POLICY
For
THE PREVENTION & MANAGEMENT OF LATEX ALLERGY

Policy GOV 29

July 2009
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<tr>
<th>Title of document</th>
<th>Policy for the Prevention and Management of Latex Allergy</th>
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<tr>
<td>Type of document</td>
<td>Policy GOV 29</td>
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<tr>
<td>Description</td>
<td>This document sets out the trust’s policy and procedure for minimising the risks to the health of its employees from exposure to latex at work.</td>
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<tr>
<td>Target audience</td>
<td>All clinical staff</td>
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<table>
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<tr>
<th>Author</th>
<th>George Shield</th>
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<td>Department</td>
<td>Risk Management Team</td>
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| Availability          | All ratified policies, strategies, procedures and protocols are published on the Trust Intranet and Public Website. |

<table>
<thead>
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<th>Contact details (of main contact for this document)</th>
<th>Name: George Shield</th>
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### Appendix 1
Examples of medical equipment/products used at the trust that may contain latex

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Potential health problems associated with the use of latex gloves

### Appendix 3
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### Appendix 4
Annual ward/department latex assessment

### Appendix 5
Screening questionnaire for possible latex allergy

### Appendix 6
Information leaflet regarding latex allergy

### Appendix 7
General guidance concerning the use of surgical/examination gloves and hand care

### Appendix 8
Equality Impact Assessment
1. INTRODUCTION

1.1 Natural rubber latex (hereafter referred to as latex) is a widely used material and is present in many products employed in the workplace and elsewhere. In the health care sector, its principal use is as a major component of surgical and examination gloves but appendix 1 contains details of other medical products in which it may be present.

1.2 In addition to its desirable properties, latex has the potential to cause significant health problems in those exposed to it (see appendices 2 and 3). Therefore, in the context of the work environment, its use falls within the scope of the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

1.3 This document sets out the trust’s policy and procedure for minimising the risks to the health of its employees from exposure to latex at work.

2. OBJECTIVES

2.1 The key objectives of this policy are:

- to create a general work environment that minimises the risk of staff developing allergy to latex;
- to create controlled environments in which staff with established allergy to latex may work safely;
- to limit the use of gloves and other products containing latex so far as reasonably practicable;
- to ensure that staff exposed to latex in the course of their work are provided with adequate information, instruction and training and appropriate health surveillance.

3. SCOPE

3.1 This policy applies to all individuals employed by the trust, including contractors, voluntary workers, students and locum and agency staff.

4. EQUALITY, DIVERSITY AND HUMAN RIGHTS

4.1 This policy has been assessed as being compliant with the terms of:

- The Race Relations Act 1996 (as amended by the Race Relations (Amendment) Act 2000);
- The Human Rights Act 1998; and
- The Disability Discrimination Act (DDA) 1995 (as amended 2005).
5. RESPONSIBILITIES

5.1 Chief Executive

The Chief Executive has ultimate responsibility for health and safety all employees within the trust but day-to-day accountability for this rests with Directors, Associate Directors (AD), Strategic Development Managers (SDM), heads of departments, heads of nursing and line managers.

5.2 Directors and SDM’s

Directors and SDM’s have responsibility for ensuring that this policy is implemented within their directorate and they must address any resource or other issues raised by those who report to them.

5.3 Line Managers

The designated manager/head of each department has immediate responsibility for health and safety matters arising within their department. Accordingly, they must:

- provide staff with suitable surgical/examination gloves and other equipment when these are necessary to protect them or their patients;
- undertake an annual latex assessment (see appendix 4);
- consider the possibility of inadvertent latex exposure when ordering/purchasing new equipment;
- ensure that staff who may be exposed to latex are provided with adequate information, instruction and training about the risks of latex allergy;
- encourage staff to immediately report any symptoms that may be associated with the use of gloves or other products containing latex and ensure that exposure ceases pending further investigation;
- refer staff with symptoms associated with latex, particularly glove use to the Occupational Health (OH) department as soon as possible;
- co-operate with the OH department in the management of staff found to be allergic to latex or believed to be at increased risk of this.
- nominate a competent person, who will follow the instruction from OH department and conduct monthly skin assessments on staff in their area.

