Trust Policy		Worcestershire Acute Hospitals NHS Trust

Policy for the Prevention and Management of Natural Rubber Latex Allergy

Department / Service:	Health & Safety	
Originator:	Paul Graham	Health, Safety & Security Manager
Accountable Director:		Chief Operating Officer
Approved by:	TMG	
Date of Approval:	14th April 2017	
Review Date: **This is the most current document and should be used until a revised version is in place**	15th January 2021	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All areas	
Target staff categories	All staff and patients	

Purpose of this document:

The Worcestershire Acute Hospitals NHS Trust has a duty under the Health and Safety at Work etc, Act 1974, to protect employees from exposure to health hazards whilst at work. As an employer, we have a duty under the Control of Substances Hazardous to Health Regulations 1994, to carry out a suitable and sufficient assessment of any health risks present in work activities involving substances hazardous to health. The Trust also has a duty of care to persons other than employees to ensure that they are not exposed to any risks whilst they are being treated as patients or visitors to the hospital. This Policy details the responsibilities of all staff in ensuring the effective management of Natural Rubber Latex (NRL) risks. It also defines the specific arrangements through which the Trust will reduce the risk of staff or patients developing NRL allergy, and ensure safe employment or treatment for those who become sensitized.
Brief overview of document

Key amendments to this Document:

Date	Amendment	By:
09/08	Two yearly review	Paul Graham
11/10	Two Yearly review	Paul Graham
11/12	Two yearly review	Paul Graham & Heather Gentry
07/05/2015	Document extended for 3 months	Denise Harnin
13/08/2015	Document extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
October 2016	Further extension as per TMC paper approved 22nd July 2015	TMC
March 17	Reviewed with minor changes	H&S Manager
February 2019	Document extended for 12 months due to no legislative changes	Paul Graham
Jan 20	Document extended for 12 months whilst in the process of appointing a new Health and Safety Manager.	Samantha Reid

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1. Introduction

A substance called Latex which is a fluid containing protein, from the *Heavea brasiliensis* tree, used in the production of rubber with addition of other chemicals (e.g. accelerators) is commonly used in NHS hospitals. 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.

Allergy to Natural Rubber Latex (NRL) is a concern for Trust staff who will be exposed to the substance in the course of their work, and patients who may be exposed during treatment. The risk of developing NRL allergy is associated with the extent of individual exposure to latex proteins. During the 1980's and 1990's the use of Universal Infection Control Precautions in health care led to an increased use of NRL gloves. This increasing demand for NRL products led to changes in the manufacturing process, resulting in materials which allowed a higher level of NRL proteins to be released during use (particularly when combined with powder in gloves). The repeated exposure of patients to certain treatments e.g. repeated catheterisation or surgery also led to increased exposure and an increasing risk of developing allergy (a process referred to as sensitisation).

NRL sensitivity can lead to a variety of allergic reactions, ranging from mild skin irritation to anaphylactic shock, and even death. It is particularly acute when NRL has contact with mucous membrane.

An NRL allergy is a reaction to one or more of the components of latex rubber products. There are three recognised types of reaction:

Irritation	-	Non-allergic condition
Type IV	-	Delayed hypersensitivity caused by residual accelerators in latex rubber. Is localised with no risk of systemic reaction.
Type 1	-	Immediate hypersensitivity caused by the natural protein residue in latex rubber. May be localised, but has the potential to become systemic at any time.

2. Scope of this document

This policy is relevant for all staff caring for patients in Worcestershire Acute Hospitals NHS Trust

3. Definitions

See above Introduction section.

4. Responsibility and Duties

4.1 Management Responsibilities

All Ward and Departmental managers 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. Once the risk has been assessed, local protocols/procedures must be drawn up, in order to reduce the possibility of exposure to a minimum. Specific individual risk assessments will be required where patients or staff are identified as allergic to NRL. Advice can be sought from the Infection Control Nurse or the Occupational Health Department. If possible alternative products must be used to eliminate the risk of exposure completely.

Managers must ensure that all persons who may be exposed are made aware of the risks and informed of the necessary control measures in place to reduce the risk.

