



Western Health
and Social Care Trust

LATEX POLICY

REVIEW OF POLICY (2014)



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NAME OF RESPONSIBLE OFFICER:	Medical Director



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1.0 Introduction

- 1.1 Natural rubber latex (NRL) is a product of the *Hevea brasiliensis* tree. The cloudy white liquid latex is collected by 'tapping' the tree, it then undergoes a complex coagulation process, involving the addition of sulphur and organic chemicals (e.g. accelerators). This process provides the strength and elastic characteristics of many rubber products. However, as the use of latex devices has increased, particularly the use of gloves, latex allergy is being recognised and reported as a growing problem, particularly within healthcare. The natural proteins found in latex or certain chemical additives used in the manufacturing process, can act as irritants or potential allergens in some individuals. This can lead to a variety of reactions ranging from localised or generalised skin conditions to life threatening anaphylactic shock. The Trust has a duty to assess the risk from latex in accordance with the Control of Substances Hazardous to Health Regulations (NI) 2003.

The use of natural rubber latex is not confined to the manufacture of gloves but is also used to produce a range of medical devices; its presence as a constituent of a device may not always be obvious. Latex can also be present in pharmaceutical products.

2.0 Trust Policy Statement

- 2.1 The Western Health & Social Care Trust believes that an excellent organisation is a safe and secure one – caring for all service users and Trust personnel and minimising risk are part of the Trust objectives.
- 2.2 This policy has been developed in order to provide guidance for the adoption of a proactive approach to latex allergy. The aim is to prevent sensitisation and to minimise the risk of an adverse reaction so far as is reasonably practicable. In addition to this, the Trust's aim is to continue to reduce the use of the number of products containing NRL, thereby reducing the risks to staff and to patients.

3.0 Responsibilities

3.1 Chief Executive

The Chief Executive will have overall responsibility for the effective implementation of this Policy in line with Trust Governance arrangements.

3.2 The Medical Director

The Medical Director is the nominated officer on Trust Board with responsibility for ensuring compliance with the policy. However, as with all Health and Safety issues, this responsibility cascades down through the line management structure to Department/Directorate managers.

3.3 Head of Clinical Quality and Safety

The Head of Clinical Quality and Safety, supported by the **Corporate Risk Manager**, will be responsible for ensuring implementation of the policy.

3.4 Managers

On behalf of the Trust, Departmental Managers have the following responsibilities; however, they may delegate this responsibility to their nominated COSHH Risk Assessor(s), although the responsibility remains with the Departmental Manager. -

- 3.4.1 To undertake a COSHH Risk Assessment to identify risk areas and assist in the introduction of controls for reducing the incidence of latex allergy. Specific individual risk assessments will be required where patients or staff are identified as allergic to latex.

COSHH risk assessments should take account of the **primary duty to prevent exposure** to latex contained within medical devices (and pharmaceuticals), including gloves.

Where this is not reasonably practicable; the **secondary duty** is to adequately **control exposure**. This will involve taking into account the use of non-latex gloves relevant for the particular work activity such as vinyl, nitrile or neoprene and non-latex medical devices and equipment or identifying other suitable control measures.

Some synthetic gloves degrade and may disintegrate when in contact with certain solvents, for example acetone. Managers must therefore ensure that personal protective clothing, such as gloves, are appropriate for the work activity.

- 3.4.2 Report incidents of latex allergy/near miss incidents regarding patient care in accordance with the Trust's Incident Reporting Policy. Allergic reactions to latex products involving patients and staff may be reportable under RIDDOR to the HSENI or relevant enforcing authority. Risk Management will report to HSENI as necessary. NIAIC (NI Adverse Incident Centre) may also need to be notified. Risk Management Department will advise regarding reporting to NIAIC, particularly if the incident involves gloves as these are classified as medical devices.
- 3.4.3 Develop a safe system of work for caring for patients with latex allergies and ensure that the hypersensitivity is recorded into the clinical notes.
- 3.4.4 Adopt a pro-active approach to recognising latex allergy issues with staff members. In accordance with HSE guidance refer appropriate staff to Occupational Health Department for health check if a health problem is suspected in relation to latex exposure.

- 3.4.5 Disseminate Trust Latex Policy and any other relevant information on the management of latex to all new and existing staff.

A Health and Safety Executive (HSE) document entitled 'Managing skin exposure risks at work' has a relevant section on 'skin protection' and is available at: <http://www.hse.gov.uk/pubns/priced/hsg262.pdf> .

