

Occupational Dermatoses including Latex Allergy Policy (HR-035)

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Author (name & job title)	Catrina Hughes, Occupational Health Manager
Executive Lead (name & job title):	Steve McGowan, Workforce & OD Director
Name of approving committee:	EMT
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<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
<i>Date approved by Lead Director:</i>	<i>13 January 2023 – Steve McGowan</i>
<i>Date EMT as approving body notified for information:</i>	<i>January 2023</i>

Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

Occupational dermatitis caused by skin irritation or allergy is a recognised hazard for health care workers. Causative agents include hand washing agents and latex gloves used as personal protective equipment principally against blood borne infections, as part of universal precautions. The use of powdered latex gloves significantly increases the risk of development of adverse skin reactions when using latex gloves. This is because latex proteins attach to the corn starch powder. This also can be inhaled when the gloves are removed and the proteins are released into the air – latex can, therefore, also act as a respiratory sensitiser, causing occupational asthma. Both the Royal College of Nursing and the Infection Control Nurses Association support a ban on the use of powdered latex gloves in the workplace. The Association of National Occupational Health Physicians (ANHOPS) also advocates that powder-free gloves should be used as standard.

Contact dermatitis can result from three pathological processes:

- **Irritation** – a non-allergic and reversible condition. This presents as a dry and itchy rash on the back of the hands, which appears after contact with irritant agents including latex, cleaning and disinfecting agents. These symptoms usually resolve after cessation of contact with the irritant although prolonged irritant contact dermatitis may result in prolonged skin problems that don't resolve in this way.
- **Type I allergy** or immediate hypersensitivity appears within a few minutes to an hour after exposure to allergens. It is systemic in nature and manifests in 4 stages of severity, from stage 1 localised urticaria to stage 4 anaphylaxis. After cessation of contact with the allergen, the reaction often diminishes rapidly. This can result in life threatening reactions that represent a medical emergency.
- **Type IV allergy** or allergic contact dermatitis. There is usually a time delay between exposure and reaction of 48-96 hours after. Symptoms include redness and inflammation at the exposure site, sometimes accompanied by blisters.

NB: An allergy is defined as an immunological reaction to a foreign substance that produces detrimental consequences to the body.

Cracking and bleeding of the skin that can result from occupational dermatitis may give ready access for various infections including blood borne viruses creating a risk to the health care worker. Dermatitis also makes it difficult to clean the skin adequately creating a risk of cross infection between patients an example being MRSA.

2. SCOPE

This policy is for use by all Humber Teaching NHS Foundation Trust Staff, Bank and Agency Staff, Locums, Students, Honorary appointed staff and details the responsibilities of all staff regards minimising the risk of transmission of infection to healthcare workers from patients and to patients during receipt of healthcare.

3. POLICY STATEMENT

The Management of Health and Safety at Work Regulations (1999) require risk assessments and action to remove or reduce such hazards and COSHH (Control of Substances Hazardous to Health (2002) covers the components of latex gloves and advises minimising exposure to

the least practical level by using non-powdered gloves or those with the least extractable proteins or by use of non-latex gloves as alternatives. Glove use is also covered by the Personal Protective Equipment (PPE) Regulations (1992).

Under RIDDOR (the Reporting of Injuries, Disease and Dangerous Occurrences Regulations) employers must report employees who develop dermatitis as a result of wearing latex gloves or due to exposure to other agents encountered in the workplace.

The Humber Teaching NHS Foundation Trust recognises the importance of minimising the risk to all staff working on behalf of the Trust who may be at risk of developing occupational dermatitis including latex allergy. The Occupational Health Department provides advice and support to those who develop skin problems to minimise its impact on health on work and work on health.

