LATEX MANAGEMENT

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Health and Safety Policy			

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Please note:

If you require a copy of this procedure in an alternative format (for example Large Print, Easy Read) or would like any assistance in relation to the content of this procedure, please contact the Human Resources (HR) team on 01803 656680.

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1. Introduction

The Trust acknowledges its duties under the Health and Safety at Work 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 2002 (COSHH), to carry out a suitable and sufficient assessment of any health risk 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 being treated as patients or visitors to Trust premises.

Latex rubber gloves and other latex containing products are common in the health care environment. Skin and respiratory allergic reactions can occur in staff regularly using these products. To minimise exposure to hazardous forms of latex as far as is reasonably practicable the trust will use alternatives to latex where available and provide the safest types of latex products where it is not reasonably practicable to replace latex.

The Trust will carry out risks assessments on the likely harm occurring from exposure to latex products in line with the COSHH Regulations. Based on these assessments, appropriate control measures and safe systems of work will be put in place across the Trust activities, to ensure the risk of harm is as low as is reasonably practicable.

All staff must note that latex products must not be used except where a formal assessment has identified that there are no alternatives, appropriate risk controls are in place and authorization has been given for the use of the product.

2. Purpose

This management procedure aims to reduce the risk of staff developing latex allergy and minimise the risks from latex contact for those who have latex allergy.

This procedure provides guidance on the identification and protection of people who may come into contact with latex products. The procedure should be communicated to all staff during their Induction.

3. Definitions

3.1 Natural Rubber Latex (NRL)

NRL is fluid containing protein, from the *Heavea brasiliensis* tree, used in the production of rubber with the addition of other chemicals (e.g. accelerators). It is commonly used in NHS hospitals. Many surgical gloves are still 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.

3.2 Health Surveillance

A procedure to detect any adverse health effects from exposure to hazardous substances at work.

4. Responsibilities

4.1 Chief Executive

The Chief Executive has overall responsibility for ensuring the health and safety of the employees in the Trust. This responsibility is co-ordinated through the Health and Safety Committee and other sub-groups. It is the responsibility of these groups to take a lead on issues surrounding latex allergy, including implementation of policies, risk assessment, monitoring and reviewing.

4.2 Associate Directors of Nursing, Divisional General Managers and Divisional Leads for Risk

- Ensure departmental managers are aware of this procedure and comply with its requirements
- Ensure that there are adequate processes in place to manage the control of latex within the departments/wards of the division
- Ensure that managers have the time and resources to complete annual health surveillance for latex where this is required

4.3 Director of Human Resources

- Ensure occupational health have sufficient resources to complete health surveillance procedures where these are required under this policy
- Ensure arrangements are in place to retain employees health record files, required for health surveillance purposes, for 40 years

4.4 Line Managers

Line managers are responsible for ensuring general COSHH latex risk assessments are undertaken with regard to activities within their areas of responsibility. Specific individual assessments will be required where patients or members of staff are identified as allergic to latex.

Once the risk has been assessed, local procedures must be drawn up, to ensure exposure is removed, reduced and/or controlled. Anyone likely to be exposed should be informed of the risks and control measures in place. NRL gloves should only be used as a result of a risk assessment and where NO alternatives are appropriate. If available, alternative products must be used to eliminate the risk of exposure completely. Line managers are responsible for identifying and implementing any action/control/clinical protocols required following the latex assessment, in accordance with this procedure.

Ensuring staff receive necessary information, instruction and training to enable them to manage latex allergy and comply with this procedure, including:

- The need for reporting latex allergic reactions suffered by patients and/or staff via the Trust incident reporting system

- Ensuring that, where individual members of staff are known to be atopic or to have allergies associated with latex sensitivity, exposure is kept to a minimum and only with the agreement of occupational health.

- Ensuring that, if signs of reaction occur or symptoms suggestive of a latex allergy (localised itching, oedema, eczema, erythema or shortness of breath), latex contact should be discontinued and staff referred to Occupational Health

- Ensure that annual health surveillance is carried out for staff that are regularly exposed to latex gloves

Appendix 1 gives examples of the safe working practices to be followed if an assessment shows that there is a clinical reason that latex must be used.