Managers must ensure that all incidents of reaction/ill-health involving the use of latex products are recorded and reported to the Occupational Health Department immediately.

Managers must at the annual appraisal of all staff review any dermatitis and/or asthmatic symptoms which are likely to be related to the workplace.

4.2 Staff Responsibilities

Having been provided with the appropriate information, instruction and training, staff will comply with the arrangements detailed in this policy.

Any members of staff who know or suspect they may have a latex type allergy must report the fact to the Occupational Health Department.

All incidents of a possible latex reaction, however minor, must be reported to Occupational Health, as soon as possible.

Staff should only wear procedure gloves when handling body fluids. They should not be used for other routine procedures where there is no possibility of bodily fluid contamination.

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

5. The safe management of latex

5.1 Management of Health Care Workers

All health care staff will be made aware of and will understand the hazard posed by latex sensitivity.

Where indicated, Health care workers will be questioned by Occupational Health Department staff about atopic conditions and allergies.

Individuals known to be atopic or to have food allergies associated with latex sensitivity should be particularly cautious.

If signs of reaction occur (localised itching, oedema, eczema, erythema or shortness of breath) all latex contact should be discontinued and staff referred to the Occupational Health Department for investigation and management. (See Appendix 1)

If a reaction occurs in the first instance staff should try using ‘Safeskin’ or ‘Medisavers’ polymer coated procedure gloves. If this does not work switching to a powder free Nitrile or other latex free glove is recommended. Advice on products can be sought from the Infection Control Nurse.

If necessary the Trust will support the employee by re-deployment and retraining in the case of allergic reactions unresponsive to avoidance precautions. In some cases ill health retirement may be appropriate where the aforementioned options fail or are not possible.

The condition of latex allergy will require reporting as an Industrial Disease under RIDDOR, in which case it will qualify for NHS Industrial Injuries Benefit and as a Prescribed Disease for social security purposes.

5.2 Patient Care

Where appropriate, Pre-admission/pre-operative information gathering, regarding patient’s known allergies, should be extended to include specific questions which may detect known or suspected latex allergies. (See Appendix 2)

A history suggestive of reactivity to latex may be gained by anecdotal accounts of swelling or itching of lips after blowing up balloons, or following dental or internal examinations. Swelling or itching of the hands following contact with household gloves is also suggestive of possible sensitisation, as are reactions following the use of condoms or diaphragms. Other historical

evidence includes hand eczema, food allergies or previous unexplained anaphylaxis.

Where a Type 1 allergy to latex is suspected, the implications for clinical management should be considered (Children under the age of 16 years should be referred to a Paediatrician for further management) Confirmation of diagnosis should be made using appropriate methodology, particularly if a surgical procedure or mucus membrane contact is implicated. Where the diagnosis is confirmed and surgery or other medical procedures are necessary, patients should be scheduled first on the theatre list, in order to minimise their exposure to airborne latex allergens. Patients with confirmed latex allergy should be reminded to inform doctors, dentists or other health professionals of this allergy before any examinations or procedures are conducted.

Please ensure that when a patient is confirmed as having an allergy to latex products the OASIS system is annotated accordingly and where appropriate a **"Latex Allergy Confirmed or Latex Allergy Suspected"** label is stuck onto the inside back cover of the medical record. These labelling methods will warn other members of staff of the potential hazards associated with any future management of the patient. The respective Infection Control Team must also be informed of ALL new cases of confirmed sensitivity.

A latex free environment must be provided for patients with a known latex allergy. In the event of having to treat a patient in an emergency situation that may be suspected as having a latex allergy, and in the absence of any confirmatory test results, the patient should be treated as latex sensitive and the appropriate precautions taken.

All procedures conducted on patients with acute latex sensitisation should be performed in a setting in which anaphylaxis can be treated. (Refer to the Trust's Anaphylaxis Policy)

Check on ALL equipment within your work area to consider which items contain latex and which are latex free. NOTE: The Supplies Department can assist in this process. This is particularly important in theatre areas where a large number of products likely to come into contact with the patient will possibly contain latex.