5.4 Occupational Health Department

The OH department’s function is to provide impartial advice to trust employees and management. In fulfilment of this role, it will:

For new recruits to the trust
• undertake pre-employment health screening, which includes assessment about pre-existing latex allergy or risk factors for this;

• provide general advice about the prevention and management of latex allergy during the trust’s formal induction programme;

For existing members of staff

• provide an information leaflet and other publications which explain the hazards of latex exposure and encourage self-reporting of symptoms;

• arrange appropriate health surveillance for staff who have significant exposure to latex in the course of their employment, this will be conducted by competent persons nominated by the ward area/department, trained by Occupational Health and assessments recorded in a ward assessment file;

• investigate reported symptoms (see appendix 5) and, if appropriate, arrange specialist referral(s);

• where latex allergy is established or suspected, provide advice about possible workplace adjustments or redeployment with the objective of preventing future exposure(s).

• where type 1 allergy is established employees will receive comprehensive respiratory and skin surveillance from Occupational Health, the regularity of this will be dependant on their working environment and will be undertaken in line with risk assessment.

5.5 Purchasing Department

Northamptonshire Healthcare NHS Trust Purchasing Department will assist in the implementation of this policy by:

• working with the trust to ensure that the correct items are ordered in line with trust policy
• providing information as requested to monitor and identify area of use within the trust of gloves and other items containing latex

5.6 Risk Management Team

The Trust’s Risk Management Team will:

• provide advice to departmental managers undertaking latex assessments;

• audit the findings of departmental latex assessments and liaise with the OH department where remedial action is considered necessary; and

• in collaboration with the OH department, ensure that the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
(RIDDOR) are met in regard to diagnosed cases of latex allergy (see section 7 below).

5.7 Employees

Members of staff must:

- co-operate with their managers in the implementation of this policy;
- read the trust’s information leaflet (see appendix 6) and other publications concerning latex allergy;
- report to their manager and the OH department any symptoms that may be due to latex exposure in the workplace and complete an incident report (IR1) form.

6. SURGICAL/EXAMINATION GLOVE USE AND HAND CARE

General guidance concerning surgical/examination glove use and hand care is set out in appendix 7.

7. REPORTING CASES OF LATEX ALLERGY

Under the terms of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), the trust is required to notify the Health and Safety Executive of any cases of dermatitis or asthma attributable to latex exposure in the workplace.

8. MONITORING, REVIEW AND AUDIT

8.1. Monitoring and review of the day to day operation of this policy is the responsibility of ward and departmental managers.

8.2. Ward and departmental managers are required to undertake an annual latex risk assessment (see appendix 4) of their ward/department, recording risks on this form. On completion, risks are to be transferred to the local/directorate risk register and the Risk Management Team is to be notified of any risks graded as amber or red. The OH will provide advice on any necessary remedial action.

8.3. The investigation of suspected cases of work-related latex allergy falls within the joint remit of OH department and the Risk Management Team.

8.4. The effectiveness of this policy may be measured by reference to the number of new cases of latex allergy in members of staff who have been through the pre-employment assessment process and have received relevant educational material on this subject.

8.5. As previously noted cases of occupationally acquired latex allergy are reportable under RIDDOR and are likely to be the subject of external investigation by the HSE.
9. REFERENCES

