The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

Latex Policy

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Responsible Director:	**Director of Nursing & Governance**	
Approved by and date:	**Patient Safety & Quality Group**	**June 2020**
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Target Audience:	All trust employees.	
Document Approval, History/Changes	**See Appendix 12.** For further information contact the [redacted] on **Tel:** [redacted]	

Think of the environment…Do you have to print this out this document? **You can always view the most up to date version electronically on the Trust intranet.**

Executive Summary

This policy provides guidance around the legal implications of the use, selection, associated latex risks and the arrangements to management a latex incident. There are also bespoke Standard Operating Procedures for pre-op assessment, ward admission as well as theatre.

Contents

1. Introduction

Natural Rubber Latex (NRL) is a durable flexible material composed of natural proteins and added chemicals. NRL is present in a large range of products in everyday use. In the healthcare setting, NRL is present in gloves and other medical devices such as airways, stethoscopes and syringes. Latex is often used in the manufacture of protective gloves as it currently provides the best protection against infection and gives the sensitivity and control needed in the health care field. However, latex sensitivity, allergy or irritation can result from a reaction to one or more of the components of NRL or the residue from the manufacturing process. Reactions can vary in severity from a localised rash to an anaphylactic response requiring emergency life - saving intervention.

Over the last 20 years the health risks associated with exposure to Natural Rubber Latex have been increasingly recognised. Allergy to NRL is a concern for Trust staff who may be exposed to NRL in the course of their work and for patients who may be exposed during treatment. See Appendix 1 for general information about NRL.

1.1. Management of Latex: The Law

The Health & Safety at Work Act (1974) places a general duty upon employers to ensure (so far as is reasonably practicable) the health, safety and welfare of employees, and others who may be affected by its actions (e.g. patients). The Act requires all employees while at work to take reasonable care for the health and safety of themselves and others who may be affected by their acts or omissions.

The Control of Substances Hazardous to Health Regulations (2002) requires an assessment of any substances used at work that are hazardous to health. Natural rubber latex is hazardous to health. The main findings of any risk assessment should be **recorded**. This will also help in **instructing, informing & educating** staff on the risks and appropriate control measures for exposure to natural rubber latex.

Systems should be put in place for ensuring that staff or patients with known latex allergies can work and be treated in a latex-safe environment.

The policy should be read in conjunction with the Trust's Health and Safety Policy.

The Management of Health and Safety at Work Regulations 1999 Regulation 3 requires employers to make a suitable and sufficient assessment of risk to both employees and persons not in their employment.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002
Regulation 6 requires employers to make a suitable and sufficient assessment of the risks created by work liable to expose any employee to any substance hazardous to health and of the steps that need to be taken to meet the requirements of the regulations. Regulation 7 requires every employer to ensure that the exposure of employees to substances hazardous to health is either prevented, or, where this in not reasonably practicable, adequately controlled.

The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations 1995
Under RIDDOR requirements, incidents of occupational dermatitis and asthma attributable to latex must be reported to The Health and Safety Executive (HSE).

1.2. Purpose

This policy applies to all staff and extends to the care of all patients in all Trust Services, buildings and areas throughout the Trust where products containing natural rubber latex are known to be used. Such activities covered by this procedure include, but are not limited to:

- The provision of personal protective equipment used by staff for the care of patients in the course of their work, i.e. gloves, aprons, respiratory protective equipment, etc.
- The use of medical equipment for known natural rubber latex sensitive patients

2. Scope

The scope of this policy is to safeguard staff and patients by providing appropriate guidance on the identification, assessment, management and control of the risk presented by natural rubber latex (NRL) sensitisation.

Guidance contained within this procedure is therefore provided with the specific aims of:

- Reducing the risk to staff and patients of developing sensitivity reactions to natural rubber latex.
- Promoting best practice for staff and patients regarding natural rubber latex exposure.
- Disseminating information to relevant staff regarding the risk presented by natural rubber latex to their patients and to themselves.
- Promoting an effective standard and approach regarding the purchase and use of equipment containing natural rubber latex and their suitable non-latex alternatives (including clear labelling of products containing NRL).