4.5 Employee Responsibilities

Employees are responsible for:

- Co-operating with managers regarding the implementation of the policy

- Complying with local procedures including consideration of risks to patients and notifying relevant staff of any potential sensitivity or allergy to latex and any subsequent allergic response

- Ensuring that they wear procedure gloves only when there is a potential risk of contact with body fluids and/or other hazardous substances. They should not be used for other routine procedures where there is no possibility of contamination

- Ensuring that they cleanse their hands thoroughly before, and particularly after, the wearing of any procedure glove

- Ensuring that incidents related to latex sensitisation or allergic reactions, are reported via the Trust Incident Reporting system

- Inform their manager if they have a confirmed latex allergy or if they have any adverse skin reactions or respiratory symptoms which they suspect may be linked to exposure to latex gloves or other latex products

- Following guidelines when delivering care to patients who have a higher risk of latex allergy or know sensitivity to latex

4.6 Occupational Health Provider

The Occupational Health Provider is to ensure that:

- Pre-employment medical assessments are conducted for all staff to identify any who are or may be allergic to latex. With consent, advise the appointing manager of restrictions that are required when latex allergy is identified

- Ensure staff (or prospective staff) with a latex allergy and their managers, are advised of any necessary adjustments or restrictions to their work activities, using an evidence and risk assessment-based approach

- Provide guidance to staff and managers on suitable and safe working environments for latex sensitised employees

- Facilitate investigation of staff suspected of having latex allergy or report a reaction that they relate to the use of latex gloves

- Provide statistical and other relevant information concerning latex allergy in staff to appropriate committees, whilst maintaining individual confidentiality

- Involvement in an on-going programme to identify at risk individuals through:

    - Health surveillance questionnaires
    - Pre-employment screening
    - Health assessments for new posts

- Provide annual health surveillance for all staff with an identified allergy to NRL

- Inform the Health and Safety team of cases of diagnosed latex allergy to facilitate reporting to the HSE

4.7 Procurement Department Responsibilities

Where reasonably possible, equipment, materials and substances purchased for Trust must be latex free.

Staff involved in the supply and ordering of products (new and replacements) should liaise with manufacturers on the potential for items to contain latex. When products containing significant amounts of latex are identified, further information must be obtained and they can advise management on the availability of alternative products and the purchase of products such as latex free gloves.

The department should maintain a register of latex products and ensure all Material Safety Data Sheets and Product Data Sheets are available to anyone who requires them.

Any latex gloves that have to be procured for clinical reasons must, have been risk assessed, be powder free and of the low allergen variety.

Examples of items that may contain latex can be seen at Appendix 2.

5. Latex Allergy

Latex allergy is an immune system response to a component or components of natural rubber latex products. The immune system develops antibodies during a sensitisation period. Once sensitised, exposure will always cause a response by the immune system.

There are three recognised types of reaction:

5.1 Irritation/Non-allergic condition

5.2 Type IV

This is a skin contact-related allergy that results in a red, itchy, scaly rash, often localised to the area of contact, e.g. wrists and forearms with glove use, but it can spread to other areas of the body.

Some people react to the chemical accelerators that are added to the rubber during the manufacturing process. These can have a delayed hypersensitivity reaction, occurring between 6 to 48 hours after exposure caused by residual accelerators in latex rubber.

5.3 Type I

Type I latex allergy is an immediate allergic reaction to natural proteins in latex rubber, has the potential to become systemic at any time, and is potentially life threatening.

This allergy is caused when latex allergens attach to the cornstarch used in powdered gloves, used to assist putting on and removal of the gloves. The powder acts as a vehicle to allow the latex proteins to become airborne when the gloves are used, enabling the allergens to be inhaled or drift onto skin.

The following are symptoms of Type I latex allergy:

- Urticaria (hives)
- Hayfever-type symptoms
- Asthma
- Anaphylaxis (in severe cases), a severe drop in blood pressure leading to possible loss of consciousness or severe breathing difficulty

Latex allergic individuals may experience symptoms of an allergic reaction merely by being in a room where powdered latex gloves are used. Direct contact may not be necessary.

5.4 Sensitivity

Studies suggest that sensitivity to latex in health care staff is increasing due to general exposure to latex, in the form of medical and non-medical products. Health care professionals are a high-risk group because of their high exposure to latex products. Surgeons and theatre staff are particularly at risk, as they are required to wear gloves as part of their daily routine. Latex sensitivity is not restricted to health care 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.

Latex 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 latex has contact with mucous membrane.

Months or even years of exposure without symptoms may precede the onset of clinical symptoms of type I latex allergy. In many cases symptoms become progressively more severe on repeated exposure to latex allergens. It is important for sensitised individuals to avoid further contact with latex proteins.

A briefing note to assist with recognizing the signs and symptoms of latex sensitisation can

be seen at Appendix 3.

6. Identification of Individuals at High Risk of Latex Allergy

All clinical services should ask patients at pre-assessment clinic or on 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 hay-fever
- Occupational exposure to latex

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

7. Clinical Procedures

As described above, pre-admission/pre-operative information gathering, regarding patient’s known allergies, should be extended to include specific questions that may detect known or suspected latex allergies.