9.1 Latex sensitisation in the health care setting (use of latex gloves). MDA DB 9601 Department of Health 1996


9.4 Medical aspects of occupational asthma. Medical Guidance Note MS25 (Second edition) HSE Books 1998

9.5 Asthmagen? Critical assessments of the evidence for agents implicated in occupational asthma. HSE Books 1997

9.6 Latex and you. (INDG320) HSE 2003

9.7 Control of Substances Hazardous to Health Regulations 2002. HSE Books 2002


APPENDIX 1

EXAMPLES OF MEDICAL EQUIPMENT/PRODUCTS USED AT THE TRUST THAT MAY CONTAIN LATEX

Surgical and examination gloves
Operating tables and attachments
Trolleys and attachments
Mattresses on stretchers
Resuscitation equipment including facemasks, ambubag, airways and intubation devices
Rebreathing bags
Endotracheal tubes
Oxygen mask fittings
Sphygmomanometer cuffs
Stethoscope tubing
Diathermy plates and leads
Electrode pads
Single use theatre drapes
Syringe plungers
Intravenous tubing
Blood warming devices
Injection ports on medical equipment
Bungs in medicine/vaccine bottles/vials
Catheters (suction, urethral and drainage)
Wound drains
Colostomy pouches
Stomach and intestinal tubing
Enema tubing tips
Tourniquets
Elastic bandages
Adhesive tape
Support stockings
Protective sheets
Rubber aprons
Dental rubberdams

N.B. THIS LIST IS NOT EXHAUSTIVE
POTENTIAL HEALTH PROBLEMS ASSOCIATED WITH THE USE OF LATEX GLOVES

The following conditions may occur following the use of latex gloves:

1. **Irritant Contact Dermatitis**

   This is the most common skin condition associated with the use of latex gloves. It may occur within a few minutes or up to several hours after donning such gloves and takes the form of localised itching, soreness and redness. It usually settles down soon after exposure ceases and causes no lasting problem. Various causal mechanisms have been proposed including sweating and abrasion but the alkaline pH of the gloves may be particularly relevant. Poor hand washing and drying techniques may also play a part.

2. **Allergic Contact Dermatitis (also known as Type IV, Delayed or Cell Mediated Hypersensitivity Reaction)**

   This is a delayed onset immunological reaction resulting from T-lymphocyte sensitisation to chemical additives in rubber compounds, most commonly the accelerants e.g. thiurams, dithiocarbamates and mercaptobenzothiazoles. (A similar reaction may occur following the use of some types of non-latex glove). Following sensitisation, a subsequent exposure typically gives rise to symptoms 6 to 48 hours thereafter, usually in the form of localised erythema with vesicles and scaling. Patch testing may be undertaken to assist diagnosis.

3. **Type I Hypersensitivity Reaction (also known as Immediate or IgE Mediated Hypersensitivity Reaction)**

   This is an immunological reaction of rapid onset, typically occurring within 5 to 30 minutes of exposure in a sensitised individual. Initially, B-lymphocytes are sensitised to a constituent protein of natural rubber latex and they direct plasma cells to produce a specific IgE against this protein. Any subsequent exposure to the protein results in the release by primed mast cells and basophils of chemical mediators of inflammation. The mildest reaction takes the form of local urticaria (hives); in more severe cases, this may be accompanied by conjunctivitis, rhinitis or asthma-like symptoms; and, in the most extreme cases, a full-blown anaphylactic reaction may occur with potentially fatal consequences. In those cases where the exposure takes the form of inhalation of latex impregnated powder from gloves, the symptoms may be purely respiratory i.e. occupational asthma.

   Diagnosis is principally based on a carefully taken history but this may be supplemented by glove wear, skin prick or latex specific RAST tests. All such tests have their limitations and none is diagnostic on its own.

   The amount of latex exposure needed to produce sensitisation is unclear. However, once sensitisation has taken place, further exposure, even if relatively minor, will give rise to symptoms.
FACTORS WHICH PREDISPOSE TO TYPE I HYPERSENSITIVITY TO LATEX

The following are believed to be predisposing factors for the development of type I hypersensitivity to latex:

- a history of atopy (i.e. eczema, urticaria, asthma and hay fever);
- pre-existing irritant or allergic contact dermatitis;
- certain congenital medical conditions, such as spina bifida or urinary tract anomalies, where there has been frequent exposure to items containing latex e.g. catheters;
- previous surgery and extensive dentistry;
- pre-existing allergy to certain fruits/foodstuffs (see below for further details); and
- exposure to powdered latex gloves;

In approximately 35% of individuals with type I hypersensitivity to latex, symptoms may also be triggered by cross reactivity with proteins contained in some fruits/foodstuffs e.g. avocados, apples, bananas, celery, cherries, chestnuts, ficus, figs, grapes, kiwis, mangoes, melons, passion fruit, peaches, pears, pistachios, potatoes, strawberries, tomatoes.
ANNUAL WARD/DEPARTMENT LATEX RISK ASSESSMENT

WARD/DEPARTMENT: .................................................................