3. Definitions

- **Latex Allergy** – an allergic reaction to one or more of the components of NRL products. These reactions can vary, ranging from mild skin irritation to anaphylactic shock, and even death. It is particularly acute when latex has contact with the mucus membrane.
- **Sensitisation** – can be defined as the process of the body producing specific antibodies in response to repeated exposure to a specific antigen.
- **Delayed Hypersensitivity** – This reaction is predominately caused by an allergy to the residues of accelerating agents used in the manufacturing process of gloves. Also known as allergic contact dermatitis, the severity of this type of allergy varies greatly. It is often characterised by a red rash on the back of the hands and between the fingers. The skin may become leathery and express papules or blisters. The reaction is delayed, occurring several hours after contact, reaching a maximum after 24-48 hours and then subsides. Repeated exposure to NRL may cause the skin condition to extend beyond the area of contact with the gloves or other medical device.
- **Immediate Hypersensitivity** – This reaction is predominately a response to the natural protein residue found in NRL. This type of reaction, sometimes referred to as Immunoglobulin E (IgE) response, generally produces symptoms within 5-30 minutes of NRL exposure. Such a reaction is almost immediate in effect but usually diminishes rapidly once contact with the material has ceased. The symptoms are characterised by local or generalised urticaria and oedema. If mucous membranes are affected, rhinitis, conjunctivitis or asthma may result. Respiratory difficulties and anaphylaxis may occur in extreme cases. Anaphylactic shock, characterised by generalised hives, respiratory distress and low blood pressure can occur within

minutes of exposure. It is most likely to occur when the skin barrier is broken or the NRL device comes into contact with mucous membranes.

4. Duties

The Trust recognises the risks to both health care worker and patients from the use of products containing NRL and is working towards the gradual replacement of latex products with non-latex alternatives. Where this is not possible then the risks associated with latex both to staff and patients must be assessed and arrangements put in place to eliminate or manage the risks to the lowest level possible.

4.1.1 Managers/ Ward Managers/ Line Managers shall ensure that:

- This policy is communicated to all staff and local procedures and policies are adapted, as appropriate.
- Risk assessments are developed, reviewed and extended to cover all clinical and other activities where items containing latex are used.
- Staff are provided with suitable and sufficient information, instruction and training regarding the risks associated with the use of products containing natural rubber latex and measures available to control such risks.
- Any specific training issues are addressed with regard to the use of latex free equipment.
- Review glove usage regularly as outlined In the WCFT Infection Control Guidelines and ensure compliance with any relevant Medical Device Alerts
- Ensure that training is given with regard to latex sensitisation and that such training and information is appropriate to the employee's role and responsibilities.
- Follow a pro-active approach by conducting a regular enquiry with NRL glove users for skin or respiratory problems and refer to the Occupational Health Department any member of staff who reports a positive reaction related to the use of NRL gloves **(Appendix 2).**
- Ensure a safe environment is provided for the treatment of patients with possible or confirmed latex allergy – if necessary producing specific individual risk management plans **(Appendices 4, 5, 6 and 7).**

4.1.2 Employees shall:

- Wear, in a proper manner, the personal protective equipment provided.
- Practice a high standard of personal hygiene and make proper use of the facilities provided for hand washing.
- Report promptly any defects discovered in any control measure or any item of personal protective equipment
- Inform management of any shortcomings in existing arrangements for health and safety, particularly when working with known sensitizers.
- Carry out appropriate steps to ensure the health and safety of patients in accordance with WCFT guidance on the care of a patient with suspected or known latex allergy **(Appendices 4, 5, 6 and 7).**
- The Consultant or Anaesthetist of the patient is ultimately responsible for deciding the severity of any suspected allergy status.
- Report possible symptoms of latex allergy to their manager and the occupational health service.
- To comply with any request relating to health surveillance initiated as a result of this policy and adhere to any advice given by Occupational Health.