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. **Powder free gloves must be worn** to minimise environmental contamination and subsequent patient and staff exposure to latex proteins, bound to the powder particles.

As a general precaution staff must ensure that they do not use products which may trigger a latex response from individuals who may come into contact either with the product or the environment in which a product is used. An example would be the use of balloons for display purposes. Balloons contain latex and as a result individuals coming into contact with them may suffer an allergic reaction. Such items must not be used particularly in common access areas without permission from either the Infection Control Team or the Health & Safety Manager.

5.3 Identification of High Risk Patients

Asking patients at pre-assessment clinic or on admission "Do you have any allergies?" is not enough. It is better to ask, "Have you ever had any problems with rubber such as the rubber in gloves or balloons?"

Question the patient to look for:

- 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

Suspect cases identified by history taking should be referred for latex allergy testing. Patients with confirmed latex allergy should be reminded to inform doctors, dentists and other health care professionals of this allergy before any examinations or procedures are carried out.

5.4 Surgery and Medical Procedures

All patients should receive adequate screening on admission to ascertain their allergy status. If a patient is considered to be at risk from latex allergy they should be placed in a 'latex free environment'. The Trust will make provision for a 'latex free environment' and attempt to remove all latex products from the immediate area for the known sensitive patient.

Where a Type1 allergy is confirmed and surgery or medical procedures are necessary, patients will be scheduled first on the theatre list to minimise their exposure to airborne latex allergens. A 'latex free' operating room environment must be used.

All procedures conducted on patients with acute sensitisation should be performed in a setting in which anaphylaxis can be treated. (Refer to the

Trust's Anaphylaxis Policy) If the management of the patient extends to the secondary therapy stage which involves the administering of parental IV therapy, guidance must be sought from the Pharmacy Department regarding safe practice, as several items of equipment that may be required contain Latex.

5.5 Purchasing Responsibilities

The Trust will continue working towards becoming a latex free organisation by sourcing, wherever possible, latex free alternatives when purchasing any new items of equipment or replacements.

Purchasers of latex gloves 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.

Powder-free gloves are now a standard requirement across the Trust.

5.6 Safe Systems of Work

The main elements of an exposure control strategy are:

- workplace and equipment design
- workplace culture
- education and training (for all persons)
- substances
- engineering controls
- working practices
- personal protection
- personal hygiene
- feedback and monitoring (health surveillance)
- problem identification and investigation

These factors should be considered when drafting local protocols and procedures for dealing with latex exposure.

6 Implementation

6.1 Plan for dissemination

This policy will be included on the Trust's intranet site for electronic access purposes. The Notice board will be used to inform all staff of the publication of the document and reference will be made to it during Trust Induction.

6.2 Dissemination

See above

6.3 Training and awareness

Staff will be made aware of this policy and the implications of managing latex sensitive patients during Infection Control training and local induction.

7 Monitoring and compliance

The H&S Manager and Infection Control Team will monitor compliance and the need for any changes to the policy.

Section	Key Control	Evidence of compliance	Frequency	By whom	Reported to	Frequency
Section 5	Referral to Occupational Health for guidance and monitoring purposes	Records of referrals	As required	Local Managers	H&S Committee or Patient Safety Committee	Quarterly
Section 5	Identification of susceptible patients	Completed questionnaires	As required	Consultant in charge	Patient Safety Committee	As required
Section 5	Reporting of allergic reactions	Datix entries	As required	Local managers	H&S Committee	Quarterly

8 Policy review

This policy will be reviewed by the Trust's Health and Safety Committee every two years.

9 References

References: Code:

Health and Safety at Work, etc Act 1974	
Management of Health and Safety at Work Regulations 1999	
Workplace (Health, Safety and Welfare) Regulations 1992	
Health and Safety (Miscellaneous Amendment) Regulations 2002	
Control of Substances Hazardous to Health 1999	
Latex Sensitisation in the health care setting (use of latex gloves) MDA DB 9601 -Apr 96	
NPSA Patient Safety Information Issue 08 – May 2005	
Health and Safety at Work, etc Act 1974	
Management of Health and Safety at Work Regulations 1999	
Trust's Risk Management Strategy	
Trust's Risk Assessment Policy	
Trust's COSHH Policy	

10 Background

10.1 Equality requirements
The content of this policy has no adverse effect on equality and diversity.

10.2 Financial risk assessment
The cost of non-latex products may be higher than those containing latex however where there is a need for the risk to be eliminated the cost will be justified.