ASSESSOR’S NAME: .................................................................

DATE OF ASSESSMENT: ...........................................................

Please answer the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES/NO</th>
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<tbody>
<tr>
<td>1. Do all members of staff working in your ward/department have access to a copy of the trust’s policy and procedure for the prevention and management of latex allergy in health care workers?</td>
<td>YES/NO</td>
</tr>
<tr>
<td>2. Have all members of staff working in your ward/department received and read a copy of the OH department’s information leaflet or other publication on latex allergy?</td>
<td>YES/NO</td>
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<tr>
<td>If ‘yes’, is supplementary or refresher training necessary?</td>
<td>YES/NO</td>
</tr>
<tr>
<td>3. Are you confident you have identified all significant sources of latex exposure in your ward/department?</td>
<td>YES/NO</td>
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<tr>
<td>If ‘no’, contact the health and safety adviser for further information.</td>
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<tr>
<td>4. Are arrangements in place in your ward/department to ensure that surgical/ examination gloves are only worn when there is an infection control risk or to protect the user from exposure to toxic chemicals?</td>
<td>YES/NO</td>
</tr>
<tr>
<td>If ‘no’, contact the infection control team or occupational health department for advice.</td>
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<tr>
<td>5. Are arrangements in place in your ward /department to ensure that both latex and non-latex examination gloves of the recommended types are available so that an informed choice may be made by the user depending on the requirements of the procedure for which they are to be worn and their personal health needs?</td>
<td>YES/NO</td>
</tr>
<tr>
<td>If ‘no’, refer to trust guidance on the use of surgical/examination gloves and hand care (see appendix 6) or contact the occupational health department.</td>
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</tr>
<tr>
<td>6a. Are latex gloves used in your ward/department?</td>
<td>YES/NO</td>
</tr>
<tr>
<td>6b. If ‘yes’, are these powder free with both low extractable protein and residual chemical content?</td>
<td>YES/NO</td>
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<tr>
<td>If your answer to ‘6b’ is ‘no’, refer to trust guidance on the use of surgical/examination gloves and hand care (see appendix 6) or contact the occupational health department.</td>
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<tr>
<td>Question</td>
<td>YES/NO</td>
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<td>7a. Have any members of staff in your ward/department been diagnosed as suffering from latex allergy or do any suffer from symptoms possibly indicative of this?</td>
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<tr>
<td>7b. If 'yes', have they been referred to the OH department for assessment/health surveillance?</td>
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<td>8. Are supplies of non-latex gloves (non-sterile and sterile) readily available in your ward/department for use by any member of staff with known or suspected latex allergy?</td>
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**COMMENTS:**

**PLANNED ACTION TO ADDRESS ANY POINTS OF CONCERN:**

**SIGNATURE OF ASSESSOR:** .................................................................

**NAME OF WARD/DEPARTMENT MANAGER:** ..................................................

**SIGNATURE OF WARD/DEPARTMENT MANAGER:** ..........................................

**AGREED REVIEW DATE:** ........................................................................
FULL NAME: ........................................................................................ DATE OF BIRTH:.........................

ADDRESS:........................................................................................................................................

..................................................................................................……... POSTCODE:  ........................................

JOB TITLE: ...................................................................…….... PLACE OF WORK: .......................... ..........……..

Please answer the following questions:

1. Do you have a history of any of the following?
   - Asthma……………………………… YES/NO
   - Hay fever…………………………… YES/NO
   - Hand eczema……………………….. YES/NO
   - Eczema elsewhere on the body………… YES/NO
   - Urticaria (hives)…………………….. YES/NO

2. Have you had any surgery?……………………….. YES/NO
   If ‘yes’, please provide brief details:
   ......................................................................................................................................................
   ......................................................................................................................................................
   ......................................................................................................................................................

3. Have you had any extensive dental work?………………………………………………………..YES/NO

4. Do you have any congenital abnormalities (e.g. spina bifida or urinary tract anomalies)? …YES/NO
   If ‘yes’, please provide brief details:
   ......................................................................................................................................................
   ......................................................................................................................................................
   ......................................................................................................................................................

