University Hospitals Bristol
NHS Foundation Trust

# Latex Policy

| Document Data | | | |
|---|---|---|---|
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| What is in this policy? |
|---|
| This policy sets out the position of the University Hospitals Bristol NHS Trust (the Trust) with regard to the effective management of latex hazards and risks. The policy forms part of the Trust's arrangements for risk management. |

| Document Change Control | | | | |
|---|---|---|---|---|
| **Date of Version** | **Version Number** | **Lead for Revisions** | **Type of Revision** | **Description of Revision** |
| Dec 2018 | 1 | Occupational Health Nurse | Major | Previously available as standard operating procedure. Now placed into policy format. |
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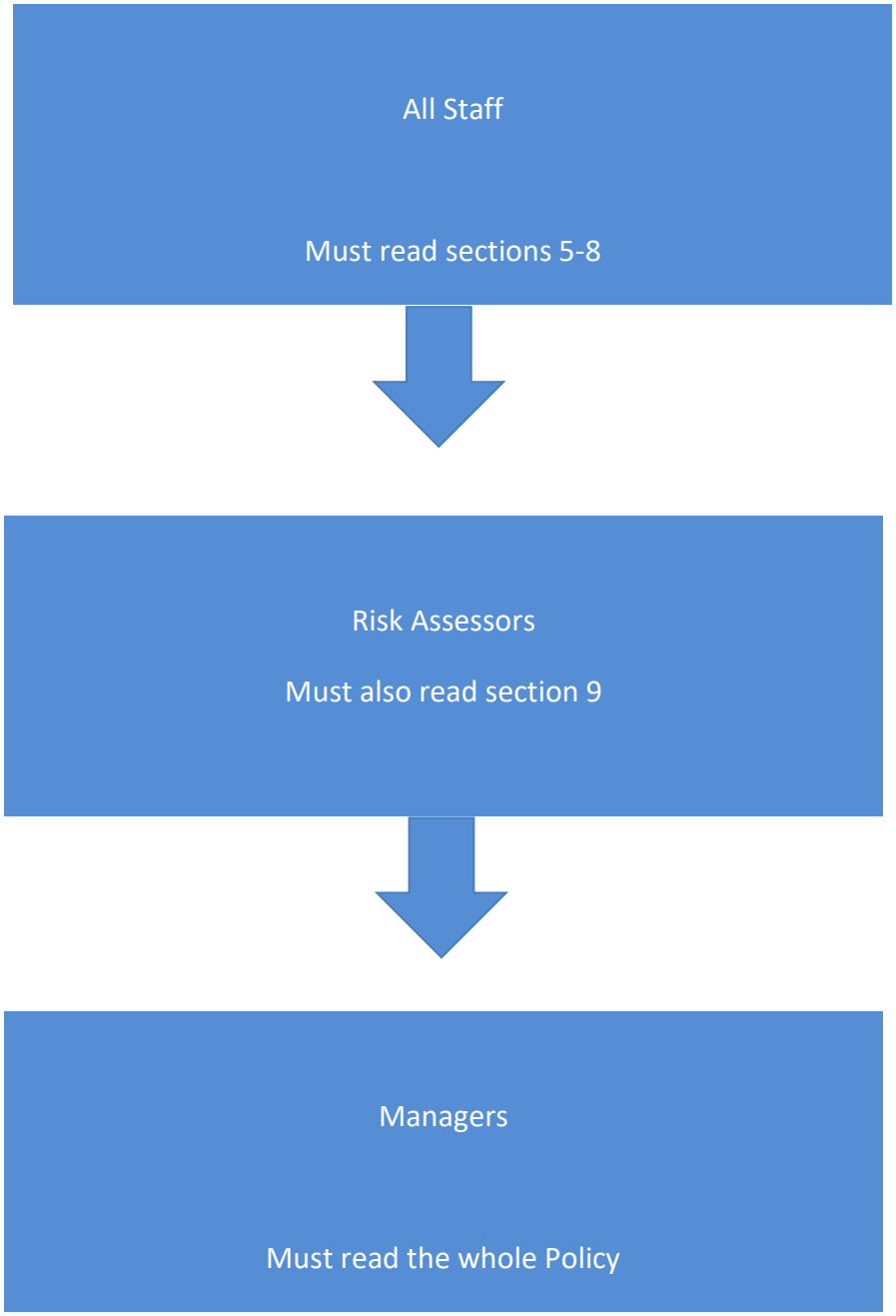
| | | | | |

| Sign off Process and Dates | |
|---|---|
| **Groups consulted** | **Date agreed** |
| Trust Health and Safety Committee | 19/12/2018 |
| COSHH Working Party | 12/09/2019 |
| Policy Assurance Group | 17/10/2019 |
| Trust Risk Management Group | 14/01/2020 |