3.5 **COSHH Risk Assessor(s)**

Departmental COSHH Risk Assessor(s) should be nominated by the Departmental Manager. COSHH risk assessor(s) will be responsible for conducting and updating COSHH risk assessments of substances hazardous to health within their areas. Where the COSHH risk assessment identifies a risk of **latex exposure**, the COSHH risk assessor(s) or Departmental Manager must inform their Head of Department and the Risk Management Department of the results of the risk assessment.

3.6 **Occupational Health Department**

At the pre-employment medical assessment in Occupational Health all new employees are given a questionnaire to complete. Staff are asked about known allergies including latex. The Occupational Health Department will investigate any health risks associated with latex sensitivity identified via this pre-employment questionnaire and will carry out checks on staff that are considered to be at a high risk of developing sensitisation in accordance with Regulation 6 of the COSHH Regulations (NI) 2003. Healthcare workers should be regularly questioned about possible sensitivity reactions and this surveillance should be recorded in their personnel file. It is the responsibility of the Manager to carry out the risk assessment and make the referral to Occupational Health. If a latex allergy is confirmed, Occupational Health will inform the Manager of appropriate action to take.

3.7 **Procurement and Logistics Services Decisions**

To ensure that the Trust can manage latex allergic patients, and protect latex allergic employees, Trust staff should liaise with Procurement to ensure that all products purchased, (contract and non-contract) are latex free. Trust staff should clearly state on documentation that the product should be latex free.

- For contracted items (e-procurement catalogue items) latex free must be identified to procurement at the tendering stage.
- For products not covered by contract, latex free must be identified by the requisitioner on the free text requisition.

Where it is not possible to purchase a latex free product, the products and packaging that contain latex should be easily identifiable.

3.8 **Employees Responsibilities**

It is the responsibility of all Trust employees to co-operate with managers, department heads and supervisors in achieving compliance with this Policy, and for reporting all incidents connected with latex allergy.

The Pharmacy Department will endeavour to purchase latex free products where practicable. Medical and nursing staff still need to be aware of the latex status of products when treating patients with a high risk of latex allergy. Information can be found on the packaging or by contacting the Pharmacy Department.'

Gloves do not replace good hand washing. Staff should always wash and dry their hands after removing their gloves and apply aqueous based hand creams only. Procurement and Logistics Services (PALs) will be able to advise on stock held hand creams. Contact number 028 71811428.

4.0 **Reactions to Latex**

4.1 Latex allergy is an allergic reaction to one or more of the components of natural rubber latex products. There are three recognised types of reactions:

1. Irritation

This does not involve the body's immune response and is not an allergic response. The effects can be reversible if treated early. However, a persistent reaction can develop if treatment is delayed or the condition is ignored. When the irritant reaction is due to the wearing of latex gloves a rash develops on the back of the hands, fingers and wrists. The rash can start with redness, swelling and blistering, and may develop into dryness, flaking and itching.

2. Delayed Hypersensitivity (Type IV)

This occurs in individuals who have been previously sensitised to the group of chemicals that are added to natural rubber latex as accelerators during the manufacturing process. It is called allergic contact dermatitis. The severity of the allergic reaction varies greatly and can occur at the site of contact and in other distant sites such as around the eyes. Sensitisation can take place at any time but is more likely with prolonged use of latex gloves. The allergic reaction produces dermatitis between 6 – 48 hours after contact.

3. Immediate Hypersensitivity (Type I)

This reaction is caused by latex proteins and can give rise to urticaria (weals). It occurs rapidly on contact with intact skin (5 – 30 minutes).

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 general hives and swelling. If mucous membranes are affected, rhinitis, conjunctivitis or asthma may result. Respiratory difficulties, hypotension and anaphylaxis may occur in extreme cases.

Other reactions

Latex is a known respiratory sensitizer and is one of the eight main causes of work-related asthma. Further advice is available from the Approved Code of Practice on the COSHH (NI) Regulations 2003, as amended. Web-link http://www.hseni.gov.uk/coshh_booklet.pdf

4.2 Early signs of potential latex allergy include:

- Lips swelling or difficulty breathing when blowing up a balloon
- Swelling or discomfort with dental and gynaecology examination
- Rash-like reaction to surgical tape; ECG leads; elastic in clothing
- Nasal, eye or sinus irritation, hives, shortness of breath, coughing or wheezing after exposure to natural rubber latex (NRL)

5.0 Glove Policy

5.1 To help limit the exposure to latex in the workplace only latex-free examination gloves should be worn (e.g. nitrile or synthetic). Household gloves may be worn where appropriate or nitrile gloves when handling disinfectants. Staff should refer to the relevant Material Safety Data Sheet (MSDS) to ensure correct gloves are worn.

