



Acacium Group Record Keeping Policy

Policy Reference | CLIN 13

Version | V2.0

Policy Name	Record Keeping Policy
Purpose of Document	To inform all Acacium Group staff of their responsibilities and the standards required in regard to documentation of health records. This is to ensure compliance with national policies, as well as Acacium Group Policies and procedures.
Target Audience	All staff
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Risk and Resource Implications	
Associated Strategies and SOPs	CLIN 14 Health Records Management Policy CLIN 36 Nurse Supervision and Appraisal Policy CORP 11 Risk Management Strategy CORP 14 Complaints Policy IG SOP 02 Group Storage, Retention and Disposal of documents IG SOP 13 Collection and Recording of Client Data ORG 04 Incident Reporting Policy
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A
Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
Version	Date	Changes made/comments	By whom
V1.1	Nov 2012	Annual review.	KNF/KMS
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V1.3	Jan 2020	Updated to new Group Template	CC
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1. Introduction

- 1.1 “Good record keeping is an integral part of nursing and midwifery and medical practice and is essential to the provision of safe and effective care. It is not an optional extra to be fitted in if circumstances allow” (NMC, 2009).
- 1.2 The Nursing and Midwifery Council (NMC) has provided all nurses with guidance on the standard of record keeping they expect nurses to maintain, acknowledging that employers usually set their own standards. The revised NMC Code of Conduct 2018 states that “nurses are to keep clear and accurate records relevant to your practice”.
- 1.3 The standards within this Policy are based on the NMC guidance and are relevant for care workers and nurses. The standards represent best practice for all to comply with.
- 1.4 The Policy must be read in conjunction with the Acacium Group Health Records Management Policy, which deals with issues wider than documentation, such as but not exclusively, the sharing of information, storage and disposal.

2. Purpose and Policy Statement

- 2.1 The purpose of this Policy is to inform all Acacium Group staff of their responsibilities and the standards required in regard to documentation of health records, ensuring compliance with national policies, Acacium Group policies and procedures.
- 2.2 The Policy also aims to provide clients and their families with confidence in how Acacium Group ensures that record keeping is maintained to the highest standard, and that this is well monitored.
- 2.3 The Nursing and Midwifery Council requires nurses to provide a high standard of practice and care at all times (NMC Code of Conduct 2018).
- 2.4 Acacium Group requires that the highest level of care is afforded to all clients at all times. This must be evidenced by a very high standard of record keeping. In relation to the provision of healthcare, if something is not written it didn't happen. When there is a query relating to care that was provided and there is a lack of written evidence, it can be at serious detriment to the client, the healthcare worker professionally and Acacium Group.
- 2.5 In a court of law, lawyers use hindsight to ‘beat you with a stick’ and it is very hard to defend your actions without having good evidence to support it. Good record keeping will help the Acacium Group healthcare practitioner and organisation to give objective, accurate and confident answers.
- 2.6 Record keeping is required for the following reasons:
 - Provide continuity of care which is entirely appropriate to the needs of the client
 - Assist with decision making
 - Audit purposes
 - Help to identify risks and enable early detection of complications
 - Understand what occurred in an event
 - Learn from incidents and complaints
 - Investigation of a complaint – to determine the level of care given
 - Litigation – to give evidence in a court of law
 - Media interest
 - Enquiry by the healthcare worker's professional body.

- 2.7 These reasons highlight the absolute necessity to have clear documentation and record keeping. Therefore, all Acacium Group health professionals are expected to comply with this Policy at all times.

3. Scope of Policy

- 3.1 The Policy has been developed to demonstrate how Acacium Group addresses its obligations in meeting the legal requirements in relation to record keeping (documentation) of health records. The Record Keeping Policy is to be followed by ALL staff working for Acacium Group.

4. Definitions

Term	Definition
Policy	A high level, overall statement of intent, embracing general principles and the steps the organisation expects to be followed in order to achieve them. Policies are enforceable and failure to comply may result in disciplinary action.
Procedure	A formal set of steps to follow in order to achieve specific outcomes, which are specifically agreed for designated workers. Any deviation from the steps is acceptable if this can be justified and the rationale for doing so documented appropriately.
Competence	Should be acquired through general professional training, attending educational workshops, observation and supervised practice in the clinical setting. Competence can be examined by questioning knowledge, observing practice and reflective practice journal.
Registered Practitioner	Refers to nurses, midwives, and specialist community public health nurses who are registered on the Nursing and Midwifery Council Register
Carers	A trained care worker who has relevant and current experience.
Healthcare Professionals	All Acacium Group workers that provide clinical care
Health records	The Data Protection Act 2018 defines a health record as "consisting of information about the physical health, mental health, or condition, of an identifiable individual made by, or on behalf of, a health professional in connection with the care of that individual".
Record keeping	The process of setting up, documenting and maintaining health records. The process links very closely with the Health Records Management Policy and these must be read in conjunction with each other.
Audits	Evaluation of clinical performance against standards or through comparative analysis, with the aim of informing the management of services.