- **Stakeholder Group** can include any group that has been consulted over the content or requirement for this policy.
- **Steering Group** can include any meeting of professionals who has been involved in agreeing specific content relating to this policy.
- **Other Groups** include any meetings consulted over this policy.
- **Policy Assurance Group** must agree this document before it is sent to the **Approval Authority** for final sign off before upload to the DMS.

## Table of Contents

## Do I need to read this Policy?



# 1. Introduction

## 1.1 *The Trust principles relating to Natural Rubber Latex*

(a) The use of latex products should be eliminated or minimised wherever possible.

(b) The use of **powdered** latex gloves is prohibited in the Trust. To protect all patients as well as staff the ban extends to all non-Trust staff involved in the Trust's clinical activities including visitors and contractors.

(c) Any problem affecting either a patient or member of staff arising from the use of latex must be reported immediately to Ward or Department Managers.

(d) The history of any patients who are known or suspected to have a latex allergy must be passed on as part of their clinical care. This includes liaison within and outside of the Trust.

(e) The Trust will actively support members of staff who have or develop problems through working with latex products.

# 2. Purpose

The purpose of this policy is to ensure that:

(a) All risks posed by latex products are identified through a structured risk assessment process.

(b) High risks groups are identified (see section 6.3) and managed as per protocol.

(c) Any risks to patients and/or staff identified are eliminated or, where not reasonably practicable, minimised, to ensure safe employment or patient care.

(d) Appropriate arrangements are in place to protect patients and staff who already have Type 1 Allergy to Natural Rubber Latex (NRL) based on current data released by manufacturers.

(e) All staff who are likely to have contact with latex products in both a clinical and non-clinical setting are aware of the risks and the arrangements for managing them.

# 3. Scope

This policy and accompanying guidelines cover all clinical and laboratory areas and applies to all employees while on Trust business either on healthcare premises, in patients' homes or elsewhere.

# 4. Definitions

## 4.1 *Natural Rubber Latex (NRL)*

Natural rubber latex is a natural substance produced by the Hevea brasiliensis (rubber) tree. It is used in thousands of household, industrial and medical products. NRL is composed of many

different types of natural proteins. A number of chemicals (accelerators) are added during production, most of which are removed in the washing processes during the latter stages of manufacture.

# 5. Duties, Roles and Responsibilities

## 5.1 *Trust Board of Directors*

Is responsible for:

(a) Overall health and safety of the Trust, both collectively and individually.

The Trust Board recognises its responsibility to provide an effective health and safety management system as part of its Risk Management Strategy.

(b) The Trust Board will receive annual Health and Safety reports from the Director of People.

## 5.2 *Managers*

Line managers must ensure the following for the areas or activities they are responsible for:

(a) Completion and action on risk assessments ensuring necessary systems of work are in place to deal with any latex hazards and controls implemented (Control of Substances Hazardous to Health (COSHH) Regulations 2002, as amended, Personal Protective Equipment (PPE) Regulations 1992).

(b) All staff are given information and training as appropriate.

(c) Management of any incidence of latex allergy or related problem involving either patients or staff.

(d) Report any incidents of latex allergy or related problem.

(e) Perform low-level health surveillance by asking each member of staff at time of Appraisal if they feel they have a latex related problem. If yes, refer them immediately to Occupational Health.

(f) Review and audit compliance with the policy and guidelines.

(g) Cooperate with Occupational Health in the management of staff.

(h) Ensure there are no stocks of latex gloves in ward/department.