However, low protein, powder free latex surgical gloves may still be available in theatres, and orthodontic areas for specialist use.

A risk assessment **must** be completed for all areas using latex gloves and it is the Managers responsibility to ensure that this occurs and a copy of the risk assessment forwarded to the Head of Clinical Quality and Safety.

Approval for the use of latex gloves will be the decision of the Head of Clinical Quality and in their absence, the Corporate Risk Manager.

Any member of staff who develops a reaction to the wearing of a particular glove should be immediately referred to Occupational Health.

If a latex allergy is identified and confirmed, Occupational Health will inform the manager concerned and will advise of appropriate action to take.

6.0 Identification of Patients/Healthcare Workers with Possible Allergy to Latex

6.1 The following factors indicate an increased risk of a patient or healthcare worker developing an allergic reaction:

- History of allergic reactions (termed atopy) such as hayfever, eczema or asthma. Food allergies in particular to avocado, bananas, kiwi fruit or nuts.
- Occupational exposure to latex.
- Exposure to repeated bladder catheterisation.
- Patients with spina bifida.
- History of multiple surgical procedures.

Allergy to latex can produce redness and itching of the skin, urticarial lesions (hives), skin swelling, conjunctivitis, rhinitis (hayfever), tightness of the chest, wheezing, swelling of the larynx causing stridor, collapse and, in extreme cases, anaphylaxis and death.

All patients/clients or members of staff who have had wheezing or collapse and who have been confirmed as allergic to latex by history, prick test or serology, should be provided with self-injectable adrenaline (Epi-Pen), which should be prescribed by their General Practitioner.

All latex allergic patients should be advised to wear a Medic-Alert bracelet, for which the patient will bear the cost. They should also be counselled about the diagnosis and avoidance of latex, bearing in mind that some patients are disturbed and upset by the potentially serious nature of the diagnosis.

It is essential that an identification label highlighting latex allergy is placed in the patient's notes in a prominent place. (See Appendix 1) If the patient is to have further surgical procedures, investigations or treatment in other Departments e.g. Theatres, Medical Imaging, physiotherapy, the ward staff **must ensure** these Departments are also made aware of the patient's sensitivity to latex.

Information Notices should be placed in Accident and Emergency, Outpatients, Day Case Units, Wards and other appropriate areas asking Latex allergic patients/clients to inform staff. (See Appendix 2 which may be printed off and laminated by each respective area)

Pre-admission questionnaires must also request information on latex allergies.

If a patient is unable to respond to latex allergy questioning, then a risk assessment must be carried out on available medical history; looking for signs of 'Atopy' and previous sensitisation symptoms. Referral to a Dermatologist may be recommended, e.g. if there is doubt about the

nature of the allergy or there is reason to believe that the patient may have a serious latex allergy.

7.0 Management of Latex Allergic Patients

7.1 Managers must ensure that they identify a latex-free area within their ward/department, once a patient has been identified as having a latex allergy.

The patient should be treated in the designated latex-free area. Each such area should have a designated nurse assigned to take charge of latex avoidance, supervising all aspects of treatment and equipment.

The following steps should be taken:

- The patient should be resident in a side room, which has been rendered free from latex.
- Check and ensure latex identification is stated within clinical notes and check patient has an armband highlighting latex sensitivity e.g. Medic-Alert bracelet.
- Notify all relevant ward personnel, including Anaesthetist, Surgeon and Theatre staff **in sufficient time prior to surgery, to allow for effective preparation for the patient.** Theatre lists should consider patients with latex allergies and place them first on the operating list, where possible. HSDU will also need to be notified to ensure that all surgical instruments, sets or accessories are latex free.
- Obtain all the necessary latex-free equipment likely to be needed in the particular situation.
- If no separate latex-free theatre is available, arrangements should be made for the patient to be the first case of the day after thorough cleaning of the room and equipment.
- Latex free gloves should be worn in preparation of the designated areas or during any related procedure.
- Prominently mark the room/theatre, trolley and anaesthetic room as 'Latex-Free'.
- Check to ensure all 'latex-free' products such as gloves, blood pressure machines, giving sets, anaesthetic machines, catheters, medication, masks, intubation apparatus and any other equipment is in place. Ensure post operatively that contact with latex continues to be avoided.
- Intravenous solutions or drugs which have not been stored under latex closures should be identified and used exclusively for these patients.
- Giving sets with latex ports should not be used.
- Syringes should not have latex diaphragms.
- All personnel must wash latex from the hands and change theatre apparel if previous latex contact has occurred before entering the designated area.
- The anaesthetic machine should have been vetted and be latex-free.