5. Roles & Responsibilities

- 5.1 **Organisational**
- 5.2 **Staff training and continuing professional development:** Acacium Group will enable staff to participate in training in effective record keeping. This may be backed up in local induction programmes. This will be a requirement upon commencement of working with Acacium Group. Acacium Group staff are also expected to attend updates as required. The training will be proportionate, and relevant to the roles and responsibilities of each staff member.

- 5.3 **Supervision and support:** Acacium Group recognises the importance of providing supervision and support to staff. See Acacium Group Nurse Supervision and Appraisal Policy.
- 5.4 **Safe recruitment and vetting procedures:** Acacium Group has in place robust recruitment and vetting procedures for all staff, in line with national and local guidance. This includes thorough checks being carried out as part of the recruitment process. Gaps in employment history are checked and accounted for. Qualifications are also checked with references always being taken up, and followed up, if necessary.
- 5.4.1 Staff will also be subject to periodic checks during their employment.
- 5.5 **Robust complaints procedures:** Acacium Group has in place robust complaints and whistle-blowing procedures. Acacium Group guarantees that staff and clients using these procedures appropriately will not prejudice their own position, and prospects.

Role	Responsibility
Global Clinical Director/Group Chief Nurses	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support workers or care in the safe delivery of safe and effective care provision.
Quality & Compliance Managers	The Quality & Compliance Managers is responsible for ensuring that an audit of record keeping is undertaken in line with the Acacium Group annual audit plan.
Senior management team	Ensure that the Directors have management, and accountability, structures that deliver safe and effective services.
Team leaders and senior nurses / managers:	• demonstrate leadership, be informed about and take responsibility for the actions of their workers • maintain the confidentiality of all service users in their care • ensure that workers report incidents • ensure their workers access voluntary training, supervision, and support, relevant to their roles and responsibilities • check that equipment is maintained in good operational condition • report any defects or deficiencies to the commissioning organisation • ensure their workers are clear about their professional roles and responsibilities • ensure their workers keep comprehensive and accurate records • facilitate and / or undertake regular audits of practice • ensure that safe use of medical devices is identified in appraisal and Personal Development Plans
Individual workers members:	• Be aware of Acacium Group policies, procedures, and guidance, for the safe use and management of medical devices to ensure compliance with them • Take part in voluntary training, including attending updates so that workers maintain their skills and are familiar with procedures

	• Ensure they provide appropriate information and training about the use of medical devices to service users to ensure effective daily use • Abide by any workers group's professional standards • Check that equipment is maintained in good operational use • Report any defects or deficiencies to the commissioning organisation via the Line Manager • All practitioners, registered and non-registered, should access regular supervision and support in line with local procedures • All workers should maintain accurate, comprehensive and legible records, with records being stored securely in line with Acacium Group policy.
Clinical Advisory Group (CAG)	Review policies associated documents and training content for the Group. To support high clinical standards and quality improvement agendas in line with the Groups vision, strategic aims.

6. Assessment of Risk

6.1 All Acacium Group health staff will be expected to contribute to risk assessment processes.

7. What is a Health Record?

7.1 A health record is any record that relates to the provision of care for a client. It may be in the format of hand-written and electronic clinical notes, assessments, referrals, letters, incident reports, print-outs from monitoring reports, photographs, x-rays. It may also be in paper format or electronic, such as email or text message format.

8. Standards of Record Keeping required by Acacium Group

8.1 Remember notes must be contemporaneous and written at the time of care given, before you leave your shift and never written retrospectively.

8.2 Remember the acronyms:

- **CIA = CLEAR, INTELLIGIBLE, ACCURATE**
- **Act NO ELBOW =**
 - ✓ No Erasures
 - ✓ No Leaves torn out
 - ✓ No Blank spaces or if there, rule them out
 - ✓ No Overwriting
 - ✓ No Writing in the margins (unless it is the date, time, initials or confirmation of an amendment).