## 5.3 *Department of Occupational Health*

For staff there are two levels of action:

(a) **Pre-employment** –Staff are required to inform the Trust on employment of a latex allergy. Occupational Health will inform managers via the Health@work portal to alert managers that the individual has an allergy

(b) **During employment** - When employees with a possible latex allergy present any necessary health surveillance and monitoring, procedures will be put in place. All procedures will be carried out in full consultation with the individual member of

staff. Referral to Dermatology may be required. Occupational Health will provide advice to staff and managers on latex issues, where necessary seeking further information from other sources such as Dermatology or NHS Supplies.

### 5.4 *Safety Department*

(a) Report confirmed incidents of occupational dermatitis and asthma attributable to NRL to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR).

### 5.5 *NHS Procurement*

Is responsible for:

(a) Advising alternatives where choice of a particular item is restricted or banned.

(b) Advice when choosing equipment or products.

(c) Determining the most suitable non-latex gloves for medical and nursing procedures.

### 5.6 *COSHH Working Party*

Is responsible for:

(a) Identifying with managers the resources required to implement and monitor this policy dependent on local risk assessment, will advise managers.

(b) Assisting the Trust, if needed when choosing latex free products.

### 5.7 *All staff*

Are responsible for:

(a) Co-operating with managers in achieving compliance with this policy and the accompanying guidelines.

(b) Informing their managers of known allergies or newly acquired allergies or sensitivities.

(c) Reporting any signs and symptoms of reaction to NRL.

(d) Always using appropriate gloves or products for the task without putting themselves in danger.

## 6. Policy Statement and Provisions

### 6.1 *What are the hazards associated with NRL?*

(a) Starch powder on latex products forms an aeroallergen leading to increased respiratory and skin exposure. Potential allergens exist in the finished product as protein or process residues. These are water-soluble and readily leach (seep) out of the latex

### 6.2 *What are the risks? Irritant response*

(a) Non-allergic condition with usually reversible effect. When skin is irritated, for example by contact with powdered latex gloves, a rash may occur which is characteristically dry and itchy. These symptoms resolve once contact with the irritant is discontinued. Not all skin irritations in these situations may be due to latex, but may be reactions to other agents such as detergents and soaps

### 6.3 *Who is at risk?*

(a) Health care workers, especially nurses and doctors.

(b) Patients who have had multiple operations or examinations where latex products, including gloves have been used. Types of patients in this category who are most likely to become sensitised include spina bifida patients, those with urological malformations, dental or gynaecological problems.

(c) Atopic individuals with a background of atopic eczema, asthma and hay fever.

Although not in as high a risk category as the above, the following may also need to be considered:

(d) Individuals with certain food allergies, also known as Cross Reactive Allergens, such as avocado, chestnut, banana, papaya and kiwi fruit.

(e) Partners of health care workers who may be exposed to indirect contact with powder brought home by the worker on their clothes or person.

The categories listed above are not exclusive with some people falling into more than one category.

### 6.4 *What contains Latex?*

(a) There are a wide range of household, industrial and medical products in everyday use that contain latex. Most problems arise as a result of exposure to flexible rubber latex e.g. gloves and condoms, rather than solid products. The presence of latex may not always be obvious, so part of the risk assessment process must be to identify those products used in healthcare or by a patient that contain latex and therefore pose a risk. Although it is not possible to produce an exhaustive list of products, advice can be sought from NHS Procurement, the Anaphylaxis Campaign, the Health and Safety Executive and the NHS Purchasing and Supply Agency.

### 6.5 *Delayed hypersensitivity (Type IV)*

(a) This type of reaction is predominantly caused by an allergy to chemicals used in the manufacturing processes of latex products. Also known as ‘allergic contact dermatitis’, the severity varies greatly. Reaction is delayed, occurring several hours after contact, reaching a maximum after 24-48 hours and then subsides. Repeated exposure may cause spread of skin condition beyond immediate area of contact.

### 6.6 *Immediate hypersensitivity (Type I)*

(a) This type of reaction is predominantly a response to the natural protein residue found in natural rubber latex. This type of reaction is rare. It is sometimes referred to as an Immunoglobulin E (IgE) response, and produces a response within 5-30 minutes of exposure. Effect is almost immediate but usually diminishes rapidly once contact ceases. Symptoms include reddening, wheal and flare of the skin. If mucous membranes are affected, rhinitis, conjunctivitis or asthma may result. Respiratory difficulties and anaphylaxis may occur in extreme cases; fatalities have been reported.