5. Do you have any food allergies? …...................................................................................YES/NO
   If ‘yes’, are you allergic to any of the following? Please tick any that apply and briefly describe symptoms:
   - Avocados……………………………………………………………………………………………
   - Bananas………………………………………………………………………………………………
   - Celery………………………………………………………………………………………………...
   - Chestnuts……………………………………………………………………………………………..
   - Figs……………………………………………………………………………………………………
   - Kiwi fruit………………………………………………………………………………………………
   - Mangoes………………………………………………………………………………………………
   - Melons………………………………………………………………………………………………...
   - Passion fruit…………………………………………………………………………………………
   - Peaches………………………………………………………………………………………………
   - Pears……………………………………………………………………………………………………
   - Pistachios………………………………………………………………………………………………
   - Potatoes………………………………………………………………………………………………
   - Strawberries…………………………………………………………………………………………
   - Tomatoes…………………………………………………………………………………………….
   - Other (please specify)………………………………………………………………………………


6. Have you ever had a reaction to any of the following products containing natural rubber latex? Please tick any that apply:

Surgical or examination gloves
Washing up gloves
Balloons
Condoms
Hot water bottles
Rubber balls
Rubber bands
Elastoplasts
Elastic bandages
Erasers
Handles/grips on sports equipment
Garden hoses
Other (please specify)

7. If you have had a reaction to any of the products listed in question ‘6’ above, please indicate with a tick the type of reaction and also state the approximate time after contact/exposure that it occurred

Rash on hands (Time)
Itching of skin (Time)
Urticaria (hives) (Time)
Runny or congested nose (Time)
Sneezing (Time)
Itchy/watery eyes (Time)
Chest tightness/cough/wheeze (Time)
Swelling of face/lips/tongue (Time)
Other (Time)

8. Have you ever had an anaphylactic reaction? YES/NO

If ‘yes’, please indicate how many times and under what circumstances:

………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………

9. Are you allergic to any detergents, soaps or hand cleaning preparations? YES/NO

If ‘yes’, please provide brief details:

………………………………………………………………………………………………………………………
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10. Do you suffer from any other allergies? YES/NO

If ‘yes’, please provide brief details:

………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………

Declaration:

The above answers are true to the best of my knowledge and belief.

Signed: _______________________________ Date: _______________________________
LATEX ALLERGY

This leaflet contains information about health problems that may arise in individuals exposed to natural rubber latex at work. All trust employees should read it and report any relevant symptoms to the occupational health department.

What is natural rubber latex?

Natural rubber latex (NRL) is obtained from the *Hevea brasiliensis* tree and is a component of many health care and other products. It contains proteins to which some individuals may become allergic.

Why are health care workers at risk?

Health care workers are at particular risk of developing latex associated health problems because of their frequent use of protective gloves containing this substance. However, the following non-occupational factors may also predispose an individual to such problems:

- A history of atopy (i.e. asthma, hay fever, eczema and urticaria);
- Certain congenital abnormalities (e.g. spina bifida and urinary tract anomalies);
- Previous surgery or extensive dentistry;
- Pre-existing allergy to certain fruits/foodstuffs (e.g. banana, avocado, kiwi and chestnut).

What are the possible health problems?

Latex exposure may result in the following:

- **Skin irritation** - symptoms include localised redness, soreness, dryness or cracking of the skin. This type of reaction is not an allergic reaction and, once contact with the latex ceases, the symptoms will disappear quite rapidly.

- **Type IV hypersensitivity reaction** – this takes the form of an itchy dermatitis with oozing red blisters and is usually localised to the hands and forearms. Typically, the symptoms arise 6 to 48 hours after exposure but they may become progressively worse over the following two to three days. This is an allergic response to the chemical additives, known as accelerators, used in the manufacturing process. (A similar reaction may occur following the use of some types of non-latex glove).