4. DUTIES & RESPONSIBILITIES

Managers – will

- Ensure that occupational hazards to skin are identified and adequate risk assessment and control measures (as per the COSHH hierarchy) are in place to prevent as far as reasonably practical the development of occupational dermatitis.
- Document this risk assessment and control measures.
- Review the risk assessment as indicated as needed by health and safety legislation.
- Consult with the occupational health department regarding the need for health surveillance as indicated by risk assessment.
- Not order or allow the use of powdered latex gloves in work by liaising with the infection control team, occupational health and supplies department to order alternatives that are suitable for their purpose.
- Ensure staff are aware of the principles of good skin care (See Appendix 2)
- Ensure staff are aware of the choice and use of gloves for work (see Appendix 2)
- Ensure staff are aware of the safe system of work with other skin hazards
- Ensure staff recognize, need and process the reporting of skin problems arising in connection with work.
- Enquire at appraisal and document whether there any skin problems of occupational relevance, if so refer to the Occupational Health Department
- Refer employees with dermatitis or suspected latex allergy to the occupational health department following the process in the Mid-employment Assessment policy.
- Make decisions on adjustments or alternative work arising from advice provided by the occupational health department as per the Mid-employment Assessment policy.
- Report cases of occupational skin disorders including latex allergy through the Adverse Incident reporting procedure and to the Health and Safety Executive under the RIDDOR Regulation requirements.
- Ensure staff receive the appropriate training

Employees - will

- Safeguard their own health by supporting the exclusion of powdered latex gloves.
- Follow the principals of good skin care (Appendix 2).
- Use the appropriate gloves for the specific task as identified in this policy and from training.
- Report to their manager and the occupational health department if they develop dermatitis or suspect they have developed an allergic reaction to latex in order

to be assessed by the occupational health department and obtain advice to minimise the risk to their health.

Occupational Health Department - will

- Assist employers with identification of appropriate health surveillance programs as identified from risk assessment.
- Assist with training responsible persons to perform health surveillance where appropriate.
- Assist with employee training in the occupational health issues related to the prevention and management of occupational skin disease.
- Provide current, evidence-based information on latex related issues, including control measures, to the employer via the health and safety management structures.
- In conjunction with the infection control team and supplies department to advise on alternative options of gloves used for PPE (Appendix 1d)
- Assess and advise employers and employees with dermatitis and suspected or existing latex allergy at pre-employment and mid-employment assessments (see pre-employment and mid-employment policies and National Guidance and Appendix 1b (assessment of suspected latex allergy) including identifying to managers the need for RIDDOR reporting when required.
- Liaise as necessary with employee's General Practitioner and specialist dermatologists, with the consent of the employee, in order to ensure appropriate ongoing clinical care for the employee.

Risk Management Team - will

- Collate information reported through the Adverse incident reporting procedure and provide information to the employer's health and safety risk management structures to inform health and safety risk management strategies and monitor performance with regard to this specific risk.
- Ensure medically confirmed cases of occupational skin disease are reported appropriately to the Health and Safety Executive under the RIDDOR regulations

Supplies Department - will

- Not provide powdered latex gloves.
- Advise managers on and make available alternatives including low extractable protein non-powdered latex gloves and latex free alternatives.

5. PROCEDURES

The procedures and supporting documents to identify and manage the health and safety of staff with a suspected or known reaction/allergy to latex have been attached as appendices. Each appendix has been identified in the subcategories 5.1-5. 8 The condition is reportable under RIDDOR.

A separate document "The Prevention and Management of Latex Reactions/Allergy" covers this issue for patients.

Appendix 1 Occupational Health procedure for the Identification and Management of Staff with Latex Allergy

Appendix 1a How Does Latex Cause a Reaction? Appendix 1b Flowchart Assessment for Latex Allergy Appendix 1c Latex Allergy Questionnaire

Appendix 1d Flowchart to assist decision-making in choosing alternatives to powdered latex

gloves (courtesy of the infection control team)

Appendix 2 Royal College of Physicians Guidance on the principles of good skin Care: Good practice points.

6. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust approved EIA.

7. MENTAL CAPACITY

This is a non-clinical policy therefore not relevant.

8. BRIBERY ACT

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed.

The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

The Bribery Act applies to this policy.

9. IMPLEMENTATION

This policy will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents.

Individual areas of responsibility are set out at Section 4 of this policy. The Policy is available on the Intranet. Information and advice are given at Trust Induction and on a one-to one basis at the occupational health pre-employment health screen process stage to inform all new employees of the policy and practical arrangements related to occupational/health care.

