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Replaces: Version 2.4, Latex Management for Patients		Head of Department: Ameeta Joshi, Consultant Maxillo Facial
Validated By: Health & Safety Committee		Date: 24/05/2018
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Review dates may alter if any significant changes are made		Review Date: 01/02/2023
Which Principles of the NHS Constitution Apply? 3,4	Which Staff Pledges of the NHS Constitution Apply? 1, 2	
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes		
Document for Public Display: Yes		
Reference Check Completed by Joanne Phizacklea, 22.6.18 To be completed by Library and Knowledge Services Staff		

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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

University Hospitals of Morecambe Bay NHS Foundation Trust recognises its duty under the Health and Safety at Work Act etc.1974¹, the Control of Substances Hazardous to Health Regulations² and the Management of Health and Safety at Work Regulations³ to provide a safe environment for its patients, and to protect them from hazards that may arise in the course of health care activities against latex sensitisation and allergic reactions due to latex allergy.

The Trust recognises that Natural rubber latex (NRL) is a potential hazard to patients in hospital and that it is a potent sensitiser that may give rise to serious allergic reactions in those that have Type I latex allergy. The aim of this policy is to provide guidance and raise awareness of the latex issues which affect patients. The Trust recognises the general duties imposed by the Health and Safety at Work Act¹, and the COSHH regulations² apply. The Trust has an obligation to minimise latex exposure in so far as is reasonable practicable. The Trust encourages the adoption of a proactive approach to prevent and minimise latex allergy amongst patients.

It should be recognised that hospitals and community settings can be made latex-safe (through the guidance detailed in this policy) but not totally latex-free. The risk of reaction can be minimised by increased awareness and vigilance among health care workers and use of latex-safe substitutes. The Trust is working towards the removal of latex-containing materials in all areas and is actively managing risk where latex products are still in use.

2. PURPOSE

- To provide guidelines for the safe management of patients in the outpatient clinics, wards, departments and in peri-operative and procedure periods and in the community setting
- To initiate screening of high risk patients for signs and symptoms of Type I latex allergy at the earliest opportunity. Thereafter, treat them in a safe, latex-free environment.
- To ensure that the latex content of equipment and disposables is reviewed in each Care Group and alternative products used where possible without causing another risk.
- When purchasing new products, the latex content will be reviewed and latex-free products purchased where possible without causing another risk.
- To ensure all staff have access to the guidance on latex and other related policies within the Trust.

3. SCOPE

This policy deals with the safety of patients only. A separate policy exists for the Management of Latex to protect staff

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4. POLICY

4.1 Latex Safety Management System

A whole team approach is required to provide a latex-safe environment for latex-allergic patients (containing only non-latex materials, e.g. gloves, catheters, Intra-Venous equipment, surgical tape, tourniquets, ventilation and airway equipment and medication containers without latex stoppers).

The Latex patient safety management system comprises:

- This policy, which commits to the provision of the Latex-safe environment
- A Risk assessment for use of latex products which is updated as per COSHH Policy and held within the COSHH Inventory
- The use of Red Wrist-Bands for patients with a latex allergy in the in-patient setting.
- Local protocols for the establishment and maintenance of latex-safe services in all relevant departments.
- A procurement policy which reflects the move towards selection and introduction of latex-free alternative products as the norm where possible.
- Selection of latex-free alternative products and supplies through the robust processes of the Nursing and Theatre Supplies Groups to ensure additional risks are avoided or managed.
- Adult and Paediatric Anaphylaxis guidelines
- Local strict control of latex-containing products where permitted for use
- Use of non-latex gloves by all non-clinical support staff e.g. catering, domestics
- Use of latex gloves by exception only
- Continuing educational programs for staff, on latex risks and allergy
- Monitoring of equipment and supplies being brought in to the organisation.

4.2 Roles And Responsibilities

4.2.1 Chief Executive and Trust Board bear ultimate responsibility and will give their authority to the introduction of this procedure into the working arrangements of the Trust and monitor via the Risk Register.