10.3 Consultation
This policy received full consultation by members of the Trust's Health and Safety Committees and the Joint Negotiating Consultative Committee (JNCC).

10.4 Approval process
This policy will be approved by the JNCC and Trust Management Group.

Appendix 1

LATEX SENSITISATION

This note is to help you recognise the signs and symptoms of latex sensitisation. These symptoms should be reported immediately to the Occupational Health Department.

Symptoms:

Staff working with latex products, including latex gloves may experience an allergic reaction, such as skin or mucus membrane irritation. Allowing these reactions to continue could result in dermatitis, generalised skin irritation and swelling or where mucus membranes are involved, nasal congestion, red eyes/irritation or breathlessness. Extreme cases may result in an anaphylactic shock within minutes of exposure.

The Causes:

Repetitive skin or mucus membrane contact with rubber latex products which contain high protein residues. Direct contact with or inhalation of powder used to dust some latex gloves. Staff predisposed to allergies in general such as asthma, hayfever or atopic dermatitis are more likely to become latex sensitised. Staff with food allergies particularly avocado, chestnut and banana are also more susceptible.

What you should do:

If you develop signs of a reaction such as localised itching, swelling, redness or shortness of breath then you should discontinue contact with latex products and seek advice from the Occupational Health Department. If you are being treated by your GP for latex sensitisation then you are requested to inform the Occupational Health Department that you have a possible/diagnosed allergy. For confidentiality, no names will be divulged and the information that you supply will be used for statistical purposes only.

Appendix 2

Screening Checklist for Patients

The prompts used by admitting nurses will include the following questions:

1. Do you have a history of atopic asthma and/or eczema?
2. Have you ever experienced itching or swelling following the wearing of household gloves?
3. Have you ever experienced itching or swelling after eating tropical fruits such as bananas?

If the patient answers YES to Question 1 and YES to one or both of Questions 2 and 3, the admitting nurse will refer to the medical officer who will assess each individual case and refer to the dermatologist as appropriate.

Checklist for the Review and Approval of Key Document

To be completed by the key document author and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	YES	
	Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
2.	**Rationale**		
	Are reasons for development of the document stated?	YES	
3.	**Development Process**		
	Is the method described in brief?	YES	
	Identify which people have been involved in the development including stakeholders/users?	H&S Committee and JNCC	
		Yes/No/ Unsure	**Comments**
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	YES	
4.	**Content**		
	Is the objective of the document clear?	YES	
	Is the target population clear and unambiguous?	YES	
	Are the intended outcomes described?	YES	
	Are the statements clear and unambiguous?	YES	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	YES	
	Are key references cited?	YES	
	Are the references cited in full?	YES	
	Are supporting documents referenced?	YES	
6.	**Approval**		

	Title of document:	Yes/No/ Unsure	Comments
	Does the document identify which committee/group will approve it?	YES	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	YES	
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	YES	
	Does the plan include the necessary training/support to ensure compliance?	YES	
8.	**Document Control**		
	Does the document identify where it will be held?	YES	
	Have archiving arrangements for superseded documents been addressed?	YES	
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	YES	
	Is there a plan to review or audit compliance with the document?	YES	
10.	**Review Date**		
	Is the review date identified?	YES	
	Is the frequency of review identified? If so is it acceptable?	YES	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	YES	

Individual Approval (this section to be completed by managerial/professional lead)			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	
Signature			
Committee Approval			

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	
Signature			

Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document	Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	N/A	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Head of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Head of Human Resources.

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments: Topical negative pressure or Vacuumed Assisted Closure has been used within the Trust for many years. Implementation of the guideline should contribute to ensuring cost-effective use	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Executive Team before progressing to the relevant committee for approval