8.3 **Do not:**

- Use correction fluid, such as Tipp-Ex and erasers, or cross out / scribble through the whole word or sentence, so the word or sentence to be removed cannot be read at all.
- Tear out pages.

- Alter or destroy any paper or electronic records where this would cause failure to apply with this Policy or the Health Records Management Policy.
- Add personal feelings into note keeping, e.g. this pleasant lady, angry gentleman.
- Record assumptions, opinions or bias.
- Rely on your memory when documenting events unless it is as close to the event as possible.
- Never return to the original notes to improve them! If you consider there to be omissions or errors **please follow requirements in 'sections 12 and 13'**.
- Leave blank spaces between words or lines in-between entries.
- Use abbreviations or jargon unless there is a glossary that has been approved by Acacium Group, which is placed in the client's files or the first time it is used it is written in full with the abbreviation in brackets, and then used each time having the same meaning. This is for three reasons:
 - Whilst health professionals may understand the abbreviations, these may not be understood by anyone else interpreting the notes
 - Abbreviations can have more than one meaning even when used by the health professions
 - Abbreviations in health may have different meanings in, for instance, the legal field. If needed for a court of law, the legal abbreviations and therefore their different meanings may be used instead.

8.4 Do:

- Keep all records relevant to your practice and in line with any professional Codes of Practice (GMC/NMC/HCPC etc.)
- Record all relevant facts including dates, times, observations and actions.
- Record, in chronological order. There may be rare occasions when recording chronologically is not possible due to errors or omissions. **Please refer to 'sections 12 and 13' if this is the case.**
- Document events accurately whilst they are fresh in your mind and as soon as possible after the event.
- Follow this Policy and associated practice.
- Write in black permanent ink only.
- If needing to cross out a word or sentence, put **one line** through the word or sentence only **and** initial the change. **See 'section 12' for definitive requirements.**
- State what you did and what you saw in objective terms. (refer to 11.3).
- When you have a conversation with family and or clients, use direct statements, questions, comments and answers as much as possible. Highlight these in speech marks. This is especially important if the issue discussed may prove to be contentious such as when there may be a different view on what the client needs.
- Practice record keeping in exercise format from time to time to test your skills, observation and accuracy.
- Put the name of the client, unique identifier (preferably NHS number but if not then Acacium Groups unique identifier) at the top of each new page.
- Number each page so it is clear if they become separated what the order is.
- Record the date and time on each entry in the left-hand column.
- Sign each entry at the end of the entry. If initials are used then the name of the practitioner should be printed underneath with qualification e.g. J Smith, RN.
- Put a line through any spaces at the end of a sentence where the sentence does not finish at the end of a line. For example, "Mrs Jones closed her eyes at midnight -----." This would then be signed.
- At the end of a document, put a diagonal line through any unused lines, date and sign.
- Keep records safe and secure at all times.

- Keep hand writing legible and ensure that details are coherent
- If using electric records, ensure that where possible spelling and grammar are correct and records have been saved appropriately and safely.
- Provide clear evidence of the arrangements you have made for future care.
- Identify any risks and any actions taken to prevent them.
- Involve the client and or his / her family in record keeping, where appropriate.
- Remember your obligations to client confidentiality at all times.
- Remember to follow the requirements set down in the Health Records Management Policy including informing clients how Acacium Group uses their information and their rights to withhold information from others.

8.5 Digital Records

- 8.5.1 Where digital records are used, it is important that the information is accurate. Should it need to be updated, a separate entry should be created and the historic information archived. It should be made clear that there has been an update or a correction of information.
- 8.5.2 All archived digital records should be easily identifiable for ease of recalling when necessary and stored in line with Acacium Group Storage, Retention and Disposal of documents SOP and Collection and Recording of Client Data SOP.
- 8.5.3 If the care record needs amending at the time of writing, it should be corrected by the use of brackets (.....) and marked as an error, dated and marked by the person making the error. For example "Mr P went to sleep at 22:00" – if this was incorrect it would be corrected to "Mr P went to sleep at (22:00 error AM) 23:00"

9. Documentation if mistakes are made at the time of writing

- 9.1 Any mistake identified at the time of writing must be scored through with a single line, initialled and the correct words inserted after the error. Overwriting, using correction fluid, scribbling through, crossing out so the whole word / words is not visible, or deleting an electronic record, is not acceptable.