The implementation of this policy requires no additional financial resource.

10. MONITORING AND AUDIT

Workplace written risk assessments monitored by Safety department as part of safety performance assessment performed 12-14 monthly unless level of risk or changing risk indicates the need for earlier assessment.

RIDDOR reports as part of safety performance monitoring quarterly at Health and Safety Committee.

The Occupational Health Department will undertake a clinical audit of the assessment and management of occupational dermatitis as part of clinical standards monitoring once every three years.

11. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

BOOTH, B (1996) Latex Allergy: a growing problem in health care, Professional nurse, Volume 11, Number 5, pp 316-319.

TARLO, S, M, SUSSMAN, G, CONTELA, A, AND SWANSON, M, C. (1994) Control of Airborne Latex by the Use of Powder-free Latex Gloves, J. Allergy & Clin. Imm., 93: 985- 989.

MEDICAL DEVICES AGENCY (1996) Latex Sensitisation in the Health Care Setting (Use of Latex Gloves) MDA DB 9601.

MEDICAL DEVICES AGENCY (1998) Latex Medical Gloves MDA Safety Notice 9825

THOMPSON, J ET AL (1993) Clinical Nursing. St Louis: Mosby.

“RCN to campaign for a powdered latex gloves ban “Occupational Health, Volume 50, No 10, p 5.

Infection Control Nurses Association (1999) Glove Usage Guidelines. West Lothian: ICNA.

BLACKBURN, B AND ROSS, A (1999) “Guidance on Developing a Latex Policy”, ANHOPS Executive.

HEALTH AND SAFETY EXECUTIVE (1999) The Management of Health and Safety at Work Regulations (1999) London: HMSO.

HEALTH AND SAFETY COMMISSION (2002) Control of Substances Hazardous to Health. Approved Codes of Practice. London: HMSO.

HEALTH AND SAFETY EXECUTIVE (1992) Personal Protective Equipment at Work. Guidance on Regulations. London: HMSO.

HEALTH AND SAFETY EXECUTIVE (1996) A Guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. London: HMSO.

Humber NHS Foundation Trust Pre-employment policy

Humber NHS Foundation Trust Mid-employment policy.

Royal College of Physicians (2009) Latex Allergy: Occupational aspects of management.

Royal College of Physicians (2009) Dermatitis: Occupational aspects of management.

Royal College of Nursing Guidance for health care staff on glove use and the prevention of contact dermatitis May 2012.

Appendix 1 – Procedure for Identification and Management of Staff with Latex Allergy

Humber NHS Foundation Trust

OCCUPATIONAL HEALTH PROCEDURE FOR THE IDENTIFICATION AND MANAGEMENT OF STAFF WITH LATEX ALLERGY

Aims

To identify and manage the health and safety of staff with a suspected or known reaction or allergy to Natural Rubber Latex (NRL).

The condition is reportable under RIDDOR.

A separate policy “The Prevention and Management of Latex Reactions/Allergy” covers this issue for patients.

There are three recognised types of latex reaction:

- **Irritation** This is not due to sensitisation, it usually results in dry itchy skin and often resolves once contact has stopped. Skin irritation can also be caused by skin cleansing/disinfecting solutions.
- **Delayed Hypersensitivity (Type IV)** Characteristically this causes a red rash on the backs of the hands. The skin becomes thickened and leathery. Blistering or papules may form. Maximum reaction occurs 24-48 hours after contact. Repeat contact may result in extension beyond the area of contact.
- **Immediate Hypersensitivity (Type I)** Symptoms occur within 5-30 minutes of contact and diminish rapidly once contact has stopped. The rash is urticarial and in extreme cases anaphylaxis shock can result.

Atopic Healthcare workers (Those with a predisposition to allergies in general) are at least five times more likely to be sensitive to latex than a non atopic individual. Those individuals with sensitivity to avocado, banana, chestnut and kiwi also have an increased likelihood of an allergy to NRL.

Health Assessment

The pre employment questionnaire will indicate any pre-existing allergies.