4.1.3 Occupational Health Department shall:

- Advise prospective and existing employees with regard to signs and symptoms of latex sensitisation and the reporting procedure.
- Advise prospective and current employees with regard to existing medical conditions which could be related to latex.
- Provide advice for employees who develop skin related problems and advise managers where appropriate. Perform regular staff surveillance **(Appendix 3).**
- In cases where potential exposure to latex may prove to be a risk to an individual's health, the Occupational Health Physician will undertake further assessment and provide advice including fitness to work
- Have access to specialist advice and investigation facilities for members of staff who have potentially developed a latex allergy.
- Review, on an annual basis, those individuals identified as having been sensitised to NRL and ensure cases of latex sensitivity are reported to Managers and Risk Department for reporting to the Health and Safety Executive (RIDDOR 1995).

4.1.4 Human Resources shall:

- Work with Management and Occupational Health by facilitating discussions to attempt to identify temporary or permanent relocations of staff with suspected or confirmed allergies to alternative safe working environments.
- The monitoring of occupational health service level agreement activities in relation to members of staff with NRL allergies

4.1.5 Infection Prevention & Control shall:

- Provide training and advice on glove usage and hand washing to staff and new starters.
- Provide advice to managers and staff on glove usage.

4.1.6 Supplies/Procurement shall:

- Liaise with Infection Prevention & Control, and Occupational Health regarding the supply of gloves to the Trust.
- Ensure the supplies standard order list does not include latex gloves except when authorised by Infection Prevention & Control or Occupational Health
- Ensure any latex gloves ordered following authorisation will be low protein and powder-free.
- Provide Occupational Health, and Infection Prevention &Control with a regular report on glove usage within The Walton Centre NHS Foundation Trust.
- Ensure that due consideration is paid when purchasing new products containing NRL, that they are easily identifiable and that end users are informed.

5. Process

5.1.1 See Appendices 2 - 9.

6. Training

6.1.1 See Appendix 5 and Trust Training Needs Analysis (TNA).

7. Monitoring

7.1.1 See section 4.1.4.

8. References

- Health & Safety at Work Act 1974
- Control of Substances Hazardous to Health Regulations 2002
- Management of Health and Safety at Work Regulations 1999
- Reporting of Incidences and Dangerous Diseases or Occurrences Regulations (RIDDOR) 1995. HMSO; London.
- Medical Device Alert (1996) Latex Sensitisation in the Healthcare Setting 1996/01
- National Patient Safety Agency (NPSA) Protecting People with Allergy Associated with Latex 2005/08

8.1. Supporting policies/documents

- Health & Safety Policy
- COSHH Policy
- Risk Assessment Procedure
- Incident reporting Policy
- Sickness Absence Policy

Appendix 1 - General Information – Natural Rubber Latex Allergy

Background

Natural Rubber Latex (NRL) is a milky fluid obtained from the hevea brasiliensis tree, which is widely grown in South East Asia. NRL is an integral part of thousands of everyday products. As with many other natural products, NRL contains proteins to which some individuals may develop an allergy.

NRL can be found in many products within health and social care. It has been extensively used in the manufacture of medical gloves (non-sterile examination gloves, surgical gloves) because it is a very durable and flexible material giving wearers a high degree of dexterity, sensitivity and microbiological protection. It is also used in a range of medical devices.

NRL proteins can cause asthma and dermatitis. Although rare, more serious allergic reactions, such as anaphylaxis, are also possible. The amount of exposure needed to sensitise susceptible individuals is unknown. Once sensitised, further exposure, even to low levels, may cause a reaction. Greater exposure increases the risk of sensitisation and allergic symptoms.