- **Type I hypersensitivity reaction** - symptoms may include:
  - localised or generalised rash (urticaria or hives);
  - inflammation of the mucous membranes in the nose (rhinitis);
  - red and swollen eyes with discharge (conjunctivitis); and
  - asthma-like symptoms.
  This is an allergic response to the extractable latex proteins and typically occurs between 5 and 30 minutes after exposure. In rare cases, it may result in a very severe reaction known as anaphylactic shock.

The amount of latex exposure needed to produce sensitisation is unclear. However, once sensitisation has taken place, further exposure, even if relatively minor, will give rise to symptoms.

What steps has the trust taken to protect you?
In compliance with its duties under the Control of Substances Hazardous to Health Regulations 2002 (COSHH), the trust has implemented a policy and procedure for the prevention and management of latex allergy in its staff. (A copy of this may be accessed on the trust’s intranet).

The key objectives of this policy are:

- to create a general work environment that minimises the risk of staff developing allergy to latex;
- to create controlled environments in which staff with established allergy to latex may work safely;
- to limit the use of gloves and other products containing latex so far as reasonably practicable;
- to ensure that staff exposed to latex in the course of their work are provided with adequate information, instruction and training and appropriate health surveillance.

**What you should do if you think you have a problem?**

If you think you may have a health problem related to latex exposure, you should inform your manager and the occupational health department of this without delay. Arrangements will then be made for you to be seen by an occupational health nurse or physician.

**The telephone number of the occupational health department is:** (01604) 545558

Remember, the earlier you seek help, the greater the chance of preventing a serious problem arising.
GENERAL GUIDANCE CONCERNING THE USE OF SURGICAL/EXAMINATION
GLOVES AND HAND CARE:

• Surgical/examination gloves should only be worn when this is justified to protect the patient and/or user from real infection risks or to protect the user from toxic chemicals;

• When glove use is warranted and the activity in question is non-sterile, the decision about which type of glove to use should be based on the nature of the particular activity and the personal health needs of the user. Generally speaking, latex gloves have a number of functional advantages over other types of glove. In particular, they enable the user to retain a high degree of dexterity and tactile sensitivity but, nevertheless, are relatively strong and afford a high level of protection. They also have the property of resealing when suffering minor damage. Obviously, where the user has a known or suspected allergy to latex, or is at significantly increased risk of this, then they should use one of the non-latex alternatives available within the trust (i.e. usually nitrile or vinyl for non-sterile activities);

• In contrast, where the activity in question is classified as sterile, then, subject to considerations about known or suspected allergy, latex gloves are currently the recommended choice for use within the trust;

• It must be emphasised, however, that whenever any type of latex glove is used, it is imperative that they are powder-free and of low extractable protein and residual chemical content;

• Suitable non-latex gloves should be readily available at all times for all members of staff with confirmed or suspected latex allergy and the responsibility to ensure that this is so rest with ward and departmental managers;

• Before using sterile gloves, hands should be washed and dried in accordance with the trust's Code of Practice for Hand Hygiene;

• Hands should also be washed and dried after removing any type of surgical/examination glove.

Further advice about glove use and hand care may be obtained from the Trust’s infection control and occupational health teams.
# Appendix 8 - Equality Impact Assessment

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<th>Department/Team: Governance – Risk Management Team</th>
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<tr>
<td>Lead Officer: David Thomas</td>
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<tr>
<td>Contact details: 01536 480378</td>
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<table>
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<tr>
<th>A. Function (policy, strategy, plan etc)</th>
<th>Policy for the Prevention &amp; Management of Latex Allergy</th>
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</thead>
<tbody>
<tr>
<td>Aims/Purpose/objectives</td>
<td>This policy sets out the trust’s policy and procedure for minimising the risks to the health of its employees from exposure to latex at work.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policies, Strategies and Procedures used to carry out the above function</th>
<th>Policy for the Prevention &amp; Management of Latex Allergy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Groups who the function should benefit;</th>
<th>All staff, patients and visitors to Trust premises from all our population.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Patients</td>
<td></td>
</tr>
<tr>
<td>C. Staff</td>
<td></td>
</tr>
<tr>
<td>D. Other internal or external stakeholders</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Question 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tips</strong></td>
<td><strong>Who should be served by the function?</strong></td>
</tr>
<tr>
<td>Baseline information on the general population and the groups the function should benefit, e.g.:</td>
<td>This policy sets out the trust’s policy and procedure for minimising the risks to the health of its employees from exposure to latex at work.</td>
</tr>
</tbody>
</table>

- **Census data** (or more up to date population projections)
- **Other survey data**
- **Information of social and economic factors**, such as **age**, **income levels**, **health** etc which are indicators of need.