4.2.2 Governance Director will ensure that this policy is implemented throughout the Trust so that latex sensitisation and allergic reactions are minimised.

4.2.3 Medical Director will ensure that appropriate clinical practices are in place for maintaining a latex-free environment and ensuring that clinicians comply with this policy.

4.2.4 Care Group Management Teams (Clinical Director, Associate Chief Nurse or Allied Health Professional and Associate Director of Operations) will:

- Oversee the application of this procedure into their services ensuring its implementation is undertaken within their management structure and that necessary controls are put into place to achieve the Trust's policy and aim.
- Review risks escalated from wards and departments for the risk register and verify that

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significant risks are controlled so far as reasonably practicable.

4.2.5 Heads of Service and Matrons will

- Liaise closely with Ward and Department Managers to ensure the identification, assessment, and removal or control of latex allergy risks.
- Ensure their local managers undertake incident investigations and regular safety inspections to identify tasks and situations where patients may be exposed to latex.
- Liaise with Estates and Facilities to ensure, whenever services are established or significantly amended, that latex containing materials are avoided to ensure that contact with latex is controlled as far as reasonably practicable.
- Review controls following incidents and ensure day to day adherence to safe working practices

4.2.6 In-Patient Admitting Medical or Nursing staff will

- ask every patient whether they have an allergy or sensitivity to latex
- add an alert to the electronic patient record if an allergy is identified and ensuring the allergy is recorded on the admission pro-forma

4.2.7 Ward and Departmental Managers will:

- Ensure that this policy is implemented within their area of control.
- Ensure that latex-safe environments are maintained when a latex-sensitive/allergic patient attends their area.
- Ensure that patient records are accessed to identify the allergy alert and that the information is passed on to all relevant staff at handover
- Ensure that staff communicate with colleagues in their own department and others when a latex-sensitive/allergic patient is to be treated.
- Ensure that latex-free products and drugs are available within the clinical area and that staff are aware of the latex-containing products on the ward or department.
- Ensure, where any exposure to a latex-containing product has resulted in an adverse reaction for the patient that a clinical incident report is completed and investigation is carried out.

4.2.8 Community based staff will:

- Access EMIS to review alert information about each patient and transfer any latex allergy alert to the alerts section on the paper documentation for that patient.

4.2.9 All staff will

- report to their manager, situations where latex exposure arises and is likely to require control.
- Ensure they are aware of this policy and content and procedures of reporting mechanisms for patients with latex allergies.
- Ensure that a latex-safe environment is maintained when caring for a patient with a latex allergy and ensure suitable alternative equipment is used that will not cause another risk.
- Where any exposure to a latex-containing product has resulted in an adverse reaction for the patient, complete a clinical incident report and update the patient's record.

4.2.10 Supplies department will

- assist departments in ensuring that latex-free disposables and equipment are

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available and that latex-free products are provided via the “Top-Up” system where there is no essential need for a latex-containing product.

- Appropriately action any changes approved through the Nursing and Theatre Supplies Group.

4.2.11 Pharmacy team can be contacted to advise on the possible latex content of medicines that will /may be used during the hospital stay on an individual basis as lists of latex-free medicines are difficult to maintain and update.

4.2.12 Infection Prevention Department will ensure that there is an appropriate glove policy that promotes latex-free gloves as the standard and latex gloves as the exception. In relation to community care will advise on approved products for wound care, catheters and other patient specific products.

4.2.13 Resuscitation Officers shall be responsible for ensuring that there is latex-free resuscitation equipment available. They should also ensure that resuscitation training is available to latex-allergic staff and equipment available for them to participate in training.

4.2.14 Nursing and Theatre supplies groups will be the routes through which non-latex alternative equipment and supplies are assessed and authorised for use.

4.2.15 Head of Sterile Services will ensure a latex-free policy is followed within the Sterile Services departments and that any item returning to the department in error is immediately disposed of.