- Equipment such as sphygmomanometers should be covered with plastic so that no rubber is exposed.

Whilst the above measures should provide adequate controls, Managers should also ensure that staff are aware how to respond if the patient suffers an allergic reaction.

See the web-link below for the National Patient Safety Agency's guidance on improving patient safety with regard to latex.
<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59791>

8.0 Management of staff with suspected Latex Sensitivity

- 8.1 If a healthcare worker exhibits any sign of latex sensitivity, such as rashes after latex contact, wheezing or swelling of the face and hands, then an immediate referral to the Occupational Health should be sought by the Head of Department.

At the request of Occupational Health a full assessment and confirmation of the allergy will be carried out by the Dermatology Department by a fast-track process.

If the healthcare worker's symptoms are confirmed to be due to latex allergy, then his or her working environment within the hospital will be subject to a risk assessment by the Head of Department, which should be made available to Occupational Health. Advice may also be sought from the Risk Management Department.

Everything reasonably practicable will be done to ensure a safe working environment. However, if symptoms continue then an opinion as to whether it is safe for the healthcare worker to continue working in their normal working environment will be given by the Consultant in Occupational Health.

9.0 Emergency and Resuscitation Equipment

- 9.1 The Pharmacy Department will endeavour to ensure that the drugs supplied for the crash trolley will be, as far as possible, latex free. The Pharmacy department will check the latex status on items as requested. During the Procurement process the latex free product will always be chosen over any alternative.

10.0 Monitoring

- 11.1 The effectiveness of this policy will be monitored by the Head of Clinical Quality and Safety supported by the Corporate Risk Manager.



11.0 Review

12.1 This policy will be reviewed in three years following approval, or earlier in the event of significant change in legislation, guidance or Trust Practices.

12.0 References

COSHH (NI) A brief guide to the regulations. What you need to know about the Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 (COSHH (NI) HSENI). http://www.hseni.gov.uk/coshh_booklet.pdf

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

WHST Policy for The Control of Substances Hazardous to Health (COSHH) <http://whsct/IntranetNew/Documents/Control%20of%20Substances%20Hazardous%20to%20Health%20Policy.pdf>

WHST Incident Reporting Policy 2013 [http://whsct/IntranetNew/Documents/Revised%20Incident%20Policy%20with%20effect%201%20October%202013%20\(inc%20new%20matrix\).pdf](http://whsct/IntranetNew/Documents/Revised%20Incident%20Policy%20with%20effect%201%20October%202013%20(inc%20new%20matrix).pdf)

WHST Health & Safety Policy 2012 <http://whsct/IntranetNew/Documents/WHST%20Revised%20Health%20and%20Safety%20Policy%20as%20at%2010-12%20-%20Approved%20Version.pdf>

WHST Disinfection and Decontamination Policy 2013 [http://whsct/IntranetNew/Documents/Disinfection%20%20Decontamination%20Policy%20\(Revised%20Jun%202013\)%20SIGNED.pdf](http://whsct/IntranetNew/Documents/Disinfection%20%20Decontamination%20Policy%20(Revised%20Jun%202013)%20SIGNED.pdf)

HSE Managing skin exposure risks at work <http://www.hse.gov.uk/pubns/priced/hsg262.pdf> .

(NPSA) Patient Safety - Protecting people with allergy associated with latex <http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59791>

13.0 Equality and Human Rights

EQUALITY AND HUMAN RIGHTS STATEMENT: The Western Health and Social Care Trust's equality and human rights statutory obligations have been considered during the development of this policy.

Signed: _____ (Chairman)



Date: _____

APPENDIX 1

(Size to suit labels as appropriate)

ALLERGY ALERT

**This patient is allergic
to Natural Rubber
Latex**

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Latex**

ALLERGY ALERT

**This patient is
allergic to Natural
Rubber Latex
(avoid using latex
gloves or other
latex products)**

Important Notice

**Are you allergic to
Natural Rubber Latex
(NLR) or do you react to
any medicines, foods,
or anything else?**

**Please inform staff
before receiving any
treatment.**