- **Population** - In 2007 the estimated county population was 678,300 with a higher population under 20 years than the national average and a lower population over 65 years.
- **Migration** - Over 8000 overseas nationals were allocated a NI number in 2007/2008. A considerable proportion of these people are Polish.
- **Gypsy/traveler community** – There are 207 caravan pitches across the county and slightly more caravans than the average for the East Midlands.
- **Ethnicity** – From experimental statistics in 2005 the population of Northamptonshire is 90.2% white British. However in Northampton and Wellingborough the figures are 85.4% and 86.4% respectively.
- **Children** - The schools census (2007)
shows that Northampton has the highest number of children and young people from a non-white British ethnicity (24.47%) and Wellingborough has the second highest (19.12%). In comparison.

- **Older People and children living in deprivation.** Deprivation is constructed and weighted from 7 domain indices: - Income 22.5% Employment 22.5% Health/Disability 13.5% barriers to housing 9.3% crime 9.3% living environment 9.3%. There are 41 Lower Super Output Areas in the county which are in the bottom 20% in the county (28 areas in Northampton).

- **Hearing/visual impairment** – County RNID estimates for hearing impairments 2006 are 96,000 aged between 16 and 80.

- **RNIB facts:** - 70% of blind or partially sighted adults have other disabilities or long term conditions.

- The majority of people with sight problems are older people

- 2006 figures for our county are 1525 people registered blind – 1,190 people registered as partially sighted.

- **Learning/Physical Disabilities** – estimated prevalence in the county’s adult population is approximately 1718 (0.3% - the figure may be higher as it is estimated that 2% of the national population has a learning disability). There are approximately 5043 children and young people with a learning disability in the county (under 1% - the national average is between 1-3% depending on whether IQ or adaptive functioning is used)

- **Physical disability** – In November 2007, there were 26,210 people aged between 16-89 who were registered as receiving Disability Living Allowance (DLA). Of these, 17,000 people were receiving DLA for physical conditions. In 2007 5,120 children and young people were in receipt of disability benefits. The public health paper used in this report gives a breakdown of conditions.

<table>
<thead>
<tr>
<th>Step 2</th>
<th>Question 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tips</td>
<td>Do you have monitoring data?</td>
</tr>
</tbody>
</table>

- Workforce Data
- Audit or Review Information
- Satisfaction survey results
- Workforce or service user profile broken down into; Gender, Race, Disability

