to Practice committee. Your personal supervisor will refer you to Fitness to Practice to ensure that your health needs are supported in practice. This will also ensure that you have access to the right equipment and alternative products recommended by Occupational Health and any further follow up appointments if necessary.

Prepared by Fitness to Practise Committee, July 2019