# LATEX POLICY
**FOR STAFF AND PATIENTS**

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NHS WIRRAL

LATEX POLICY FOR STAFF AND PATIENTS

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NHS WIRRAL
LATEX POLICY FOR STAFF AND PATIENTS

1 INTRODUCTION

This policy relates to the use of products containing Latex within the PCT. Under the Health and Safety at Work Etc Act 1974, the PCT has a duty to protect employees from exposure to health hazards whilst at work. The PCT also has a duty under the Control of Substances Hazardous to Health (COSHH) Regulations 2002, to carry out a suitable and sufficient assessment of any health risk present in work activities involving substances hazardous to health. The PCT also has a duty of care to persons other than employees to ensure that they are not so far as is reasonably practicable exposed to risks whilst they are being treated as patients/clients or visitors to PCT premises.

As latex is a known allergen or sensitiser, the PCT has a duty to carry out a risk assessment to identify those at risk of exposure and to put in place adequate measures to either eliminate or control this exposure.

Latex is a fluid containing protein, from the *Heavea brasiliensis* tree, used in the production of rubber with addition of other chemicals (eg accelerators) and is commonly used in NHS trusts. Most surgical gloves are made from latex and it is used in the production of a wide range of other medical devices, although the presence of latex as a constituent may not always be obvious.

Following recent studies into the prevalence of latex allergies in health care staff, there is now evidence of increased latex sensitivity due to general exposure to latex, in the form of medical and non-medical products. It is recognised that health care professionals are a high risk group because of their increased exposure to latex products.

Type IV allergies to latex have been identified as the most common reaction but, increasingly, type I reactions are now being reported. This has coincided with the increased use of latex rubber gloves in the health care environment over the past few years. For further guidance on both of these types of allergies (Section 4)

Of course latex sensitivity is not restricted to Healthcare staff, patients who come into contact with these products can also suffer adverse reactions, particularly if they have already been sensitised by a previous exposure.
2.0 Policy Aim

2.1 To ensure compliance with the Health and Safety at Work Etc Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Control of Substances Hazardous to Health Regulations 2002.

2.2 NHS Wirral will as far as reasonable practicable reduce the incidence of latex sensitisation (allergy) amongst PCT staff. by:

• Eliminating or, where this is not possible, reducing exposure to latex protein.

• Identifying, where possible, staff at risk.

• Educating and informing staff and raising awareness of latex allergy

3.0 SCOPE

This policy applies to all employees as well as those patients, visitors, contractors and members of the public who come into contact with Latex containing substances used by the PCT.

4.0 LATEX ALLERGY

4.1 Latex allergy is an allergic reaction to one or more of the components of natural rubber latex products. These reactions can vary, ranging from mild skin irritation to anaphylactic shock, and even death. It is particularly acute when latex has contact with the mucus membrane.

4.2 Latex allergy: there are three recognised types of reactions:

- Irritation
- Delayed Hypersensitivity (type IV)
- Immediate Hypersensitivity (type I)

4.3 IRRITATION

This is a non-allergic condition, the effects of which are usually reversible. When latex gloves are used, a rash may occur on the back of the hands which is characteristically dry and itchy. These symptoms usually resolve once contact with the latex product is discontinued.

It is important to note however that skin irritation may be caused by a wide range of substances. For example skin cleansing and disinfecting agents may induce skin reactions which may be confused with latex sensitisation.
Where necessary, advice should be sought on a differential diagnosis, precautions or treatment from an occupational physician.

4.4 DELAYED HYPERSENSITIVITY (TYPE IV)

This reaction is predominantly caused by an allergy to the residues of accelerating agents used in the manufacturing process of gloves. Also known as allergic contact dermatitis, the severity of this type of allergy varies greatly. It is often characterised by a red rash on the back of the hands and between the fingers. The skin may become leathery and express papules or blisters. The reaction is delayed, occurring several hours after contact, reaching a maximum after 24-48 hours and then subsides. Repeated exposure to rubber latex may cause the skin condition to extend beyond the area of contact with the gloves or other medical device. In some cases of latex sensitisation this may result in the individual becoming sensitised to unrelated latex containing devices.