At the time of a health interview specific questions should be asked regarding latex allergy/sensitisation and provide employee with leaflet Latex, Gloves and You.

Any member of staff with a suspected reaction to latex must be referred to the Occupational Health Department.

Procedure

Obtain a history and complete latex allergy questionnaire (Appendix 1) and see Appendix 2 of Occupational Dermatoses Policy.

Obtain a sample of blood for IgE and RAST (Latex)

Whilst awaiting results advise the employee to wear latex free gloves

Make a review appointment when the blood result is sent back from the Lab.

IF THE IgE RAST IS NEGATIVE (LATEX)

- If symptoms have **resolved** and the skin condition appears to be due to irritant
 - advise the employee with regard to appropriate handcare.
 - advise them to contact the Occupational Health Department if the problem reoccurs.
- If the symptoms **persist**
 - advise employee to use Nitrile gloves.
 - refer them to Clinical Nurse Specialist, Immunology Department at Hull Royal Infirmary for skin prick testing as negative RAST does not exclude Type I allergy.
 - if negative remember Type IV allergy and always advise continued avoidance of latex glove use.
 - refer to Occupational Health Physician

IF THE IgE AND RAST IS POSITIVE (LATEX)

- Refer to Consultant Immunologist, Hull Royal Infirmary
- Send a letter to the employees manager and General Practitioner in line with the MEA Policy.
- Provide advice on the importance of avoiding latex products at work/home. See advice sheet (Appendix2)
- Transfer the occupational health record to a blue folder indicating the COSHH retention of notes.
- Ensure that the blood result is recorded on COHORT.
- Advise Manager condition should be reported under RIDDOR

References

Occupational Dermatitis including Latex Allergy Policy
Pre-employment Policy
Mid Employment Policy
Guidance on Compliance with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations RIDDOR.

Appendix 2a – How Does Latex Cause a Reaction?

HOW DOES LATEX CAUSE A REACTION?

Individual reactions will vary greatly depending on the product quality. This may vary in respect of the level of residual proteins, whether a glove is powdered or not, and the level of residual accelerators. Reactions can also occur through coming into contact with other medical equipment or being in an environment where powdered gloves are in use and the proteins are airborne (aero allergen). Both latex proteins and the processing chemical residues can cause irritations and allergies at the point of contact. Glove powder can carry the protein into the air where it can be inhaled. Reactions can be exacerbated by poor hand-washing techniques and by washing agents or creams which may be prescribed to treat what may be assumed to be dermatitis or occupational eczema. It is therefore important that a thorough investigation is carried out in order to identify the causative agent.

Common products which contain natural rubber latex (NRL):