### 6.7 *Risk Assessment*

Suitable and sufficient assessment of the risks to staff and patients must be carried out to determine the effectiveness of any control measures. The standard used for assessment is that required under the current Control of Substances Hazardous to Health Regulations (COSHH).

The remaining guidelines accompanying the Latex Policy provide information and advice on various clinical and non-clinical activities where the use of latex products is foreseeable. Managers should use these to assess whether or not they are effectively controlling the risk in the areas they have responsibility for.

The COSHH assessment must cover:

- The activity or task involved where there is likely to be possible exposure to Natural Rubber Latex (NRL).
- The people who may be at risk of exposure (see previous section on 'Who is at Risk?').
- The suitability of control measures already in place.
- Practicable options to eliminate exposure, which may involve substituting the latex product for a non-NRL one.
- Where this is not practicable other control measures to minimise exposure
- Emergency procedures

A Generic Latex Risk Assessment is provided in section 9. The purpose of the generic assessment is to provide general advice about controlling the risks from latex. More specific assessments may be required, especially in areas where the risk is greater e.g. Operating Theatres or Emergency Departments.

### 6.8 *Evaluation*

Evaluation will occur using Health Surveillance measures by Occupational Health and Dermatology Services. Staff must report any known or suspected latex-related incident on the Trust incident reporting system or via health assessment as part of the annual health appraisal.

### 6.9 *Identification and Management Process*

It is not practical to test every patient with a suspected natural rubber latex allergy; each patient should be assessed and referred if appropriate to the Dermatology Department. In each area, there should be a designated link person who is available for communication when a natural rubber latex allergic patient presents.

It may be appropriate as a result of a risk assessment for each area to develop and maintain a Latex Free box containing items relevant to the department. The link person should be responsible for checking the contents of the latex free box and restocking it regularly.

The following 4 categories have been developed to assist in the identification and management of individuals.

| Group | |
|---|---|
| G1 | History of Anaphylaxis to NRL or Documented positive skin prick test to Latex (Type 1 allergy) |
| G2 | History of allergy/sensitivity to natural rubber latex (Type I)<br>Itching, swelling or redness after contact with rubber products<br>Swelling of tongue or lips after dental examinations or blowing balloons<br>Spina bifida patients |
| G3 | Group at risk but without history of natural rubber latex sensitivity<br>Repeated catheterisation e.g. Urogenital abnormalities<br>Atopic nature/multiple allergies especially specific fruits e.g. bananas, avocado, kiwi |
| G4 | Type IV chemical sensitivity |

| | |
|---|---|
| Groups 1 & 2 | Risk Assess - Total Latex Free Environment Essential |
| Groups 3 & 4 | Use Latex Free Gloves and Maintain a High Degree of Suspicion |

## 7. Management of Areas

### 7.1 *Outpatients*

This may be the first hospital point of contact for the patient. Here it is important to try and identify latex sensitive patients.

All staff should be aware of the implications of natural rubber latex sensitivity and the need to screen patients.

Staff should also be aware of risk groups, which include:

- Atopic patients
- Patients with spina bifida
- Health care workers
- Patients with a history of a large number of operations

Patients need to be encouraged to disclose if they have a natural rubber latex allergy by being asked about allergies and rashes related to contact with rubber and food allergies.

To aid in this the following should be made available:

- A Latex Allergy Alert Poster should be displayed predominantly in each patient waiting area.
- Poster about cross reactive allergens should be made available to assist in understanding allergies.
- If suspicion continues and no other documented previous positive latex testing in notes, a Screening Questionnaire should be completed.
- Latex Allergy Leaflet for Patients should be given (Health and Safety Connect page)

The patient should be then referred to the Dermatology Department for further testing.

To assist in the diagnosis it would be useful at this stage if a blood sample could be taken for IgE and radioallergosorbent test (RAST) for latex. This can be one sample in a normal yellow-topped bottle. Ensure the results are copied to dermatology.

GP's should also be contacted with any results or recommendations.

### 7.2 *Ward Preparation*

All staff need to be aware when a patient with a latex allergy is admitted.