4.5 IMMEDIATE HYPERSENSITIVITY (TYPE I)

This reaction is predominantly a response to the natural protein residue found in natural rubber latex. This type of reaction, sometimes referred to as an Immunoglobulin E (IgE) response, generally produces symptoms within 5-30 minutes of latex exposure. Such a reaction is almost immediate in effect but usually diminishes rapidly once contact with the rubber material has ceased. The symptoms are characterised by local or generalised urticaria and oedema. If mucous membranes are affected, rhinitis, conjunctivitis or asthma may result.

Respiratory difficulties and anaphylaxis may occur in extreme cases. Anaphylactic shock, characterised by generalised hives, respiratory distress and low blood pressure can occur within minutes of exposure.

It is most likely to occur when the skin barrier is broken or the rubber latex device comes into contact with mucous membranes. The potential allergens, which produce, type I or IV reactions exist in the finished product as protein or process residues. These are water-soluble and readily leach out of the latex. The washing process used in glove manufacture often removes substantial amounts of proteins and process residues. Some will remain, to a greater or lesser extent, depending on the frequency of washes and the chemical processes used. Repetitive skin or mucous membrane contact with any rubber latex product containing high protein residues may cause sensitisation. Once this has occurred future allergic reactions may be caused through contact with rubber latex products containing lower residue levels.
5.0 RESPONSIBILITIES

5.1 Chief Executive will:
- endorse this policy
- ensure that the policy is adopted and implemented
- ensure systems are in place for the necessary checks to be made at all management levels.

5.2 Heads of Service will ensure that:
- sufficient resources are allocated to effectively implement this policy
- systems are in place to monitor the effectiveness of the policy
- That risk assessments on products containing latex are carried out.
- That all significant risks and hazards associated with products containing latex are either eliminated or controlled.

6.0 MANAGERS’ RESPONSIBILITIES

It is important for all healthcare staff to be made aware of and to understand the hazards posed by the risk of latex sensitivity. Therefore managers:

6.1 Must ensure that the procedures for protecting healthcare workers from latex allergy and management of patients with latex allergy are complied with.

6.2 Are responsible for ensuring that their staff are educated about the risks associated with latex and the action to be taken to minimize these risks.

6.3 Must ensure that a local risk assessment is carried out for any possible exposure to latex. This may involve exposure to staff only or may extend to patients and visitors or even contractors working on site.

6.4 Must ensure that all persons who may be potentially exposed must be made aware of the risks and must be informed of the necessary control measures in place to reduce the risk. Advice can be sought from the Occupational Health Department. If possible, alternative products must be used to eliminate the risk of exposure completely.

6.5 Must ensure that all incidents of reaction/ill-health involving the use of latex products must be recorded and reported to the Occupational Health Department immediately.
6.6 Must refer staff to Occupational Health as soon as symptoms thought to be associated with latex manifest themselves, and ensure that all necessary precautionary measures are taken, e.g. provision of non-latex gloves such as vinyl or nitrile.

6.7 Should a member of staff be advised by Occupational Health to have time off work, managers should liaise with the employee and Occupational Health to ensure that any rehabilitation plan to assist the individual's return to normal working duties is achieved. This may also involve providing suitable alternative employment.

6.8 Should ensure COSHH assessments are carried out and the findings of the assessments are acted upon and brought to the attention of all relevant employees.

7.0 EMPLOYEES’ RESPONSIBILITIES

7.1 Must make full and proper use of the guidelines to protect themselves and patients from potentially harmful exposure to latex and make use of alternative latex products provided by the PCT.

7.2 Must report to their manager any allergic reactions, irritations or suspected increase in latex sensitization from gloves/equipment amongst themselves and patients. They must also ensure an Incident Report Form is completed in accordance with the PCT’s Incident Reporting Policy. The employee can also self-refer to the Occupational Health Department.

7.3 Should document and communicate information regarding patients’ allergies to other healthcare professionals. This information must be recorded in the Patients’ Health Care Plan/Health Records.

7.4 Should only wear protective gloves when there is a potential risk of contact with body fluids. They should not be used for other routine procedures where there is no possibility of bodily fluid contamination.