NRL proteins can cause type I (immediate) hypersensitivity. In addition, the products manufactured using NRL proteins contain other chemicals that can cause irritant reactions and/or type IV (delayed) hypersensitivity reactions. Typical skin and respiratory problems associated with the use of NRL single-use gloves are:

Irritation, known as irritant contact dermatitis: NRL proteins are primarily associated with allergy, rather than irritation, so if irritant contact dermatitis develops in association with NRL glove use, the cause may be something other than NRL proteins – e.g. chemical additives in the gloves, sweating/occlusive effects of the gloves, or skin contamination caused by incorrect glove use. The signs and symptoms of irritant contact dermatitis can include redness, soreness, dryness or cracking of the skin. This type of reaction is not an allergic response. Once the irritant has been identified and its use discontinued, symptoms will disappear and not reoccur.

Type IV allergic reactions or allergic contact dermatitis: This is an allergic response to the chemical additives, known as accelerators, used in the manufacture of NRL gloves. The signs and symptoms may be indistinguishable from those of irritant contact dermatitis, and so diagnosis will require clinical assessment. Sensitisation can take months or years, but once sensitised, a type IV allergic response occurs between 10-24 hours after exposure and can get worse over the subsequent 72 hours.

Type I allergic reactions are immediate allergic reactions to NRL proteins and in rare cases can result in anaphylactic shock. Clinical reactions can involve the skin, eyes, mucous membranes and respiratory system, including localised or generalised rash (urticaria), inflammation of the mucous membranes in the nose (rhinitis), red and swollen eyes with discharge (conjunctivitis) and asthma.

Appendix 2 - Identification and Management of Susceptible Healthcare Workers

Identification at pre-employment screening

Certain individuals may be at increased risk of acquiring a latex allergy. These include:

- People with a history of allergic reactions
- People who already suffer from asthma or eczema, or have allergies to foods such as nuts, or tropical fruits. e.g. avocado, bananas
- People who have had multiple invasive surgical procedures

Health care workers who are likely to come into contact with latex as part of their work must be informed of the potential for adverse health effects due to exposure to latex, and will be advised to report any symptoms promptly to their line manager and Occupational Health.

Health care workers whose previous medical history indicates that they are at increased risk of developing latex sensitisation will be advised to wear Trust approved, non-latex gloves, and to report any associated symptoms to Occupational Health.

Health Care workers with a known latex allergy will be informed of the need to minimise contact with latex products both at and outside work, and the manager will ensure that the employee is not exposed to any procedures that may involve use of NRL products.

Health Care Workers with severe known latex allergy may be unsuitable for employment due to the significant health risk, and will be assessed by the Trust Occupational Health Physician.

Identification and Management of Existing Employees

Because of the known health problems associated with the use of latex, managers in all areas where staff are likely to come into contact with latex must, as part of the risk management and assessment procedures, consider strategies that reduce this risk.

Managers should be aware of the health effects associated with latex allergy and encourage staff to report any symptoms to the Occupational Health Department. Affected health care workers will be assessed by the Occupational Health Physician who may consider further tests, and will give advice on the appropriate management measures to both the health care worker and the manager.

All unnecessary use of latex gloves must be prohibited, and suitable non latex alternatives used, depending on the task being undertaken and the level of risk.

Appendix 3 - Gloves

Gloves are the single most widely used device containing natural rubber latex. The Health and Safety Executive state that, "Single use disposable natural rubber latex gloves **may be only used where a risk assessment has identified them as necessary"**. The risk assessment, in consideration of the Trust Infection Prevention Policy, should have identified whether or not protective gloves are required at all to perform a task in the first place (the law requires that other means to prevent exposure should be considered in preference to gloves) and have balanced the risk of allergic reaction caused by natural rubber latex gloves against any risks associated with the use of gloves manufactured from alternative materials. One of the central risks to consider is the potential for transmission of pathogenic organisms and viruses.