4.3 Detection And Identification Of Latex Allergic Patient

Patients or relatives where necessary are asked to declare any latex allergy at a number of entry points:

- Pre-Operative assessment. It will be noted as an allergy on the electronic patient record or noted as “no allergy” on the paper Individual Care Plan which is held in the patient’s notes.
- Triage in Emergency Department
- On admission to a ward
- In out-patients clinics
- Via GP referral letters
- On initial assessment for care in the community setting, supported by alert information from the GP EMIS system

In accordance with Trust Policy, a RED wristband will be issued for in - patients or hospital day -case patients with an allergy.

4.4 Local Protocols

Local protocols and procedures are found at Appendix 2.

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5. ATTACHMENTS	
Number	Title
1	Background Guidance And Information
2	Local Management Protocols
3	Terminal Clean Checklist – Patient Environment Services
4	Equality and Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Paed/Guid/011	Anaphylaxis in Children and Young People http://uhmb/cs/tpdl/Documents/PAED-GUID-011.docx
ANAE5	Suspected Anaphylaxis during Anaesthesia http://uhmb/cs/tpdl/Documents/ANAE5.pdf
Theat/SOP/003	Latex Management and use for Patients in the Operating Theatre http://uhmb/cs/tpdl/Documents/THEAT-SOP-003.docx
Corp/Pol/064	Control of substances hazardous to health (COSHH) http://uhmb/cs/tpdl/Documents/CORP-POL-064.docx
POL001/042/027	Insertion and maintenance of Urinary and supra pubic catheters in adults http://uhmb/cs/tpdl/Documents/POL-001-042-027.pdf

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	Great Britain (1974) Health and Safety at Work etc. Act 1974. Available from: http://www.legislation.gov.uk/ukpga/1974/37 (accessed 22.6.18)
2	Great Britain (2002) Control of Substances Hazardous to Health 2002 (COSHH) Available from: http://www.legislation.gov.uk/uksi/2002/2677/regulation/7/made (accessed 22.6.18)
3	Great Britain (1999) The Management of Health and Safety at Work Regulations 1999. Available from: http://www.legislation.gov.uk/uksi/1999/3242/contents/made (accessed 22.6.18)

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
NRL	Natural Rubber Latex
COSHH	Control of Substances Hazardous to Health

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Kate Duckett	Task and Finish Group	September 2017
Yvonne Goodrick	Task and Finish Group	September 2017
Nicole Dixon	Task and Finish Group	September 2017
Dr Kumar.	Task and Finish Group	September 2017
Carol Carlile	Task and Finish Group	September 2017

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9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Sally Sagar	Task and Finish Group	September 2017
Danny Bakey	Task and Finish Group	September 2017
Sharon Timperley	Task and Finish Group	September 2017
Tracey Ellershaw	Community Care Group Quality and Safety Lead.	May 2018

10. DISTRIBUTION PLAN	
Dissemination lead:	Care Group Patient Safety, Governance Business partners and Quality and Safety Leads
Previous document already being used?	Yes
If yes, in what format and where?	On Procedural Document library
Proposed action to retrieve out-of-date copies of the document:	Archive previous version
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	New documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this policy? *Yes / No * Please delete as required		
Action by	Action required	Implementation Date

12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
1	October 2015	P10	Removal of methods for determining latex allergy as not performed in this Trust	31.10.15
2.1	December 2016	Front Cover	Review Extension Request to 01/05/2017	01/05/2017

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12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
3	May 2018	Page 4 Sect 1 and 2	Addition of reference to Community setting	01/02/2023
		Page 5 Sect 4.1	Clarifying use of Red wrist bands in Inpatients setting only.	
		Page 5 Sect 4.2.4	Change of titles to Care Group and new job titles for Care Group management Teams	
		Page 6 Sect 4.26	Specified relevance to Inpatients admitters. Addition of requirement on ward and department managers to ensure reporting of latex related incidents and complete investigation	
		Page 6 Sect 4.27	Addition of requirement on all staff to report latex related incidents and update patient records	
		Page 6 sect 4.2.8	New section added with reference to Community nursing responsibilities Alteration to section numbers from 4.2.8 to 4.1.15 to allow for additional paragraph as above.	
		Page 7 Sect 4.2.12	Involvement of Infection Prevention in specifying non-latex alternatives for community nursing	
		Page 7 Sect 4.3	Inclusion of detection of community patients and addition of the word "hospital" for day case patients.	