7.5 Staff must wash and dry their hands thoroughly before, and particularly after, the wearing of any protective glove.

7.6 Individual members of staff who are aware that they are atopic or have food allergies should be particularly cautious.

8.0 HEALTH AND SAFETY ADVISOR’S RESPONSIBILITIES

8.1 The Health & Safety Advisor in conjunction with the Incident Information Co-ordinator will, in accordance with the Reporting of Injuries, Diseases
and Dangerous Occurrences Regulations (RIDDOR) 1995, report cases of confirmed latex allergy amongst staff to the Health and Safety Executive (HSE).

8.2 The Health & Safety Advisor will also provide the PCT with statistics on confirmed cases of latex allergy amongst staff and severe reactions amongst patients.

9.0 **HEAD OF GOVERNANCE/ CLINICAL GOVERNANCE/ RISK MANAGER**

9.1 The Head of Governance/Clinical Governance Clinical Risk Manager will promote adherence to the policy at all times

9.2 The Head of Governance will report regularly to the Board on the PCT’s risk management performance.

10.0 **OCCUPATIONAL HEALTH DEPARTMENT**

10.1 Provides confidential advice on adverse health effects and the means of prevention/minimization

10.2 Accepts referrals (self or from management) of employees with suspected latex allergy.

10.3 Investigates all suspected cases of latex allergy and provides an accurate diagnosis.

10.4 Provides advice on control measures to reduce the risk of latex allergy

10.5 Forwards demographic details of cases of confirmed latex allergy amongst staff to Risk Management.

10.6 Carry out health surveillance for employees deemed as high risk

11.0 **MEDICAL DEVICES/EQUIPMENT WHICH MAY CONTAIN LATEX**

11.1 Allergic reactions have been reported to a wide range of medical devices that contain latex, including latex surgical gloves, adhesive bandages, intravenous catheters, and anaesthesia equipment. The PCT, through the Medical Devices Group, has put in place arrangements to identify all medical devices which contain latex. This information will then be shared with all relevant personnel to help reduce the risk of exposure to latex to employees, patients and clients with an allergy to latex.
11.2 The PCT, though the Medical Devices Group working with Supplies, will consider the provision of latex-free products when purchasing any new items of equipment or replacements.

11.3 Purchasers of non-latex gloves such as vinyl and nitrile, must ensure that gloves provide, and maintain in use, an adequate level of protection from hazardous substances for both patients and users. Gloves must be well fitting and suitable for their use.

12.0 IDENTIFICATION OF EMPLOYEES AT HIGH RISK OF LATEX ALLERGY

12.1 To help to reduce the risk of an employee with an allergy to latex being exposed to latex, the PCT has arrangements in place whereby all new employees complete a pre-employment questionnaire which asks if they have an allergy to latex?

12.2 Occupational Health will evaluate this questionnaire and, where necessary, will investigate suspected or known cases of allergy to latex. They will establish the nature of the allergy and the extent of it. If necessary, Occupational Health will request the employees’ previous health records.

12.3 Occupational Health will, where necessary, refer the employee to the Dermatology Department for further investigation. If the employee is allergic to latex, Occupational Health will notify the Human Resource department of the PCT and will advise them on further control measures.

12.4 Human Resources will then inform the employee’s manager so that measures can be taken to eliminate the employee’s exposure to latex.

12.5 For existing employees, the PCT will carry out risk assessments to eliminate the use of latex where possible; and to manage and control the use of latex where elimination is not possible.

12.6 In those areas where the use of latex gloves cannot be eliminated, the Trust will ensure that only powder-free latex gloves with low extractable protein levels (<50 ug/g) and accelerators are used. The use of these gloves will be strictly controlled and managed.

