

Reference Number: UHB 127 Version Number: 3	Date of Next Review: January 2022 Previous Trust/LHB Reference Number: 32
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LATEX ALLERGY POLICY

Policy Statement

The UHB recognises its responsibility to implement safe working practices, in keeping with the principle Health and Safety legislation and therefore will, where reasonably practicable, undertake to reduce the risk of exposure to latex by staff and patients.

Policy Commitment

The introduction in 1987 of Universal Blood and Body Fluid Precautions aimed to reduce the risk of transmission between patients and staff of various pathogens, especially viruses. There has subsequently been a great increase in the use of latex gloves by health care workers.

As the frequency and duration of the use of latex products has increased, the emergence of various forms of latex sensitivity has been identified as a problem for both staff and patients. This sensitivity can vary from mild contact dermatitis to a severe reaction resulting anaphylactic shock. The Cardiff and Vale University Health Board (the UHB) must ensure that it has arrangements in place for assessing and managing the risks that latex may present in the clinical environment.

The UHB has a duty to assess the risk from latex in accordance with the Control of Substances Hazardous to Health Regulations 2002.

Supporting Procedures and Written Control Documents

This Policy describes the following with regard to Latex Allergy

- Prevention of the development of latex allergy
- Prevention of symptoms due to latex allergy in both staff and patients
- Provision of an environment where the UHB seeks to minimise the risk from exposure to latex
- Management - Where latex allergy in patients and staff is suspected or known, control measures will be identified to allow healthcare to be provided and continued employment where possible
- To ensure that the UHB complies with the Control of Substances Hazardous to Health Regulations 2002.

Other supporting documents are:

- Health and Safety Policy
- Control of Substances Hazardous to Health (COSHH) Procedure

Document Title: Latex Allergy Policy	2 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

- Occupational Health Policy
- Managing Attendance at Work Policy All Wales
- Incident, Hazard and Near Miss Reporting Policy

Scope

This policy applies to all staff in all locations including those with honorary contracts

Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a no impact.

Policy Approved by

Health and Safety Committee

Group with authority to approve procedures written to explain how this policy will be implemented

Operational Health and Safety Group

Accountable Executive or Clinical Board Director

Chair of Operational Health and Safety Group

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
2	July 2017	20.05.2019	Reviewed and updated in line with departmental and reporting structure changes
3	January 2019	15.07.2019	3 yearly review period

Equality & Health Impact Assessment for

LATEX ALLERGY POLICY

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	N/A
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Chair of Operational Health and Safety Group
3.	Objectives of strategy/ policy/ plan/ procedure/ service	
4.	Evidence and background information considered. For example <ul style="list-style-type: none">• population data• staff and service users data, as applicable• needs assessment• engagement and involvement findings	Considered all staff groups and patients that could come into contact with latex – clinical and non clinical staff. The UHB's usual arrangement with regard to consultation was followed (ie. 28 days on the intranet).

Document Title: Latex Allergy Policy	4 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

	<ul style="list-style-type: none"> • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All UHB Staff and those with honorary contracts, patients

¹ <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

² <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

Document Title: Latex Allergy Policy	5 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	There does not appear to be any impact	N/A	N/A
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	The UHB is aware from its demographic information that it employs staff who have disabilities as defined within the Act. As such, the policy would be made accessible to staff and service users in alternative formats on request or via usual good management practice.	N/A	

Document Title: Latex Allergy Policy	6 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	There appears not to be any impact on staff or service users regarding gender.		
<p>6.4 People who are married or who have a civil partner.</p>	There appears not to be any impact		

Document Title: Latex Allergy Policy	7 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

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<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>There appears not to be any impact.</p>		
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>There appears not to be any impact on staff regarding race, nationality, colour, culture or ethnic origin.</p>	<p>Whilst there doesn't appear to be any impact, if a member of staff or service user was known to have difficulties with the written word, good management would dictate that alternative arrangements be made,</p>	

Document Title: Latex Allergy Policy	8 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

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		such as individual meetings. Translators would be used where necessary to communicate with service users.	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	There appears not to be any impact.		
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	There appears not to be any impact		

Document Title: Latex Allergy Policy	9 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

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6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There appears not to be any impact		
6.11 People according to where they live: Consider people living in areas known	There appears not to be any impact		

Document Title: Latex Allergy Policy	10 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
to exhibit poor economic and/or health indicators, people unable to access services and facilities			
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	There are no other groups or risk factors to take into account with regard to this Policy.		

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

Document Title: Latex Allergy Policy	11 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	N/A	N/A	
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention).</p>	N/A	N/A	

Document Title: Latex Allergy Policy	12 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

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<p>Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	N/A	N/A	
<p>7.4 People in terms of their use of the physical</p>	N/A	N/A	

Document Title: Latex Allergy Policy	13 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

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<p>environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on</p>	N/A	N/A	

Document Title: Latex Allergy Policy	14 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

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<p>family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>			
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p>	N/A	N/A	

Document Title: Latex Allergy Policy	15 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

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Well-being Goal – A globally responsible Wales			

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Overall, there appears to be very limited impact on the protected characteristics and health inequalities, however, it is suggested that implementation of the policy will have a positive impact on the safety and wellbeing of UHB staff, Patients and Visitors.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No Actions			

Document Title: Latex Allergy Policy	16 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	N/A			

Document Title: Latex Allergy Policy	17 of 18	Approval Date: 22/01/2019
Reference Number: UHB 127		Next Review Date: 22/01/2022
Version Number: 3		Date of Publication: 15/07/2019
Approved By: Health and Safety Committee		

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	Approve Policy as there are no significant negative impacts.			