The following chart gives guidance on how to prepare. Where possible a cubicle should always be used.

| Action | Reason |
|---|---|
| Before admission, ward cubicle should cleaned by staff wearing latex-free gloves. | To remove latex proteins |
| All items containing latex should be removed or if not covered with stockinette and secured with micropore | To prevent contact with patient |
| A latex free mattress and bed is advised. If needed a normal mattress covered with two layers of sheets. | As above |
| Use latex free B/P cuffs and oximeter probes or cover with tubinet as above | As above |
| Aprons and latex free gloves should be by the door | As above |
| Warning signs should be placed on doors, and labels on medical notes, prescription charts, observation charts. | To alert staff and visitors |
| Use red ID bracelet (See procedure for the use of RED ID Bracelets in Trust Clinical Documents Management) | To identify patient as being allergic |

| | |
|---|---|
| Ensure there are no elastic bands around notes | To prevent cross contamination |
| Use latex free anti embolic stockings | To prevent exposure |
| When preparing IV medication, use ampoules to avoid contamination of the medication wherever possible, otherwise remove bungs when drawing up. Liaise with pharmacists for alternative medication/presentation | To avoid cross contamination |
| Use only latex free equipment (ensure local box) | |
| If patient needs further investigations e.g. X-ray, scan, ensure that department staff are informed of latex status of patient | |
| If patient is to have surgery, inform theatre as soon as possible. | |

### 7.3 *Pre-Operative Assessment and Planning for Theatre*

The pre op assessment team must inform surgeon, theatre staff, the Anaesthetist and ward staff of a patient with known or suspected latex allergy or sensitivity before admission to hospital, whenever possible. The whole team including porters and recovery staff, need to know so that the necessary precautions to be taken.

Refer to the categories in section 6.4 when preparing theatre.

Other Actions:

- The patient should be first on the operating list and the theatre prepared.
- The theatre should not be used for one hour after preparation has been completed, or the night before if practical. This is to allow a reduction in the number of latex particles in the air.
- The patient should be anaesthetised in theatre and recovered in theatre if possible. If this is not possible all items containing latex should be removed from the anaesthetic room and recovery bay.
- The patient should be bought to theatre on a latex free bed or the mattress covered with two sheets.
- Clinical Sterile Services Department (CSSD) will need to be informed to ensure there is no NRL on instrument sets and trays. However they cannot guarantee that they are free from the latex molecules in the water from previous products containing latex.
- Only tie hats should be worn.
- Do not touch clogs/trainers.
- Trolleys whose latex content cannot be determined and unnecessary equipment should be removed from theatre.
- All latex gloves should be removed from the scrub area or covered to prevent use.

- Use only latex-free products, especially implants or products that come into contact with mucosa or viscera. Do not use rubber-covered clamps. Do not use rubber capillary tubing or slings.
- Ensure Visible notices on all doors into and out of theatre and if needed anaesthetic room/recovery room.
- Refer to local policy for theatre specific protocols.

### 7.4 *Maternity Services*

Patients should inform the unit of their latex allergy when booking in so that the Community Midwife and GP are aware for home and surgery visits. Patients carry their own maternity notes, so the allergy information may not be in hospital notes.

Maternity Services can arrange for them to see the Consultant Anaesthetist or a Midwife to discuss any concerns prior to admission. A stock of latex free equipment should be kept on the delivery suite for use in the unit. Two boxes should be kept ready for use with Latex Free kit – one for ward use and one for delivery suite use.

The room or bed space is cleared of any equipment containing Latex, and then cleaned by staff wearing latex free gloves (to remove latex proteins) as per ward procedure in section 7.2. The Latex Free box is then placed in the room.

Antenatal and care in labour should be as usual, ensuring that only Latex free equipment is used. Micropore/Medipore tape should be used to attach fetal monitoring equipment.

## 8. Managing Staff

### 8.1 *Pre-Employment*

The pre-employment health portal asks about work related allergies.

If the member of staff has documented positive history of latex allergy they will be asked to contact Occupational Health so that the evidence can be put into the individuals notes, both paper and electronically.

The employing manager will then ensure the appropriate risk assessment will be carried out. If not documented but declared the staff member will be asked to contact Occupational Health and a more comprehensive history will be taken. The Screening Questionnaire will be used.

Following screening either:

- Skin care advice;
- Glove usage advise; or
- Referral to dermatology will be provided.