10. Documentation sometime after an error has been made or there is an omission

- 10.1 There may be rare occasions when a healthcare professional realises that they have documented something in error or omitted some facts. This may be after care has been provided by another Acacium Group worker.
- 10.2 In these situations, it is important to highlight the error or omission to your Line Manager as this may affect future care. The correction or omission must be documented in the following way:
- Put the correct information on the next available new page. Cross reference this to the original entry, for example: "See page xx, date and time". On the original entry please put in left hand margin: "Error or omission, see new entry on page xx, date and time".

11. Statement Writing

- 11.1 Statements must be written as close as possible to an event. They must state the date and time of recording and date and time of events. Where people were involved, this should be made clear by including the individual's name, designation and role at the time.

- 11.2 Statements are to be stored in Datix, in line with the incident reporting and local processes.
- 11.3 Where an agreed Statement form or format is required, these should be used.

12. Reporting Breaches in Policy

- 12.1 Acacium Group supports the use of a thorough, open and multi-disciplinary approach to investigating adverse events, where improvements to local practice can be discussed, identified and disseminated.
- 12.2 It is important that an open culture exists in order to encourage the immediate reporting of errors or incidents.
- 12.3 All errors and incidents require a thorough and careful investigation at a local level, taking full account of the context, circumstances and the position of the practitioner involved. Such incidents require sensitive management and a comprehensive assessment of all the circumstances before a professional, and managerial, decision is reached on the appropriate way to proceed.
- 12.4 If any Acacium Group staff member makes or identifies an error or incident, they should inform their Line Manager. The incident will be escalated as required, dependant on the seriousness of the incident and the Business specific escalation process.
- 12.5 All errors (patient safety incidents and information management) and near misses should be reported through the Acacium Group incident reporting system – Datix.
- 12.6 The Clinical Director or their delegate would make any decision to report the incident to NHS England or appropriate professional or Regulated body
- 12.7 When considering allegations of misconduct, the escalation procedure should be followed, dependant on the specific area of the Business. If the error was the result of reckless or incompetent practice, and / or was concealed, the Clinical Director may be involved dependant on the seriousness of the error. If it is identified that a serious error occurred or was concealed, it may result in disciplinary action and external reporting to the professional and Regulated bodies.
- 12.8 For errors or incidents that resulted from other causes, such as the serious pressure of work, Acacium Group where necessary may still suspend the worker or take local disciplinary action See Acacium Incidents Reporting Policy for full process
- 12.9 Lessons learnt from errors and incidents will be reviewed as part of Quality & Safety Meetings and disseminated across the organisation where appropriate.
- 12.10 Any outcomes from serious untoward incidents (SUIs) where it was demonstrated that Acacium Group could have performed better, will be taken very seriously. Acacium Group will set up their own internal review process and implement the necessary policy changes.

Please refer to the Incidents Reporting Policy for confirmation of policy and procedures.

13. Training

- 13.1 Acacium Group requires all staff to participate in training in effective record keeping to ensure they are competent and have reached an agreed standard of proficiency. This will

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be mandatory upon commencement of employment. The training will be proportionate, and relevant, to the roles and responsibilities of each staff member.

13.2 The Clinical Advisory Group will be responsible for ratifying the policy, standard operating procedures (SOPs) and levels for competency.

13.3 The delivery of training is the responsibility of the operational teams and keep records of attendance.

14. Auditing / Monitoring

14.1 Acacium Group will regularly audit its record keeping for compliance with this Policy.

14.2 Processes for monitoring the effectiveness of the Policy include:

- Audits of specific areas of practice
- Evidence of learning across the organisation
- Incident reporting procedure
- Appraisal and personal development Plan (PDP).

14.3 The audit will:

- Identify areas of operation that are covered by this Policy
- Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance
- Highlight where non-conformance to the procedures is occurring and suggest a tightening of controls, and adjustment, to related procedures
- The results of audits will be reported to the Executive Management Team via the Governance Committee.

