



Sheffield Health  
and Social Care  
NHS Foundation Trust

# Policy:

## Dermatitis *[Formerly the Latex Sensitisation Policy]*

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<b>Date of Ratification</b>	25/01/2021
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<b>Date for Review</b>	31/3/2024 extended from 31/12/2023

### Summary of policy

Provide a summary description of the policy

<b>Target audience</b>	SHSC staff
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<b>Keywords</b>	Dermatitis, latex, health and safety, sensitisation
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### Storage

Version 2 of this Policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V1 August 2017) which was called Latex Sensitisation Policy. Any copies of the previous policy held separately should be destroyed and replaced with this version.

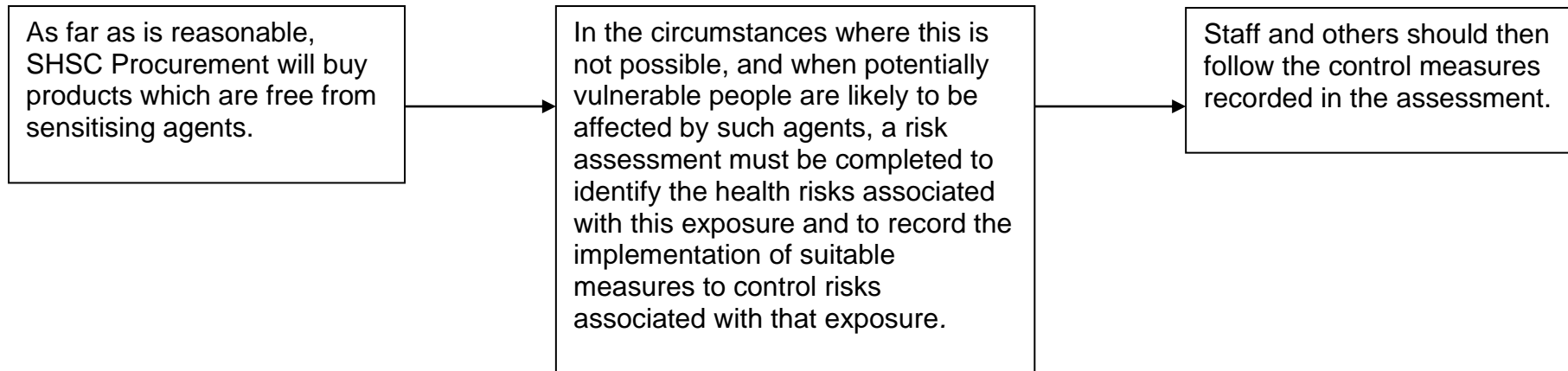
## Version Control and Amendment Log

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
1.0	New policy created and issued	August 2017	New policy
2.0	Revision	November 2020	Newest policy template used; includes title change, flowchart, some revised text and changed position of other text to accommodate revised layout.

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## Flowchart



## 1 Introduction

Sheffield Health and Social Care NHS Foundation Trust recognises its responsibilities under Health and Safety legislation to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees, service users and others affected by its work activities.

To this end, the Trust will ensure, so far as is reasonably practicable, that the health risks arising from the exposure to sensitising agents are eliminated, or reduced to an acceptable level, to help protect the health of its staff, service users or members of the public.

Specifically, the relevant legal duties are contained within;

- The 'Health and Safety at Work Act 1974'
- The 'Management of Health and Safety at Work Regulations 1992' (as amended)
- The 'Control of Substances Hazardous to Health Regulations 1977' (as amended)

which require employers to assess the health risks arising from exposure to potentially harmful substances and, where necessary, act to reduce the harm to health which they pose.

## 2 Scope

This is a Trust-wide Policy, which applies to all employees of Sheffield Health and Social Care Trust, its service users, staff and visitors.

## 3 Purpose

The purpose of this Policy is to provide an unambiguous statement of health and safety policy applicable to Sheffield Health and Social Care NHS Foundation Trust (SHSC) in accordance with national legislation.