- The effectiveness of the policy can be measured in a number of ways including:
  - Latex incidents put before the Risk Group every two months
  - Annual Latex Risk Assessment.
  - Staff Survey
<table>
<thead>
<tr>
<th>Religion, Sexual Orientation, Age</th>
<th>Step 3</th>
<th>Question 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tips</strong></td>
<td></td>
<td><strong>Who is using the function/policy?</strong></td>
</tr>
<tr>
<td>o What does your monitoring data on your service users tell you?</td>
<td>Ongoing monitoring of incidents has shown that the situation regarding latex in the trust is not of major concern.</td>
<td></td>
</tr>
<tr>
<td>o Are any groups under or over represented compared to what you would expect to see from the baseline data</td>
<td>These affect the staff and patient groups in particular.</td>
<td></td>
</tr>
<tr>
<td>o What does your monitoring data outcomes tell you? E.g. are some groups more likely to be served better by your function, service and policies etc compared to what you would expect to see from the baseline data on their needs?</td>
<td></td>
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<table>
<thead>
<tr>
<th>Step 4</th>
<th>Question 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tips</strong></td>
<td><strong>What evidence do you have that your service is accessible equitably to all groups taking into account sexual orientation, gender, age, race, religion, belief and disability.</strong></td>
</tr>
<tr>
<td>o Potential sources of evidence:</td>
<td>This is accessible to all who use our services on the PCT intranet.</td>
</tr>
<tr>
<td>o Customer Satisfaction Survey results</td>
<td>No specific monitoring takes place with regard to equitable access.</td>
</tr>
<tr>
<td>o Local and national research</td>
<td></td>
</tr>
<tr>
<td>o Consultation</td>
<td></td>
</tr>
<tr>
<td>o Observation</td>
<td></td>
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<tr>
<td>o User Groups</td>
<td></td>
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<thead>
<tr>
<th>Step 5</th>
<th>Question 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tips</strong></td>
<td><strong>What action have you taken to ensure that your users are all served equitably?</strong></td>
</tr>
<tr>
<td>o Staff training in how to treat individuals with specific needs</td>
<td>Advice is given by occupational health and the Risk Management Team when specifically requested.</td>
</tr>
<tr>
<td>o Ensured information is produced in a range of formats to assist all groups</td>
<td></td>
</tr>
<tr>
<td>o Changes made directly to reflect changes in the user profile</td>
<td>In addition, Trust mandatory Equality and Diversity training highlights individual need in a broad sense and should help all staff to be aware of equality issues.</td>
</tr>
<tr>
<td>o Users consulted prior to planned changes to the service being implemented</td>
<td>Staff consultation takes place on policy change at Risk Group and JCNC.</td>
</tr>
<tr>
<td>o Staff groups made aware of user groups who may be being disadvantaged by existing policy, practice and procedure.</td>
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</tr>
<tr>
<td>o Staff being consulted to assess how new policies and procedures may impact on them</td>
<td></td>
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</table>

<p>| Step 6 | Question 6 |</p>
<table>
<thead>
<tr>
<th>Tips</th>
<th>Based on the evidence gathered in Steps 2-5, have you identified any potential differential impact for any of the equality groups (Sexual Orientation, Gender, Race, Religion, and Belief &amp; Disability)?</th>
</tr>
</thead>
</table>
|      | o If yes, go to Step 7  
o If No, go to Step 9                                                                                          | No, In general the law, and therefore the policy, applies equally to all. |

<table>
<thead>
<tr>
<th>Step 7</th>
<th>Question 7</th>
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<tbody>
<tr>
<td>Tips</td>
<td>Is the differential impact as a result of indirect or direct discrimination?</td>
</tr>
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</table>

- If the impact is a result of direct discrimination, this is unlawful and the organisation must decide how to ensure they act lawfully (go to Step 8).
- If the differential impact is a result of indirect discrimination, is this objectively justifiable or proportionate in meeting a legitimate aim? If yes, provide details here:
- If no, go to Step 8.

<table>
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<tr>
<th>Step 8</th>
<th>Information</th>
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<tr>
<td>Consider alternatives (Proposing actions)</td>
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</table>

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<thead>
<tr>
<th>Step 9</th>
<th>Information</th>
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</table>
| Consult on those likely to be affected by the policy.  
Follow the organization's consultation process. | Consultation takes place on policy change at Risk Group and JCNC.  
Research and consultation with health & safety professionals based at other Trusts takes place in order to identify problem areas and to inform how the functions of the DSE policy and associated policies will be produced to enable equitable accessibility. |

<table>
<thead>
<tr>
<th>Step 10</th>
<th>Question</th>
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</table>
| Tips  | Decide whether to adopt the policy  
Make monitoring arrangements  
Complete EIA Summary Form |

- Base your decision on four factors:  
o The aims of the policy  
o The evidence you have collected  
o The results of public involvement and consultations  
o The relative merits of alternative approaches  

- Actions;  
The author is looking for endorsement of the EIA action plan.
Collate the actions identified and complete the *Equality Impact Assessment Action Plan* below:

<table>
<thead>
<tr>
<th>Issues identified</th>
<th>Action required to be taken</th>
<th>How will the impact be measured</th>
<th>Lead/timescales</th>
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Please forward a copy of the *Equality Impact Assessment* template to Narinder Kaur, nkaur@nhs.net.