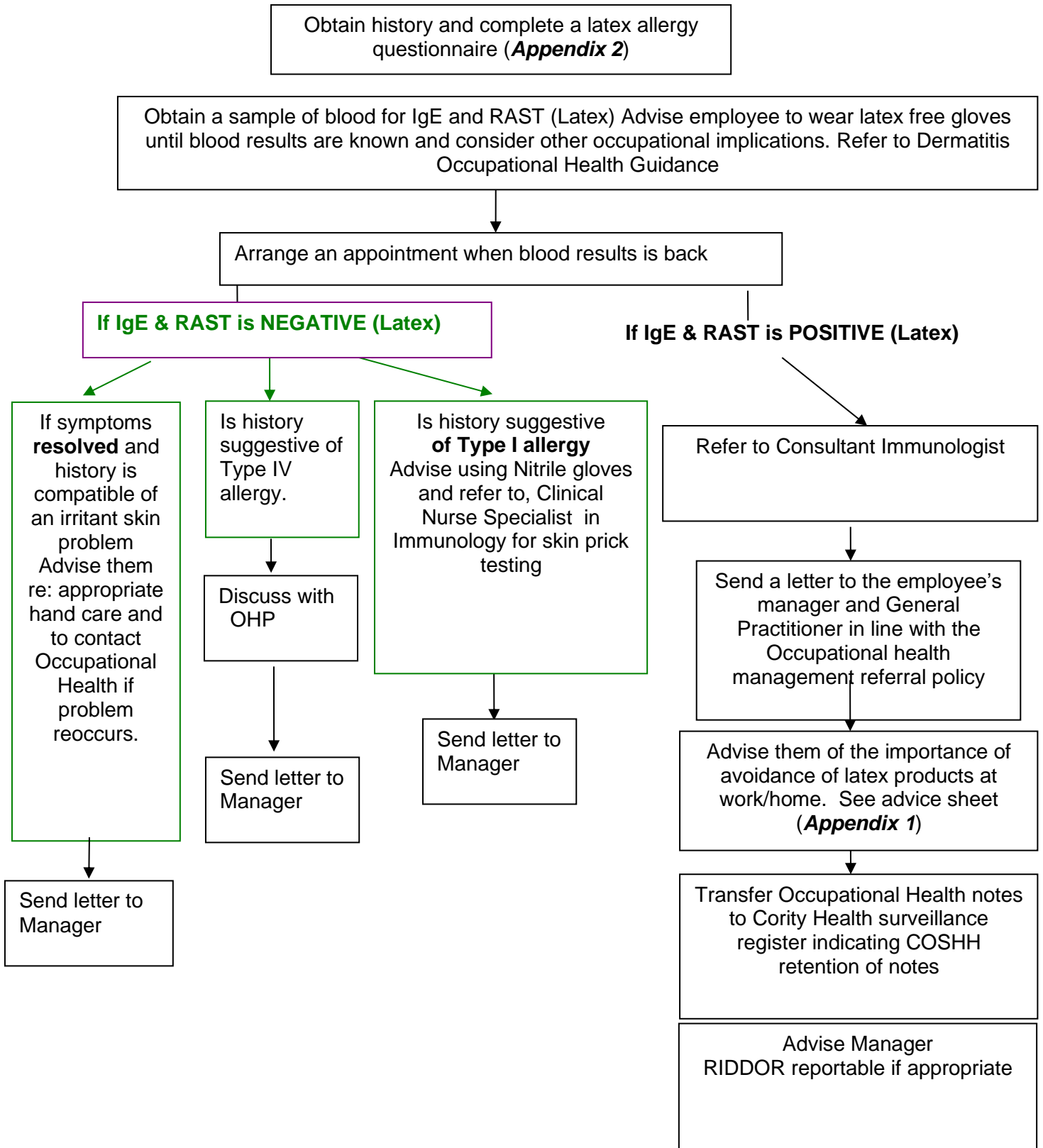
In a healthcare setting

Adhesive tape	Airways
Ambu bags	Bandages
Blood pressure cuffs	Catheters
Colostomy pouches	Electrode pads
Enema tubing	Intravenous tubing
Drug vials	Gloves
Mattress covers	Stethoscope tubing
Tourniquets	Urinary catheters

In a social setting

Art supplies	Baby's bottle teats
Balloons	Bath mats
Bath toys (rubber)	Bicycles (brake blocks)
Buttons on some remote controls	Condoms
Car tyres	Door window insulation
Carpets and mat rubber backing	Envelope seals
Chewing gum	Hot water bottles
Elastic bands	Lottery scratch cards
Glues and Adhesives	Household rubber gloves

Appendix 2b – Flowchart Assessment for Latex Allergy



Remember use of latex gloves in contact with damaged skin significantly increases the risk of latex allergy developing when not already present and so unless skin is visually normal use of non-latex gloves should be advised.

Appendix 2c – Latex Allergy Questionnaire

Occupational Health Latex Allergy Assessment

Employee Name: _____

Date of Birth: _____ NHS NO _____

Employee Job Title: _____

Place of Work: _____

Manager Name and Job Title: _____

Date of Assessment: _____ Time: _____

Is the wearing of gloves a daily feature of your current clinical practice? **Yes / No**

If **NO**, is this because you have experienced a problem with gloves in the past?

No you do not need to answer any further questions

Yes (Please give details)

How many years have you been wearing gloves on a daily basis in clinical practice?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> < 1 year | <input type="checkbox"/> 3 – 5 years |
| <input type="checkbox"/> 1 – 2 years | <input type="checkbox"/> 5 – 10 years |
| <input type="checkbox"/> 2 – 3 years | <input type="checkbox"/> >10 years |

What types of gloves do you regularly wear?