## 4 Definitions

It is possible to become 'sensitised' to some products and substances used within the Trust. This means that exposure to these products or substances can be followed by adverse health reactions, such as skin irritation, Dermatitis (skin rashes), sneezing and a runny nose or wheezing/asthma in more serious cases.

The latex (natural rubber) used to make gloves is a potent sensitiser and an example of a commonly used product in the Trust.

This potential to cause harm must be, where necessary, documented in a Health and Safety Risk Assessment - which is simply the practice of examining what in the place of work could cause harm to someone, or could endanger their safety, so that one can consider the need to put in place additional precautions to prevent such harm. (Please see Section 7 for more details on this process).

## 5 Details of the Policy

The broad overview of this policy is as described in the introduction.

## **6 Duties**

### **6.1 Trust Board**

The Trust Board has ultimate responsibility for the implementation and effective management of good health and safety practice within the Trust.

It will ensure that suitable and sufficient governance arrangements are in place to manage health and safety-related matters in a way which complies with applicable legislation and so prevents, as far as is reasonably practicable, injury or illness.

### **6.2 Directors**

Directors will ensure this policy and its associated procedures, protocols, guidance and management systems are fully understood, applied and resourced within their respective areas of responsibility and that these arrangements are monitored for continued effectiveness.

### **6.3 Managers**

Operational Managers will implement suitable and sufficient processes/ measures to identify relevant health and safety hazards, apply appropriate control measures and ensure these processes are monitored to confirm their continued effectiveness in preventing harm or ill-health.

Typically, such arrangements involve written 'Risk Assessments' and 'Standard Operating Procedures'.

### **6.4 Competent Advisors**

If necessary, Operational Managers can seek advice from the Trust's competent advisors, e.g. Health Safety and Risk Advisor, Infection Control Nurse and/or Occupational Health Advisors.

## **7. Procedure**

As far as is reasonable, SHSC Procurement will buy products which are free from sensitising agents.

In circumstances where this is not possible, and when potentially vulnerable people are likely to be affected by sensitising agents in bought products, a risk assessment must be completed to identify the health risks associated with this exposure and to record the implementation of suitable measures to control health and safety risks associated with that exposure.

Staff and others should follow the control measures recorded in the assessment.

A blank risk assessment template can be found on the Trust's Health and Safety intranet page.

## **8 Development, Consultation and Approval**

The Trust recognises its legal duty to consult with employees on matters that affect their health and safety and is aware of the benefits of doing so. This entails not only giving information to employees, but also listening to and taking account of what they say before making any health and safety decisions.

The Trust will provide its employees and/or their representatives with the information necessary to allow them to participate fully and effectively in consultation and carry out other representative functions.

The primary mechanism for consultation on health and safety issues is via elected members of recognised Trade Unions attending the Health, Safety and Fire Safety Committee, together with management from both clinical and non-clinical services.

This Policy was considered by the November 2020 meeting of this Committee.

## 9 Audit, Monitoring and Review

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Completion of sensitisation risk assessment and implementation of its findings	Audit	Health, Safety and Fire Safety Committee	Annually	People Committee	Health, Safety and Fire Safety Committee	Health, Safety and Fire Safety Committee
Number and type of reported sensitisation Incidents	Review	Health, Safety and Fire Safety Committee	Quarterly	People Committee	Health, Safety and Fire Safety Committee	Health, Safety and Fire Safety Committee

The policy should be reviewed by November 2023.



## 10 Implementation Plan

Action/Task	Responsible Person	Deadline	Progress update
Upload new Policy on to the intranet and remove the old version	Policy Governance - once the previous Policy has been ratified by the Quality Assurance Committee	31/12/20	
Make staff aware of new policy and affected persons responsibilities. Introduce processes required to implement Policy	Workplace managers		

## 11 Dissemination, Storage and Archiving (Control)

Version	Date added to intranet	Date of inclusion in <i>Connect</i>	Any other promotion/ dissemination (include dates)
1.0	November 2016	November 2016	-
2.0	January 2021	January 2021	-

## 12 Training and Other Resource Implications

Staff should receive 'via arrangements made by their manager' the necessary information, instruction and training to enable them to manage skin sensitisation and so comply with this Policy.