If there is a positive latex allergy:

- A letter to the employees manager will be sent;
- The employees manager will complete a risk assessment;
- The employee will be offered support from Occupational Health.

### 8.2 *In-Employment*

All staff and managers have a duty to report all incidents of latex allergy or sensitivity (see responsibilities section 5.8). Staff should then be referred to Occupational Health for assessment and the process above will be repeated. To ensure ongoing health surveillance, all staff must be asked at time of annual appraisal if they have any problems regarding the usage of latex. If yes the manager should refer to Occupational Health.

### 8.3 *Glove Selection*

Often it is not latex that is the cause of an allergy when relating to gloves, quite often it is to the accelerators used in the manufacturing process. Gloves are the single most widely used device containing natural rubber latex. The Health and Safety Executive has stated that, 'Single use disposable natural rubber latex gloves may be used where a risk assessment has identified them as necessary. When they are used they must be low-protein and powder- free'.

Not all NRL-free gloves afford the same protection against blood-borne pathogens so care must be taken in the choice of substitutes. Some gloves may only be suitable for non-clinical tasks as they may not afford the same level of protection against transmission of blood-borne pathogens. If there is doubt suppliers can be asked to provide test data proving the glove's suitability. NRL gloves are also often used in catering, domestic services, motor industry, hairdressing and other professions and trades where, if there is no contact with blood or body fluids, they should be substituted by an alternative non-latex product. See glove selection guide (found on Infection Control Connect page)

### 8.4 *Screening Questionnaire for Identifying Latex Sensitivity*

The screening questionnaire can be found here.

## 9. Generic Latex Risk Assessment Advice

| HAZARD | RISK | PERSONS AT RISK | HOW TO AVOID/ MANAGE THE RISK |
|---|---|---|---|
| COSHH<br><br>Latex products with starch powder or potential allergens. | Irritant response usually reversible i.e. skin irritation, dry and itchy, resolves once contact with irritant discontinued.<br>Delayed hypersensitivity (Type IV) also known as Allergic Contact Dermatitis. Reaction delayed, occurs several hours after contact reaching a maximum 24-48 hours and then subsides.<br>Repeated exposure may cause spread beyond immediate area of contact.<br>Individual may become sensitised to other latex products.<br>Immediate hypersensitivity (Type 1) or Immunoglobulin E (Ig E) Response usually within 30 minutes of exposure – diminishes once contact ceases.<br>Symptoms:<br>Local or generalised urticaria/oedema.<br>Mucous membranes if affected – rhinitis, conjunctivitis or asthma. Respiratory difficulties, anaphylaxis, in extreme cases, fatalities. | At risk:<br>Health care workers especially nurses/physicians.<br>Staff/ patients who have acquired sensitivity to latex proteins especially patients with Spina Bifida or urological malformations.<br>Staff/ patients with a background of atopic eczema, asthma, and hay fever.<br>Individuals with certain food allergies e.g. avocado, chestnut, banana.<br>Partners of Healthcare Workers from powder brought home on clothing. | Advice:<br>UH Bristol has a powder free policy for latex gloves.<br><br>Restrict supply of latex products and ensure:<br>Managers checking and acting on skin complaints for individuals.<br>Staff awareness.<br>Guidance available.<br>Occupational Health facilities and advice.<br>Appropriate Health surveillance measures.<br>Patients referred to Dermatologist on call through switchboard i.e. Internally by dialing 100, externally by dialing 0117 342 3400.<br><br>Staff referred to Occupational Health Ext. 23400.<br>Monitor and audit incidences of Latex sensitivity. |

# 10. Standards and Key Performance Indicators

## 10.1 *Measurement and Key Performance Indicators*

Annual departmental audit to identify completion of risk assessments

Annual health appraisal incorporated within the on-line appraisal.