Powdered/Non-Powdered
Latex Examination
Latex surgical
Non-latex surgical
Non-latex examination (e.g. vinyl):
Nitrile

How many hours per week do you usually work?

- < 15 hours 15 – 30 hours > 30 hours

On average, how many hours during your working day do you wear gloves?

- < 2 hours 2 – 4 hours > 4 hours

NATURAL RUBBER LATEX ALLERGY

Have you ever developed a reaction natural latex gloves or any other latex containing product (e.g. household rubber gloves, balloons, condoms, rubber bands, enema tips) such as chapping or cracking of hands, itching, rash, hives, itchy/watery eyes, sneezing, shortness of breath, facial swelling or anaphylaxis?

Latex gloves Yes No

Other latex products Yes No

Have you ever experienced any eye, mouth or mucus membrane swelling after cervical smears, visits to the Dentist or using latex condoms?

Yes No

Have you ever had a skin test (e.g. skin prick, patch test) or blood tested for a possible allergy to natural rubber latex?

Yes No

Has a medical specialist confirmed that you have an allergy to natural rubber latex?

Yes No

If YES, what did the specialist say you were allergic to?

(Please give details)

RISK FACTORS

Do you have a history of any of the following?

(Please tick all that apply to you)

- Asthma Hayfever
 Hand eczema Eczema elsewhere on the body

At what age did your eczema develop?

- As a child (under 16 years old)
 As an adult (over 16 years old)

Do you have any food allergies? Yes No

If YES, are you allergic to any of the following? (Please tick any that apply to you)

- Almond Avocado Banana Chestnut Egg
 Kiwi fruit Melon Papaya Peach Peanut

Other (Please specify)

Any other allergies? (Please specify)

TYPE OF LATEX REACTION

When wearing latex gloves or in contact with other latex products, have you ever experienced any of the following symptoms?

Latex Gloves	Other Latex Products	
Chapping of hands	<input type="checkbox"/>	<input type="checkbox"/>
Rash on hands	<input type="checkbox"/>	<input type="checkbox"/>
Itching	<input type="checkbox"/>	<input type="checkbox"/>
Hives	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>	<input type="checkbox"/>
Sneezing	<input type="checkbox"/>	<input type="checkbox"/>
Itchy/watery eyes	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Facial Swelling	<input type="checkbox"/>	<input type="checkbox"/>
Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU HAVE EXPERIENCED A REACTION TO NATURAL RUBBER LATEX (NRL) GLOVES

How many years after you first started to wear latex gloves did you notice a reaction?

- < 1 year 1 – 2 years 2 – 3 years 4 – 5 years >5 years

Which of the following descriptions best describes the signs and symptoms you experience when you wear natural rubber latex gloves?

Dryness, cracking (or fissuring) and redness of hands in areas exposed to gloves.
Tends to be a chronic problem, which improves during period when you are not wearing the gloves.

Swelling, redness, itching, cracking and thickening of skin in areas exposed to latex gloves, which may extend up the arm beyond the area of the glove cuff. The reaction occurs between 6 – 48 hours after contact with the gloves and is always localised to the hand/arm.

Itching, hives (similar to nettle rash) on skin which can be localised and/or generalised, and/or runny nose itchy/watery eyes with possible wheezing or breathlessness/asthma, any of which appear within 60 minutes of donning the gloves.

Have you ever required medical treatment for any reaction associated with natural rubber latex gloves?

Yes (Details)

No

Can you identify the brands of glove which may have initially caused the problem?

Yes please specify _____

No - were the gloves? POWDERED NON-POWDERED

Are there any brands of gloves which make your reactions worse?

Yes please specify _____

No

Are there any brands of gloves which you are able to wear without causing a reaction?

Yes please specify _____

No

Outcome – Possible allergy to NRL?