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. 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.

All procedures conducted on patients with acute latex sensitisation should be performed in a setting in which anaphylaxis can be treated. Checks on equipment are important, particularly 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.

8. Glove Selection

The Personal Protective Equipment at Work Regulations 1992 requires an assessment of the suitability of the Personal Protective Equipment (PPE) and appropriate information, instruction and training of its use. Latex gloves are classified as PPE and are designed to protect against biological and appropriate chemical hazards.

Managers are required to decide whether or not protective gloves are required to perform the task (the law requires that other means to prevent exposure should be considered in preference to gloves). There may be reasons other than worker protection that require the use of gloves e.g. patient protection. When deciding on glove selection, Managers need to take account of all factors.

If protective gloves are needed, they must be suitable. This means they provide an adequate level of protection hazardous substances are well fitting for each individual and are suited to the wearer, the work and the environment in which they are used. To ensure suitability, consider the work (substances handled, other hazards, type and duration of contact), the wearer (comfort and fit) and the task (e.g., need for dexterity; sterility issues). This is required to decide on the most suitable glove type, e.g., single-use or reusable, and the material they are manufactured from.

It has been long established that latex gloves frequently used in health care have the potential to cause adverse reactions and therefore latex free gloves should be used as standard across Trust in all health care settings unless an assessment shows that there is a clinical reason not to do so and there are no alternatives are appropriate. A copy of the form (TSF/S018) to be used to complete this assessment can be seen at Appendix 4.

If the manager's assessment leads to latex as the most suitable glove type for protection against the hazard, then:

- Single-use latex gloves should be low-protein, powder-free

- Individuals with existing allergy to NRL proteins should take latex avoidance measures and should not use single use or reusable latex gloves. Managers may therefore need to provide gloves of an alternative material

- Where the use of gloves may result in direct or indirect exposure to members of the public (e.g. single-use latex gloves used in patient care; food handling), the manager must undertake an assessment of the risks of such exposure and adopt suitable control measures to ensure the health of others is protected

- Where low-protein, powder-free, single-use latex gloves are used in the Trust, the manager must carry out a risk assessment to determine if health surveillance for occupational asthma should be in place. Given that the risks of developing occupational asthma are considered to be low, where health surveillance is

appropriate, a low level of health surveillance is likely to be sufficient

- Managers must be able to demonstrate that they have carried out an assessment to select which (if any) type of gloves they should provide
- Whenever protective gloves are used (regardless of the material), managers should provide information, instruction and training to staff on how to use them to properly protect themselves. This should include the provision of information on latex allergy, if this is appropriate

9. References

The following references and further reading are applicable to this document:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Health and Safety (First Aid) Regulations 1981
- Workplace (Health, Safety and Welfare) Regulations 1992
- Control of Substances Hazardous to Health Regulations 2002
- The Personal Protective Equipment at Work Regulations 1992
- HSE Web site – Latex allergies

10. Appendices

Appendix 1 - Safe working practices with latex gloves

Appendix 2 - Examples of items that may contain latex

Appendix 3 - Latex sensitisation briefing notes

Appendix 4 - Authorisation for the use of a product containing latex

Appendix 5 - Equality Impact Assessment

Appendix 1

Safe working practices with latex gloves

If an assessment shows that there is a clinical reason that latex gloves must be used it is important to ensure that appropriate work practices are in place to reduce the risk of allergic reaction. These are typically:

- Use non-powdered gloves with low levels of latex proteins and residual chemicals
- Do not use latex gloves if the skin is cut or cracked
- Do not use oil-based hand creams or lotions when wearing latex gloves as they can cause glove deterioration
- When washing hands
    - Use a mild soap and dry thoroughly before and after using latex gloves
    - Use cool/tepid water when washing to keep hand temperature down
    - Use hand-wash agents sparingly
    - Rinse thoroughly to remove all traces of hand wash
    - Pat skin dry rather than rubbing it
    - Use soft, disposable towels
    - Ensure hands are dry before putting on gloves
- Use an aqueous based emollient if skin has any tendency to dry out
- Choose the right size of gloves
- Good housekeeping - clean areas and equipment contaminated with latex-containing dust frequently
- Provide workers with training about latex allergy
- Screen high-risk workers for latex allergy symptoms periodically
- Remove symptomatic workers from latex exposure
- Evaluate prevention strategies whenever a worker is diagnosed with a latex allergy

Health Surveillance

A health surveillance system must be in place if latex gloves are being issued.