## 13 Links to Other Policies, Standards (associated documents)

Health and Safety Policy  
Incident Management Policy and Procedure

## 14 Contact Details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Health Safety and Risk Adviser	Charlie Stephenson	27 16208	<a href="mailto:charlie.stephenson@shsc.nhs.uk">charlie.stephenson@shsc.nhs.uk</a>

## Appendix 1

### Equality Impact Assessment Process and Record for Written Policies

**Stage 1 - Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

**NO** - No further action is required. Please sign and date the following statement.  
**I confirm that this policy does not impact on staff, patients or the public.**

**I confirm that this policy does not impact on staff, patients or the public**  
 Name/Date: Charlie Stephenson November 2020

**YES, go to  
 Stage 2**

**Stage 2 - Policy Screening and Drafting Policy.** Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

**Stage 3 - Policy Revision.** Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
<b>Age</b>	H&S risk assessments consider all staff, service users and members of the public to whom SHSC owes a duty of care under health and safety law. Age-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm, so far as is reasonably practicable.		
<b>Disability</b>	H&S risk assessments consider all staff, service users and members of the public to whom SHSC owes a duty of care under health and safety law. Ability-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm, so far as is reasonably practicable.		
<b>Gender Reassignment</b>	H&S risk assessments consider all staff, service users and members of the public to whom SHSC owes a duty of care under health and safety law. Gender-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm, so far as is reasonably practicable.		
<b>Pregnancy and Maternity</b>	H&S risk assessments consider all staff, service users and members of the public to whom SHSC owes a duty of care under health and safety law. New or expectant mother-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm, so far as is reasonably practicable.		

<b>Race</b>	H&S risk assessments consider all staff, service users and members of the public to whom SHSC owes a duty of care under health and safety law. Race-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm, so far as is reasonably practicable.		
<b>Religion or Belief</b>	H&S risk assessments consider all staff, service users and members of the public to whom SHSC owes a duty of care under health and safety law. Belief-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm, so far as is reasonably practicable.		
<b>Sex</b>	H&S risk assessments consider all staff, service users and members of the public to whom SHSC owes a duty of care under health and safety law. Gender-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm, so far as is reasonably practicable.		
<b>Sexual Orientation</b>	H&S risk assessments consider all staff, service users and members of the public to whom SHSC owes a duty of care under health and safety law. Sexual-orientation related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm, so far as is reasonably practicable.		
<b>Marriage or Civil Partnership</b>	H&S risk assessments consider all staff, service users and members of the public to whom SHSC owes a duty of care under health and safety law. Personal circumstance-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm, so far as is reasonably practicable.		

Please delete as appropriate: - Policy Amended

Impact Assessment Completed by:  
Name /Date Charlie Stephenson - 22 October 2020

# Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
<b>Engagement</b>		
1.	Is the Executive Lead sighted on the development/review of the policy?	√
2.	Is the local Policy Champion member sighted on the development/review of the policy?	√
<b>Development and Consultation</b>		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	n/a
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	√
5.	Has the policy been discussed and agreed by the local governance groups?	√
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken in to account in preparing the policy?	√
<b>Template Compliance</b>		
7.	Has the version control/storage section been updated?	√
8.	Is the policy title clear and unambiguous?	√
9.	Is the policy in Arial font 12?	√
10.	Have page numbers been inserted?	
11.	Has the policy been quality checked for spelling errors, links, accuracy?	√
<b>Policy Content</b>		
12.	Is the purpose of the policy clear?	√
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	√
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	√
15.	Where appropriate, does the policy contain a list of definitions of terms used?	√
16.	Does the policy include any references to other associated policies and key documents?	√
17.	Has the EIA Form been completed (Appendix A)?	√
<b>Dissemination, Implementation, Review and Audit Compliance</b>		
18.	Does the dissemination plan identify how the policy will be implemented?	√
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	√
20.	Is there a plan to i. review ii. audit compliance with the document?	√
21.	Is the review date identified, and is it appropriate and justifiable?	√