YES - follow Flowchart Assessment for Latex Allergy

Take bloods for – IgE and RAST

Advise employee to wear latex free gloves until blood results are known

Consider occupational implications

Assessment performed by:

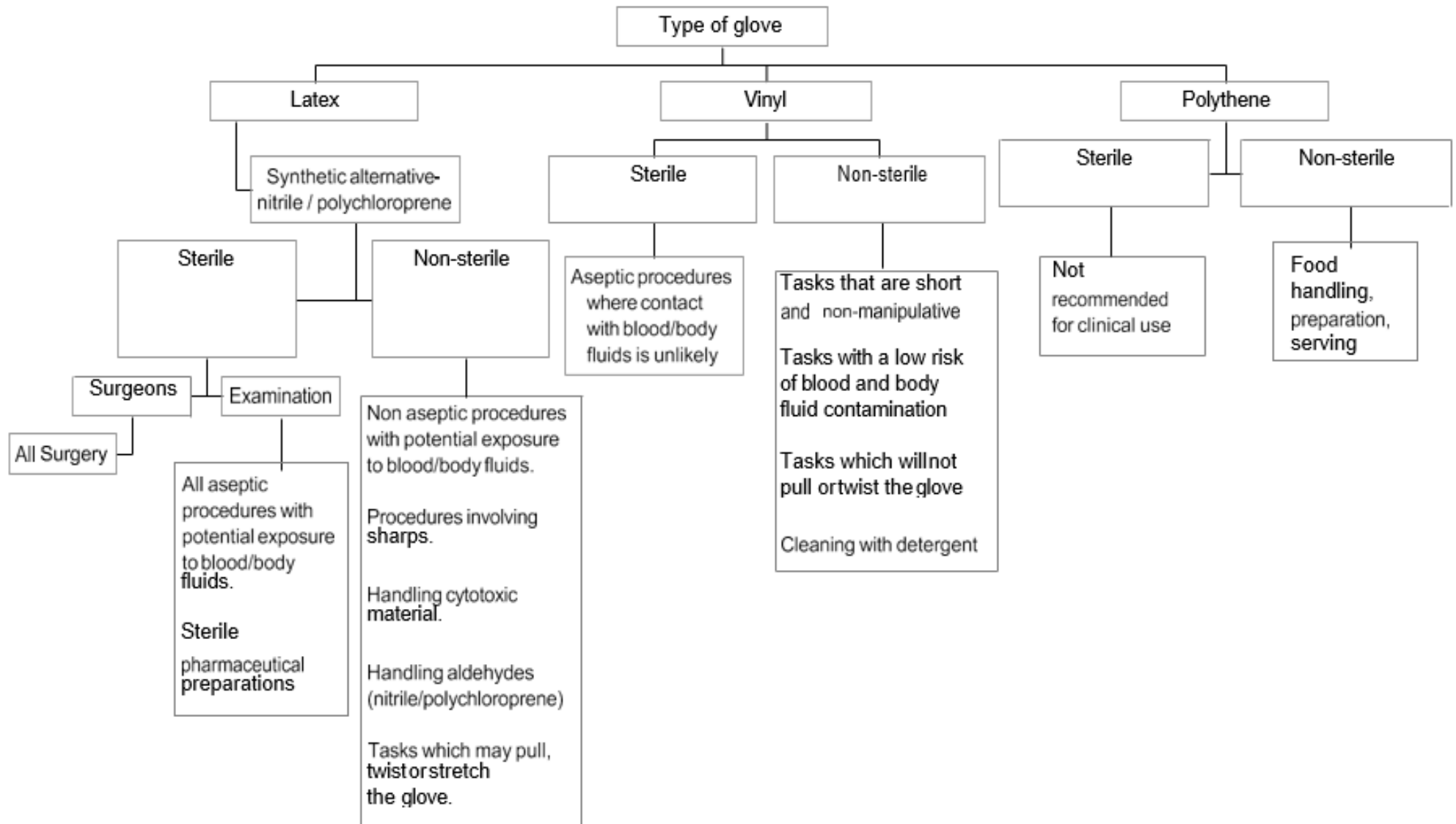
Occupational Health Clinician Signature: _____