Appendix 2

Examples of items that may contain latex

Dental cofferdams	Protective sheets
Elastic bandages	Rectal catheters
Enema tubing kits	Rubber bands
Epidural catheter injection adaptors	Rubber breathing circuits
Erasers	Rubber masks
ET tubes	Rubber suction catheters
Eye shields	Rubber tourniquets
Fluid warming blankets	Self-sealing envelopes
Gloves	Shoe soles
Haemodialysis equipment	Sports equipment e.g. gym mats
Head straps	Stethoscope tubing
Hot water bottles	Stomach and GI tubes
IV set injection ports	Stress balls
Latex cuffs on plastic tracheal tubes	Teeth protectors & bite blocks
Mattresses on stretchers	Tourniquets
Naso-pharyngeal airways	Urinary Catheters
Neonatal incubator	Vial Stoppers.
PCA syringes	Wound drains
Penrose tubing	

Appendix 3

Latex sensitisation briefing notes

Aim

The aim of this note is to advise you of the possibility of Latex Sensitisation, so that you can recognise the signs and symptoms, and report them to the Occupational Health Department.

Symptoms

As the frequency and duration of the use of latex products – including latex gloves increases, the emergence of latex sensitisation has been identified as a problem for some individuals, leading to a variety of allergic reactions, i.e. skin or mucus membrane irritation. This can 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 anaphylactic shock within minutes of exposure.

Causes

Repetitive skin or mucus membrane contact with any rubber latex product containing high protein residues may cause sensitisation. Sensitivity may also be transmitted via the powder used to dust some latex gloves through direct contact or inhalation. Staff predisposed to allergies in general – Asthma, Hay fever or Atopic Dermatitis are more likely to become Latex sensitised. Staff who are allergic to certain foods e.g. avocado, chestnut and banana are also more susceptible.

What You Should Do

Members of staff, who develop signs of a reaction such as localised itching, swelling, redness or shortness of breath should discontinue latex contact immediately and seek advice from the Occupational Health Department. Members of staff, who are being treated by their General Practitioner, are requested to inform the Occupational Health Department and their managers that they have a possible/diagnosed latex allergy.

Appendix 4

Example of the form: Authorisation for the use of a product containing latex

Torbay and South Devon NHS
NHS Foundation Trust

Trust Standard Form

Authorisation and assessment for the use of a product containing latex

Location where the latex product is to used		
Hospital/Site/Service:	**Division/SDU:**	**Department/Ward/Team:**
Requester name:	**Position/Role:**	**Signature:**

1. Summary description of the task requiring the use of the product containing latex (Clinical Procedure):

Avoid latex usage where possible: UK law requires you to consider whether the use of latex is absolutely necessary. e.g. non-latex gloves.

2. Explain in detail why a non-latex alternative product CANNOT be used:

e.g Safer alternative unavailable, Superior tactile sensitivity, elasticity, better fit gloves critical for the procedure.

3. If a non-latex product cannot be used please give full details of latex containing product required:

Product Description:	
Brand Name:	
Size:	
Supplier:	
Agresso Product code:	

4. What controls are in place to reduce the risks of staff developing latex allergy?

5. What controls are in place to prevent latex contact for those who have latex allergy?

6. Comments and/or Further Action Notes:

The use of this latex containing product has been authorised by the following:

	Name	Signature	Date
Clinical Director/AMD			
DGM			
Infection Control			

Once and if approved by the Clinical Director/AMD and DGM please send this form to the Health and Safety Team for file and Procurement to request the item is added to your requisition library.

Appendix 5

Equality Impact Assessment

Policy Title (and number)	***LATEX MANAGEMENT***			**Version and Date**	***V4***
Policy Author	KW				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? ***PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below***					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)					Yes ☐ No☒
Please provide details for each protected group where you have indicated 'Yes'. **Suitable risk assessment will be completed depending on staff circumstances.**					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language[5] used throughout?					Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?					Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?					Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?					Yes ☐ No☒
If 'Yes', how will you mitigate this risk to ensure fair and equal access? See individual Risk Assessment.					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes ☒ No☐
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
The purpose of this Procedure is to reduce the risk of staff developing latex allergy and minimise the risks from latex contact for those who have latex allergy..					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Health and Safety Committee					
ACTION PLAN: Please list all actions identified to address any impacts					
Action			**Person responsible**		**Completion date**
none					
AUTHORISATION: **By signing below, I confirm that the named person responsible above is aware of the actions assigned to them**					
Name of person completing the form	Corporate Safety Manager		**Signature**		
Validated by (line manager)			**Signature**		