Glove Selection

If risk assessment identifies that protective gloves are a necessary control measure, the type selected must provide adequate protection against the hazard and be suited to the wearer, the work being undertaken and the environment in which they are used. To ensure suitability, consideration must be given to the work (substances handled, other hazards, type and duration of contact), the wearer (comfort and fit) and the task (e.g. need for dexterity; sterility issues). If a risk assessment indicates that latex is the most suitable glove type for protection against a hazard, then any provided must be:

- Low-protein, powder-free and single use.
- Approved by the Trust Medical Device Group, Patient Safety Group and procurement before purchase and use.

If low-protein, powder-free, single-use latex gloves are approved for use in the workplace, suitable health surveillance for occupational asthma must be in place. However, given that the risks of developing occupational asthma are considered to be low, a low level of health surveillance is likely to be sufficient.

Appendix 4 - Managers' Guide to NRL Users Enquiry

It is important to ensure any potential incidence of latex allergy is investigated as early as possible. Therefore a regular enquiry for skin or breathing difficulties should be conducted for staff using non powdered low protein gloves following risk assessment. This should be systematically recorded and include the employee's name, date of enquiry and action taken.

Managers should therefore ask each member of staff, using NRL gloves, the following questions:

Have you worn latex gloves since the last enquiry? Yes / No

Have you experienced any symptoms such as:

- Breathing difficulties or wheezing? Yes / No
- Cold like symptoms (e.g. running eyes or nose)? Yes / No
- Skin problems (e.g. redness or itching)? Yes / No

Any individual reporting 'yes' answers should be referred to Occupational Health, using the Trust's Occupational Health Referral form, for further assessment and advice.

Assessments should be kept on the individual staff file

Appendix 5 - Health Surveillance

A programme to educate staff on the presentation of latex allergy, the steps which need to be taken for confirmation and subsequent management, is offered within the Trust.

Occupational Health will, at pre-employment health assessment, identify high risk groups and provide advice and education to those health care workers who may use latex gloves. An assessment of the worker's respiratory health & skin condition will be conducted to provide a baseline record.

Early recognition of such an allergy is vital and all managers, sisters/charge nurses should be aware of symptoms and the need to refer staff that may be affected to Occupational Health. A regular enquiry for dermatitis and asthma will be conducted for staff using non powdered low protein gloves following risk assessment (Appendix 2). This will be undertaken orally during appraisal reviews etc. Any individual reporting symptoms will be referred to Occupational Health for assessment.

The Occupational Health Department will use a more detailed screening questionnaire for identifying NRL sensitivity to assist in identifying whether further testing is required. This may involve RAST (latex) testing and/or referral for specific skin prick testing.

Annual health surveillance for individuals with a known latex allergy will be undertaken by the Occupational Health Department

Cases of health care workers suffering from proven latex allergy are notifiable under RIDDOR. The Occupational Health Department will advise managers of the need to inform the Trust Risk Manager for latex notifiable conditions.

Appendix 6 - Patient Screening Tool

Wherever a new patient presents to the hospital, it is essential that they be screened for latex allergy. This is particularly important where a patient is to be examined, investigated or treated by personnel wearing latex gloves or which involves equipment/devices that may contain latex.

If a patient has identified from the initial questions they have or suspect they have an allergy to either rubber or fruit, the following questionnaire should be used to determine further investigation.

Pre-admission patient screening tool for LATEX ALLERGY

Affix Patient Label: Date:_____

Have you ever had itching, redness or swelling of the skin **within minutes** of wearing latex (rubber) gloves?

Yes / No Details:

Have you had sneezing, wheezing, shortness of breath or redness and itching of the skin after being examined or treated by medical or dental personnel wearing latex gloves?

Yes / No Details:

Have you noticed immediate skin, nose or chest reaction after handling rubber products such as rubber balloons, rubber balls or condoms?

Yes / No Details:

Do you suffer from spina bifida or urological problems requiring repeated bladder catheterisation or multiple surgical procedures?