Occupational Health Clinician Name: _____

Job Title: _____ Date: _____ Time: _____

Appendix 2d – Correct Glove Choice

CORRECT GLOVE CHOICE



Appendix 3 – The Principles of Good Skin Care

THE PRINCIPLES OF GOOD SKIN CARE: GOOD PRACTICE POINTS

- Staff with dermatitis should take special care in hand washing.
- Hands should be washed in lukewarm water, rinsed carefully to remove all traces of soaps and detergents, and dried thoroughly, paying particular attention to the spaces between the fingers.
- Healthcare workers should be advised to use alcohol hand rubs instead of full hand washing for infection control purposes as much as possible. If hands are not visibly dirty or contaminated with proteinaceous material and are not visibly soiled with blood or other body fluids, alcohol rubs can be used for decontamination. Always follow the infection control and hand washing guidelines for your workplace. Guidelines from infection control are available on the Infection Control Departments Intranet website.
- Employers should provide fragrance-free conditioning creams and make these easily available in the workplace. Creams should be used frequently throughout the day to stop skin from becoming dry.
- Gloves should be worn for as short a time as possible and should not be worn unless necessary.

Appendix 4 – Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy - Occupational Dermatoses including Latex Allergy Policy		
Document Purpose			
Consultation/ Peer Review:	Date:	Group / Individual	
<i>list in right hand columns consultation groups and dates -></i>			
Approving Committee:		Date of Approval:	
Ratified at:		Date of Ratification:	
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes []	No []	N/A [] Rationale : :
Publication and Dissemination	Intranet []	Internet []	Staff Email [] []
Master version held by:	Author []	HealthAssure [] []	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	<ul style="list-style-type: none"> • . • . <input type="checkbox"/>		
Monitoring and Compliance:			

Document Change History:			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
4.0	Review	June 2012	Protocol HS/05
5.0	Review	6/8/12	Was a protocol agreed with ERYPCT and Humber. No change to the content of the policy.
6.0	Review	14/7/17	Reviewed - amendments to appendices
6.1	Review	Jan 2019	Reviewed – Minor amends.
6.2	Review	13 Jan 2023	Reviewed – minor changes. Approved by director sign off (Steve McGowan – 13/01/23).

Appendix 5 – Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. **Document or Process or Service Name:** Occupational Dermatoses including Latex Allergy Policy (HR-035)
2. **EIA Reviewer (name, job title, base and contact details):** Catrina Hughes, Occupational Health Manager
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** Policy

Main Aims of the Document, Process or Service		
To set out the requirements that must be met for approval, ratification and dissemination of all Humber Teaching FT policies.		
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma		
Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
Age	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	1. who have you consulted with
Disability		2. what have they said
Sex		3. what information or data have you used
Marriage/Civil Partnership		4. where are the gaps in your analysis
Pregnancy/Maternity		5. how will your document/process or
Race		
Religion/Belief		
Sexual Orientation		
Gender re-assignment		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	There is no evidence that this equality group is negatively affected by the policy.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:	Low	There is no evidence that this equality group is negatively affected by the policy.
Sex	Men/Male, Women/Female	Low	There is no evidence that this equality group is negatively affected by the policy.
Married/Civil Partnership		Low	There is no evidence that this equality group is negatively affected by the policy.
Pregnancy/ Maternity		Low	There is no evidence that this equality group is negatively affected by the policy.
Race	Colour, Nationality, Ethnic/national origins	Low	There is no evidence that this equality group is negatively affected by the policy.
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	There is no evidence that this equality group is negatively affected by the policy.
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	There is no evidence that this equality group is negatively affected by the policy.

Gender re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	There is no evidence that this equality group is negatively affected by the policy.
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Summary

<i>Please describe the main points/actions arising from your assessment that supports your decision above</i>			
There is no evidence of potentially negative effect on groups in the categories above. No issues have been identified within Occupational Health of any of the above groups facing difficulty in assessment, diagnosis and treatment with occupational dermatosis including identification of a latex allergy.			
EIA Reviewer	Catrina Hughes, Occupational Health Manager		
Date completed;	January 2023	Signature	C Hughes