# 11. References

Latex allergies in health and social care http://www.hse.gov.uk/healthservices/latex/

# 12. Associated Internal Documentation

Appraisal Policy

For further guidance and access to forms, see the Latex page on Connect here:
http://connect/StaffAndLineManagersInfo/HealthandSafety/Pages/COSHHLatex.aspx

## 13. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this policy. Please ensure any possible means of monitoring this policy to ensure all parts are fulfilled are included in this table.

| Objective | Evidence | Method | Frequency | Responsible | Committee |
|---|---|---|---|---|---|
| Duties | Infection Control report | Report | Quarterly | Occupational Health Nurse | Infection Prevention and Control Group |
| Duties | Health and Safety internal/external audit reports (Including use of posters in patient areas) | Report | Annual | Head of Health and Safety | Trust Health and Safety Committee |
| Duties | Reports provided to relevant committees | Report | Quarterly | Head of Health and Safety | Trust Health and Safety Committee |
| Staff Training | Training reports | eLearning | 3-yearly | Individuals | Essential Training Steering Group |
| Adherence to External standards | Control of Substances Hazardous to Health Regulations/ EH40 – Exposure Limits | Assessment | Annual | Occupational Health | COSHH Working Group |

## 14. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

| Plan Elements | Plan Details |
|---|---|
| **The Dissemination Lead is:** | Occupational Health Lead Nurse |
| **Is this document: A – replacing the same titled, expired policy, B – replacing an alternative policy, C – a new policy:** | B |
| **If answer above is B: Alternative documentation this policy will replace (if applicable):** | Latex Standard Operating Procedure |
| **This document is to be disseminated to:** | All staff |
| **Method of dissemination:** | Induction and update training. Trust Health and Safety Committee. Divisional H&S Forums |

| Plan Elements | Plan Details |
|---|---|
| **Is Training required:** | Yes |
| **The Training Lead is:** | Occupational Health |

| Additional Comments |
|---|
| [DITP - Additional Comments] |

## 15. Appendix C – Equality Impact Assessment (EIA) Screening Tool

Further information and guidance about Equality Impact Assessments is available here:
http://nww.avon.nhs.uk/dms/download.aspx?did=17833

| Query | Response |
|---|---|
| What is the main purpose of the document? | To describe the arrangements in place to manage risks in relation to latex hazards and risks |
| Who is the target audience of the document?<br>Who is it likely to impact on? (Please tick all that apply.) | Add ☑ or ☒<br>**Staff** ✓ **Patients** ✓ **Visitors**✓ **Carers**✓ **Others**✓ |

| Could the document have a significant **negative** impact on equality in relation to each of these characteristics? | YES | NO | Please explain why, and what evidence supports this assessment in relation to your response. |
|---|---|---|---|
| **Age** (including younger and older people) | | ✓ | |
| **Disability** (including physical and sensory impairments, learning disabilities, mental health) | | ✓ | |
| **Gender reassignment** | | ✓ | |
| **Pregnancy and maternity** | | ✓ | |
| **Race** (includes ethnicity as well as gypsy travelers) | | ✓ | |
| **Religion and belief** (includes non-belief) | | ✓ | |
| **Sex** (male and female) | | ✓ | |
| **Sexual Orientation** (lesbian, gay, bisexual, other) | | ✓ | |
| **Groups at risk of stigma** or social exclusion (e.g. offenders, homeless people) | | ✓ | |

| | | | |
|---|---|---|---|
| **Human Rights** (particularly rights to privacy, dignity, liberty and non-degrading treatment) | | ✓ | |

Will the document create any problems or barriers to any community or group? ~~YES~~ / NO

Will any group be excluded because of this document? ~~YES~~ / NO

Will the document result in discrimination against any group? ~~YES~~ / NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

| **Could the document have a significant positive impact on inclusion by reducing inequalities?** | **YES** | **NO** | **If yes, please explain why, and what evidence supports this assessment.** |
|---|---|---|---|
| Will it promote equal opportunities for people from all groups? | | X | Patients and staff with latex allergies are not under any undue risk as the risk is minimised. |
| Will it help to get rid of discrimination? | | X | As above |
| Will it help to get rid of harassment? | | X | As above |
| Will it promote good relations between people from all groups? | | X | As above |
| Will it promote and protect human rights? | ✓ | | As above |

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

| **Positive impact** | | | | **Negative Impact** | | |
|---|---|---|---|---|---|---|
| Significant | Some | Very Little | NONE | Very Little | **Some** | Significant |

Is a full equality impact assessment required? ~~YES~~ / NO

Date assessment completed: N/A

Person completing the assessment: Head of Health and Safety services