Yes / No Details:

Do you have gut, skin or other symptoms after eating bananas, avocados, kiwi fruit, chestnuts, or other fruits?

Yes / No Please specify the fruit involved.

If the patient gives positive replies to any of the above, a blood sample should be obtained and sent with an immunology request form RAST testing. If positive, patients should be advised to avoid latex, be treated with latex free equipment/environment and be referred for allergy assessment. If negative the patient should be referred to the dermatologist by a formal letter of referral to contact dermatitis, reacting to rubber additives.

Seen and evaluated by (signature)……

Print name of doctor or nurse…….

Designation……

Appendix 7 - Standard Operating Procedure for Preoperative Assessment

All planned admissions should be screened for potential latex allergy, preferably in pre-op assessment clinic, but certainly during admission process.

Patients should be asked if they have any allergies, including latex.

If a latex allergy or risk factors are identified a detailed risk assessment tool should be used **(Appendix 6)**.

If a patient is suspected latex allergy, this must be communicated to:

- The consultant responsible for the patients care
- The anaesthetist for surgical patients
- Theatre, if a surgical patient

The Nurse Specialist performing the pre-op assessment will complete the form that has been placed on the front of the case notes. This form will be used to record all allergies and notifications relating to the admission.

The form will be handed to the outpatient receptionist who will input the relevant information on PAS, where it will then be available to staff preparing for the admission.

This form will also be posted out to the patient's GP.

Prior to admission, Bed Managers / Bleep Holder will liaise with the admission area and theatre to ensure areas are prepared.

The severity of the allergy should be communicated pre-admission to the bed management team so that a side room can be allocated if required.

If a patient has a severe allergy, consideration should be given to where they are asked to wait in the outpatient department, to minimise risk.

Appendix 8 - Standard Operating Procedure for Ward Admission

Managers must ensure appropriate risk assessments are undertaken for their specific department and that they implement and regularly update an education programme to inform new and existing staff of natural rubber latex (NRL) issues.

Consideration should be given to a latex free box or trolley in the ward area.

Prior to admission the allergy status of a patient should be checked on PAS. The information will also be displayed on the bed management board. Ensure there are no elastic bands around the notes

Patients with a confirmed latex allergy should be nursed in a side room, or a bed space area free of latex products

The area must be prepared by damp-dusting, wearing non-latex gloves, and floor mopped. Warning notices must be placed around the patient's area to raise awareness.

The patient is likely the best person to identify the control measures that are required.

A NRL free bed and mattress should be used.

A supply of non-latex gloves and gowns should be placed near the bed space, plus any other latex free equipment likely to be needed for the particular situation. Only NRL free anti-embolism stockings should be used.

When preparing IV medication, use ampoules wherever possible, otherwise remove bung before drawing up. Liaise with pharmacists for alternative medication/presentation
All staff, including domestic and transient staff must be made aware when a latex allergy patient is admitted

If the allergy is declared on admission the ward clerk will update the status on PAS and the consultant secretary informed. Consider detailed risk assessment Appendix 4.

An allergy wristband should be applied on admission

Theatre should be contacted to confirm they are expecting a latex allergy patient. The patient must be first on the operating list whenever possible.

In an emergency, the patient will need to be asked about allergies on admission. If the patient is unconscious, then best practice is that that NRL risks should be minimised and, so far as is reasonably practicable, NRL products should be removed or covered.

If patient needs further investigations e.g. X-ray, scan, ensure that department staff are informed of NRL status of patient

Appendix 9 - Standard Operating Procedure for Theatre

The latex allergy patient should be placed first on the operating list as far as practically possible. This is to allow sufficient air changes to occur in order to eliminate all latex particles from the air. In a conventionally ventilated theatre 60 minutes is considered the minimum period.