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Appendix 1: Background guidance and information

Natural rubber latex (NRL) and associated products

Allergy to natural rubber latex products emerged as an important clinical condition following an increase in the use of latex gloves for barrier protection in the early 1980's.

Latex gloves are currently preferred to synthetic alternatives on the grounds of their impermeability to small viruses, excellent elasticity and low cost.

Routes of exposure

The possible routes for exposure are:

Cutaneous – via gloves, tapes, masks, urine drainage bags;

Mucous membranes- via products in dentistry, anaesthesia, intubation, rectal, urological and gynaecological examinations (including intra-uterine devices), eye and ear droppers

Inhalation – via aerosolisation of latex glove powder;

Internal tissue/organs - via latex products used in surgery;

Intravascular- via latex products used in intravascular devices (e.g. IV cannulae), devices used to deliver IV fluids and injectables (syringes and IV administration sets) or products stored or drawn up through rubber bungs or devices containing latex.

In the hospital setting, latex gloves are the most important source of latex. Powdered gloves represent the highest risk as the starch powder concentrates the allergenic latex protein and allows it to become airborne and dispersed into the environment. Respirable particles can also be shed from powder-free latex gloves but to a much lesser extent.

Latex allergy

Risk factors for latex allergy and high risk populations

- Latex exposure, particularly if significant and frequent, is one of the major risk factors for sensitisation and development of allergy. Occupational exposure is therefore to be avoided as far as possible or limited but an awareness of prevalence amongst patients from certain occupational groups is useful - Healthcare workers, laboratory workers, food handlers, rubber industry workers, security personnel, greenhouse workers, construction workers, electronics manufacture workers, hairdressers and domestic workers.
- Atopy. NRL allergy is more common among patients with allergic diseases. There is an association between allergy to certain fruits and vegetables and latex allergy (latex-food syndrome), particularly avocado, banana, kiwi, chestnut, tomato, potato; this is a co-phenomenon due to cross-reactivity rather than a true risk factor but patients reporting allergy to these foods need to be enquired about problems with NRL.
- Dermatitis, especially hand dermatitis.

Prevalence of latex sensitisation

General population: the prevalence of latex sensitisation in the general population is not very well documented but ranges between 5% and 10

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Healthcare workers: healthcare workers, particularly those who are atopic, show an increased prevalence of sensitisation to NRL (0.5 to 17%), up to 3.5 times higher than in the general population[9].

Patients with Spina Bifida: these patients are at increased risk of latex sensitisation due to repeated surgical procedures or early repeated contact with latex through catheters and gloves. The prevalence of NRL sensitisation in this group varies from 18% to 64%

Diagnosis of latex allergy will be carried out via referral to an external service provider.

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Appendix 2: Local Management Protocols

a) The provision of a latex-safe environment on a ward

A latex-safe environment will be created by undertaking a terminal clean of the area and removing any unnecessary equipment.

The Terminal Clean checklist is shown on page 14 (appendix 3)

b) Ward management of the latex-allergic patient

Lorenzo will indicate an alert and details of the Latex Allergy will be described on the electronic patient record. The patient should be issued with a red wrist band if not already has one.

It is expected that most latex allergic patients will have been diagnosed prior to admission to a ward or department and their management carefully planned.

Latex-allergic patients require their investigation and treatment to be planned and managed by senior staff.

It is the duty of the admitting team to inform the appropriate Ward Manager, Theatre Team Manager and Anaesthetic department as early as possible about the potential admission of a latex-allergic patient, to enable planning of theatre or other procedures, if required.