12.7 The use of powdered gloves will be eliminated within the PCT. The risk of latex allergy is exacerbated by the use of powdered gloves, which increases exposure to latex allergens both to the user and to the sensitised individuals in the vicinity, as well as adding to the risk of procedural complications.
13.0 IDENTIFICATION OF PATIENTS/CLIENTS AT HIGH RISK OF LATEX ALLERGY

13.1 To reduce the risk of a patient/client with an allergy to latex being inadvertently exposed to latex, and to identify if patients have an allergy to latex, all Clinical Services should ask patients/clients at pre-assessment clinic or admission:

“Do you have any allergies?” and explore for evidence of:

- anecdotal accounts of swelling or itching of lips after blowing up balloons or
- after dental examinations
- swelling or itching of hands following contact with household gloves
- reaction to diaphragms or condoms or rubber swimming caps
- hand eczema
- food allergies (avocado, banana, chestnut or kiwi fruit)
- unexplained anaphylaxis
- asthma, eczema or hayfever
- occupational exposure to latex
- persons with Spina Bifida

13.2 If it is established that the patient is allergic to latex, then this must be recorded in the patients/clients health care plan/health records.

13.3 Patients/clients with a suspected allergy should be referred to their General Practitioner for further investigation and conclusive diagnosis. Once confirmed, this should be recorded in the Patients/clients’ health care plan/health records.

13.4 In the interim, Clinical staff should treat this patient as having an allergy to latex and as potentially high risk and take appropriate control measures, such as eliminating the exposure of medical devices that may contain latex. For example, substituting the use of catheters containing latex with those that contain silicone.

13.5 In such circumstances it may also be necessary to ascertain whether medical devices/equipment contains latex. This is particularly so in areas where a large number of products, possibly containing latex, are likely to come into contact with the patient. Further guidance can be obtained from the Health and Safety Advisor, the PCT’s Medical Devices Group and the Supplies Department.

13.6 Patients/Clients with confirmed latex allergy should be reminded to inform doctors, dentists, nurses or other relevant health professionals of this allergy before any examinations or procedures are carried out.
13.7 To assist with this, the PCT will erect notices in all clinic areas asking patients:

‘Are you allergic or do you react to any medicines, foods or anything else? Please inform staff before receiving any treatment.’

13.8 Where a Type I allergy to latex is suspected the implications for clinical management should be considered. Confirmation of diagnosis should be made using appropriate methodology, particularly if a surgical procedure or mucus membrane contact is implicated.

13.9 All procedures conducted on patients with acute latex sensitisation should be performed in a setting in which anaphylaxis can be treated.

14.0 TRAINING

14.1 The PCT will ensure that all relevant members of staff will receive the required level of training for them to fulfil their individual responsibilities identified in this policy.

15.0 OTHER RELATED DOCUMENTATION

15.1 Where necessary, this policy should be read in conjunction with the PCT’s Risk Assessment Policy (HS9), The Control of Substances Hazardous to Health Policy (HS7). Likewise, further information on Latex can be obtained from the following documentation:


MHRA(1998) Safety Notice MDA SN 9825 Latex Medical Gloves (Surgeons’ and Examination) Powdered Latex Medical Gloves (Surgeons’ and Examination). London. HMSO.

Latex Policy March 2001
Latex and you HSE Books INDG320, 04/00

Relevant Legislation

The Health and Safety at Work Etc Act 1974
The Management of Health and Safety at Work Regulations 1999
The Control of Substances Hazardous to Health (COSHH) Regulations 2002
The Personal Protective Equipment Regulations 2002
Appendix 1 Pathway for Reporting an Incident of Work Related Latex Allergy

This appendix contains a pathway to be followed by managers and employees if they suspect either they or one of their employees has an allergy to latex.

Pathway for Reporting an Incident of Work Related Latex Allergy

- Line Manager informed by employee
- Potential incident of work related latex allergy occurs
  - Employee self refers to OH
  - OH Dept informed
  - OH assess employee and report findings to employee and line
- Manager refers employee to OH, employee and manager complete incident form and copies sent to H&S Dept and OH
- Work related latex allergy not confirmed by OH possible other agents involved
- Latex exposure identified by manager/employee
  - Options: Eliminate, Substitute, Isolate, control
- Investigation initiated by manager and relevant risk assessments reviewed
  - Incident categorised as per risk management
- OH Report to line manager and H&S Dept as a RIDDOR reportable incident
- Latex allergy confirmed by OH
  - Director of Nursing Clinical and risk manager informed by H&S dept
- H&S Dept report incident under Riddor
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