All latex containing equipment and furniture must be removed from theatre prior to the period of air change. Latex containing equipment that cannot be removed must be securely covered with a sheet, camera drape (for cables) or similar cover.

If it is not possible for the patient to be first on the list, a minimum period of 60 minutes must be allowed prior to the patient entering the anaesthetic room / theatre.

Prior to the commencement of the 60 minute break all surfaces must be damp dusted using disposable cloths and non-latex gloves. This applies to both the anaesthetic room and theatre area,

All latex gloves must be secured or removed completely from the area to prevent accidental donning. No staff should be allowed to enter the area already wearing gloves.

Once the damp dusting is complete, alert signs must be placed on all entry doors and all doors MUST REMAIN CLOSED during the air change period. If the doors are opened during this time the ventilation may not effectively clear the particles

All equipment planned to be used should be carefully checked to ensure it is latex free. Particular consideration should be given to anaesthetic equipment, for example rebreathing bags, circuits and giving sets as well as sterile items such as diathermy cables.

When preparing IV medication, use ampoules wherever possible, otherwise remove bung before drawing up. Liaise with pharmacists for alternative medication/presentation

The recovery area for the patient must be similarly prepared, with sufficient non-latex equipment and adequate alert signs. If the latex allergy is severe, consideration should be given to recovering the patient in theatre

Staff should be aware that latex allergy can become more severe with each exposure, and even an apparent mild case my result in a severe reaction triggered by a slight accidental exposure. Drugs to treat anaphylaxis should be readily available in the anaesthetic room, theatre and recovery for these cases. The drug of choice for anaphylaxis is adrenaline.

In an emergency, or if the patient is unconscious, then best practice is that that NRL risks should be minimised and, so far as is reasonably practicable, NRL products should be avoided or covered.

If patient needs further investigations e.g. X-ray, scan, ensure that department staff are informed of NRL allergy status of patient.

Appendix 10 - Equality Impact Assessment (EIA) Form

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

Part 1

1. Person(s) Responsible for Assessment: [redacted]

2. Contact Number: [redacted]

3. Department(s): Theatre

4. Date of Assessment: June 2020

5. Name of the policy/procedure being assessed: Latex Policy

6. Is the policy new or existing?

New Existing

7. Who will be affected by the policy (*please tick all that apply*)?

Staff Patients Visitors Public

8. How will these groups/key stakeholders be consulted with?
Staff Forum & Consultation, Policy of the Month, TUG

9. What is the main purpose of the policy?
As per title

10. What are the benefits of the policy and how will these be measured?
Patient Safety/ standardisation of practice. Reduction in patient safety incidents

11. Is the policy associated with any other policies, procedures, guidelines, projects or services? *If yes, please give brief details*
Theatre Locssip

12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? *Please specify specifically who would be affected (e.g. patients with a hearing impairment or staff aged over 50). Please tick either positive, negative or no impact then explain in reasons and include any mitigation e.g. requiring applicants to apply for jobs online would be negative as there is potential disadvantage to individuals with learning difficulties or older people (detail this in the reason column with evidence) however applicants can ask for an offline application as an alternative (detail this in the mitigation column)*

Protected Characteristic	Positive Impact *(benefit)*	Negative *(disadvantage or potential disadvantage)*	No Impact	Reasons to support your decision and evidence sought	Mitigation/adjustments already put in place
Age	N/A		N/A		
Sex			N/A		
Race			N/A		
Religion or Belief			N/A		
Disability			N/A		
Sexual Orientation			N/A		
Pregnancy/maternity			N/A		
Gender Reassignment			N/A		
Marriage & Civil Partnership			N/A		
Other			N/A		

If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.)

13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? *See Guidance for more details (NB if an absolute right is removed or affected the policy will need to be changed. If a limited or qualified right is removed or affected the decision needs to be proportional and legal).*

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you MUST complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to ED&I Lead for further support.