It is important that latex-allergic patients remain in hospital for as short a time as possible, to minimise the risk of latex exposure.

For advice on latex content of drugs contact Pharmacy. As active ingredients change over time, this must be checked on each admission.

Wards are generally latex – safe. Standard cleaning products may be used, but no rubber or latex gloves should be worn. There are very few latex-containing products used on the wards but staff will check every consumable and piece of equipment for use with a latex-sensitive patient.

A designated Registered Nurse must be responsible for the patient's care on each shift. The Registered Nurse must liaise with any other departments, e.g. X-ray, MRI and Theatre, to allow these areas to prepare latex-free conditions for the patient's investigations or treatment. All forward planning and documentation should inform future carers of the patient's sensitisation by effective recording in notes although patient confidentiality must be taken into account.

c) Emergency latex-allergic patients

Patients known to be latex-allergic are screened at triage and an appropriate entry is made in the allergy alerts field.

A red wrist band is applied to the relevant patient to be admitted and any equipment or products used for that patient are checked to ensure they are latex-free.

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d) HSDU

All equipment and items provided through and used within the Sterile Services departments are latex-free.

e) Operating Theatre management of latex-allergic patients

The procedure to be followed is found in the Standard Operating Procedure for the Use and Management of Latex for Patients in the Operating Theatre found in the document library.

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Appendix 3: Terminal Clean Checklist

Terminal Cleaning Checklist

WARD _____ Site _____ Room No _____

The nurse in charge must check the room and ✓ (tick) complete or incomplete.
The environment must be free from all body fluid spillage. All surfaces including furniture and fittings must be free from dust, debris and soiling.

Isolation rooms must be cleaned & disinfected promptly after the patient is transferred or discharged.

A copy of the terminal clean check list must be held on the ward and a second copy held by the PES supervisors

Please note actions 1 - 8 must be undertaken before any cleaning takes place.

Date:	Completed	Incomplete	Comments
Nurses duties commence with:-			
1.Patient property removed and wardrobe emptied			
2.Remove all single use items			
3.Remove and clean medical equipment			
4.Remove suction equipment			
5.Remove oxygen tubing and equipment			
6.Dispose of overhead earphones			
7.Strip bed, remove linen from the area			
Domestic duties:			
8. Remove curtains including shower curtains			
Nurses Duties:			
9.Clean mattress, bed frame, cot sides, head and foot boards			
10.Clean patient locker inside and out			
11.Clean patient bed table, underside and base			
Domestic duties:			
Complete in line with Terminal Clean SOP			
12.Dispose of all rubbish bags			
13.Clean control panel, patient TV and bed light			
14.Clean all chairs, legs and underneath			
15.Clean window ledges and all other ledges			
16.Clean any spillages, marks from walls			
17.Wash all walls			
18.Clean sink, splashbacks/back boards and mirrors			
19.If side rooms with toilets, clean toilets/shower rooms			
20.Clean fixtures and fittings e.g. light sockets			
21.Clean doors, door handles and windows in doors			
22.Clean bins, including lids and pedals			
23.Mop floors			
24.Replace curtains including shower curtain			
25.Replace toilet brush			
26.Replenish stores			
Nurses Duties:			
27.Make bed			

Action Agreed with Domestic Supervisor:

It is the responsibility of the nurse in charge to assess the room/bed space following the cleaning/disinfection of the room/bed space. Any concerns must be raised and addressed with the domestic/nurse to ensure rectification of failings are made before the area can be utilised.

Signature of Nurse in Charge: _____ Time complete: _____

Signature of Domestic: _____

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Equality Impact Assessment Form

Department/Function	Health and Safety			
Lead Assessor	Anna Smith			
What is being assessed?	Latex for Patients Policy			
Date of assessment	10/05/2018			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal? <p>Neutral: No impact expected on any Equality Group</p>
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	None applicable
--	-----------------

3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised. <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.

Action Plan Summary

Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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Title: Latex Management for Patients	
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