15. Associated Policies / SOPs

Policies

CLIN 14 Health Records Management Policy

CLIN 36 Nurse Supervision and Appraisal Policy

CORP 11 Risk Management Strategy

CORP 14 Complaints Policy

IG SOP 02 Group Storage, Retention and Disposal of documents

IG SOP 13 Collection and Recording of Client Data

ORG 04 Incident Reporting Policy

16. References

- Nursing and Midwifery Council, 2018, *The Code: Professional standards of practice and behaviour for nurses and midwives*. NMC.
- Nursing and Midwifery Council, 2009. *Guidance on record keeping*. NMC.
- Health Protection Agency, 2007. *Health Protection Agency - Logistics Training Course Manual*.
- Data Protection Act 2018

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
		 multistaffing one solution
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
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Appendix B: Legislation

- 1 All records must be kept in accordance with national requirements and with Acacium Group 'information governance and records management' policies.
- 2 This Policy respects all laws in relation to equality and diversity. It therefore respects the rights and dignity of all adults, children and young people regardless of their age, gender, ethnic origin, culture, faith, ability or sexuality. People's rights will be positively promoted through service support and delivery.
- 3 Legislation in relation to health records management including record keeping and confidentiality is vast. This section of the Policy summarises key acts of law. This is only a general guide. It is important to seek legal advice about specific situations via the Acacium Group management team.
- 4 **Data Protection Act 2018 (DPA)**
 - 4.1 This Act provides a framework that governs the processing of personal information in relation to living individuals. It identifies eight data protection principles that set out standards for information handling.
 - 4.2 In the context of record keeping, the most significant principles are:
 - the 3rd, which requires records to be adequate and relevant
 - the 4th, which requires records to be adequate and up to date.
- 5 **Human Rights Act 1998 (HRA)**
 - 5.1 Article 8 of the HRA establishes a right to 'respect for private and family life'. This underscores the duty to protect the privacy of individuals and preserve the confidentiality of their health records. Current understanding is that compliance with the Data Protection Act 2018 and the common law of confidentiality should satisfy human rights requirements.
- 6 **Public Records Act 1958 (PRA)**
 - 6.1 All 'NHS records' are public records under the terms of the Public Records Act 1958 'sections 3 (1)– (2)'. The Secretary of State for Health and all NHS organisations have a duty under the Public Records Act to make arrangements for the safe keeping and eventual disposal of all types of their records.
- 7 **Access to Health Records Act 1990 (AHRA)**
 - 7.1 This Act has been repealed to the extent that it now only affects the health records of deceased client. It applies only to records created since 1 November 1991.
 - 7.2 The Act allows access to:
 - a) the deceased's personal representatives (both executors or administrators) to enable them to carry out their duties.
 - b) anyone who has a claim resulting from the death.
- 8 **Civil Evidence Act 1995**
 - 8.1 This act provides the legal basis for the use of documents and records of any format to be admissible as evidence in civil proceedings. This includes electronic client records.
 - 8.2 Statements contained within documents may be admissible even where the original document has been lost and only a copy is available.
- 9 **Freedom of Information Act 2000 (FOIA)**
 - 9.1 The FOIA lays down requirements for public bodies (including the NHS) to keep and make information available on request. The new rights of access in the FOIA signal a

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new recognition of, and commitment to, the public interest in openness about government.

9.2 They are additional to other access rights, such as access to personal information under the DPA.

9.3 The main features of the act are:

- A general right of access to recorded information held by public authorities, regardless of the age of the record / document
- A duty on every public authority to adopt and maintain a scheme, which relates to the publication of information by the authority and is approved by the information commissioner.

10 Public Interest Disclosure Act 1998 (PIDA)

10.1 The Act allows a worker to breach his / her duty as regards confidentiality towards his employer for the purpose of 'whistleblowing'. A disclosure qualifying for protection under the Act is known as a 'qualifying disclosure'.

10.2 Such a disclosure is allowed in the following circumstances:

- Where criminal activity or breach of civil law has occurred, is occurring, or is likely to occur
- Where a miscarriage of justice has occurred, is occurring or is likely to occur
- Where health and safety has been, is, or is likely to be compromised
- Where the environment has been, is being, or is likely to be damaged
- Where information indicating evidence of one of the above circumstances is being or is likely to be deliberately concealed.

11 Equality and diversity

11.1 Under the Race Relations (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess, and consult, on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EIA must be completed by the author of this Policy using the checklist provided in Appendix A. See also the Acacium Group Equality and Diversity Policy.

11.2 It is important to seek legal advice about specific situations via the Acacium Group management team if required.

12 The Health & Safety at Work Act 1974 requires that all organisations with more than three staff have in place processes to promote the health and safety of their staff.

13 Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.

14 There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.