Action	Lead	Timescales	Review Date
N/A			

Declaration

I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:

No major change needed – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken [x]

Adjust the policy – EIA has identified a need amend the policy in order to remove barriers or to better promote equality
You must ensure the policy has been amended before it can be ratified. [ ]

Adverse impact but continue with policy – EIA has identified an adverse impact but it is felt the policy cannot be amended.
You must complete Part 2 of the EIA before this policy can be ratified. [ ]

Stop and remove the policy – EIA has shown actual or potential unlawful discrimination and the policy has been removed [ ]

Name: [redacted] Date: 09.06.2020

Signed: [redacted]

Appendix 11 - Policy approval checklist

The Latex Policy is presented to the Patient Safety Group for Approval.

In order for this policy to be approved, the reviewing group must confirm in table 1 below that the following criteria is included within the policy. Any policy which does not meet these criterion should not be submitted to an approving group/committee, the policy author must be asked to make the necessary changes prior to resubmission.

Policy review stage

Table 1

The reviewing group should ensure the following has been undertaken:	**Approved?**
The author has consulted relevant people as necessary including relevant service users and stakeholders.	Yes
The objectives and reasons for developing the documents are clearly stated in the minutes and have been considered by the reviewing group.	Yes
Duties and responsibilities are clearly defined and can be fulfilled within the relevant divisions and teams.	Yes
The policy fits within the wider organisational context and does not duplicate other documents.	Yes
An Equality Impact Assessment has been completed and approved by the HR Team.	Yes
A Training Needs Analysis has been undertaken (as applicable) and T&D have been consulted and support the implementation	Yes
The document clearly details how compliance will be monitored, by who and how often.	Yes
The timescale for reviewing the policy has been set and are realistic.	Yes
The reviewing group has signed off that the policy has met the requirements above.	Yes

Reviewing group chairs name: [redacted]	**Date:** 09.06.2020

Policy approval stage

☐ **The approving committee/group approves this policy.**

☐ **The approving committee/group does not approve the policy.**

Actions to be taken by the policy author:

Approving committee/group chairs name: [redacted]	**Date: June 2020**

Appendix 12 - Version Control

Version	Section/Para/ Appendix	Version/description of amendments	Date	Author/Amended by
1.0	Full document review	Update at expiry date.	20.03.14	[redacted]
2.0	Whole document	Update in light of changes to RIDDOR and HSE guidance. Update of Theatre SOPS.	25.04.14	[redacted]
3.0	Full document review	Update at expiry date. No changes.	18.05.17	[redacted]
4.0	Full document review	Update at expiry date. No changes.	08.06.20	[redacted]

Translation Service

This information can be translated on request or if preferred an interpreter can be arranged. For additional information regarding these services please contact The Walton centre on 0151 525 3611

Gellir gofyn am gael cyfieithiad o'r deunydd hwn neu gellir trefnu cyfieithydd ar y pryd os yw hynny'n well gennych. I wybod rhagor am y gwasanaethau hyn cysylltwch â chanolfan Walton ar 0151 525 3611.

هذه المعلومات يمكن أن تُتَرْجَم عند الطّلب أو إذا فضّل المترجم يمكن أن يُرَتَّب للمعلومة الإضافيّة بخصوص هذه الخدمات من فضلك اتّصل بالمركز ولتون على 0151 5253611

ئەم زانیاریە دەکرێت وەربگێڕدرێت کاتێك کە داواکرێت یان ئەگەر بەباش زانرا دەکرێت وەرگێڕێك ئامادە بکرێت (ڕێك بخرێت) ، بۆ زانیاری زیاتر دەربارەی ئەم خزمەتگوزاریانە تکایە پەیوەندی بکە بە Walton Centre بە ژمارە تەلەفۆنی ١٥١٥٢٥٣٦١١ .

一经要求，可对此信息进行翻译，或者如果愿意的话，可以安排口译员。如需这些服务的额外信息，请联络Walton中心，电话是：0151 525 3611。