Trust Policy and Procedure  

Prevention and Management of Risks to Latex

For use in (clinical areas): All areas of the Trust  
For use by (staff groups): All staff  
For use for: Reducing the risk of latex exposure and allergy for all members of staff and patients.  
Document owner: Health & Safety Committee  
Status: Approved

Purpose of this document:  
To provide guidance on the effective management of Latex to reduce the hazard and risks to members of staff and patients.

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Definitions

Atopy – Predisposed to allergic conditions, ie, hay fever, asthma, eczema as a child

NRL – Natural Rubber Latex
1. **Introduction**
Natural Rubber Latex (NRL) can be found in many products within healthcare. It has been extensively used in the manufacture of medical gloves (non-sterile examination gloves and sterile surgical gloves) because it is a very durable and flexible material giving wearers a high degree of dexterity, sensitivity and microbiological protection. It is also used in a range of medical devices. As the use of such products has increased, particularly the increased use of single use gloves in infection control, NRL allergy and sensitisation has been identified as a problem.

Allergy to latex protein is a serious problem. In allergic individuals, contact with latex protein, usually in the form of latex gloves, can cause urticaria, conjunctivitis, asthma and at worst, anaphylaxis and sometimes death.

Latex allergy is most common in Health Care Workers. It was first recognised in 1979 but already in some countries 1 in 10 Health Care Workers are Latex allergic. Other occupational glove users such as hairdressers, caterers and engineers are also at risk. In addition, patients with in-dwelling devices such as shunts or following repeated hospital intervention with catheters etc., have high levels of Latex allergy.

It is important to distinguish Latex allergy:

- Type I - an immediate response
- Type IV - which affects only the skin and is localised to sites of contact

The latter is much more common.

The Control of Substances Hazardous to Health Regulations 2002 (as amended) impose a statutory obligation on employers to carry out a risk assessment on hazardous substances and implement suitable control measures by following the Hierarchy of Control:

- Eliminate the use of a hazardous substance
- Substitute the hazardous for the less hazardous
- Introduce an engineering Control-LEV (local exhaust ventilation), total enclosure
- Change work methods/patterns- brush instead of spray, reduce exposure and staff rotation
- Safe system of work-written methods for carrying out the task, staff adequately trained on its use
- Personal Protective Equipment (PPE)- used as a last resort

And, carry out any necessary health surveillance / monitoring if there has been a potential exposure to a hazardous substance.

2. **Scope of this Policy**
The purpose of this policy is to outline the responsibilities of all staff in ensuring the effective management of NRL risks and should be used in conjunction with staff and patient guidelines. This policy applies to all employees while on Trust business either within the Trust, in a patient’s home or elsewhere.
3. **Principles**

1. The Trust will develop an environment, which minimises the risk of the development of latex allergy in staff by replacing latex gloves with an alternative latex free glove:
   - NRL gloves are provided only in the Operating Theatres and Day Surgery Unit for use by clinicians where there is a risk from blood borne viruses.

2. All risks posed by latex products will be identified through the risk assessment process and captured on Datix risk register. Any risks identified will be eliminated or where this is not reasonably practicable to do so minimised to an acceptable level.

3. Appropriate arrangements will be put in place to protect patients and staff who have been diagnosed with a Type 1 allergy to NRL.

4. All staff who are likely to have contact with latex products in both clinical and non-clinical settings will be made aware of the risks and the arrangements for the prevention and management of Latex in the Trust.

5. Where a need for wearing gloves is identified non-latex will be the first choice.

6. A choice of Vinyl and Nitrile gloves will be provided in all wards and departments.

7. Where the risk assessment identifies a need for latex gloves, only gloves with a leachable protein of < 50 ug/g will be used and the use of powdered latex gloves is prohibited.

8. Any concerns affecting a member of staff arising from the use of gloves must be reported immediately to their ward/departmental manager, captured on the Datix incident system and referred to the Occupational Health & Wellbeing Service.

4. **Responsibilities**

4.1 **Trust Board**
The general responsibilities are outlined in the Health, Safety and Welfare Policy PP018.

4.2 **Chief Executive**
The Chief Executive has overall responsibility for Health and Safety. Day to day accountability is through the Directors, General Managers, Deputy General Managers, Service Managers and Line Managers.

4.3 **General Managers**
General Managers are responsible for ensuring that this policy is implemented in their Division. In particular they will:
- Manage any major cost or resource issue
- Manage any concerns, which arise from line managers in relation to the implementation of the policy.
4.4 **Deputy General Managers, Service Managers and Line Managers**

These Managers are responsible for the overall Health and Safety within their respective wards/departments and must:

- Ensure all members of staff are aware only Vinyl and Nitrile gloves are available for general use.

- Ensure that a NRL risk assessment is undertaken and captured on Datix risk register with regard to work and clinical activities within their area of responsibility. Specific individual risk assessment will be required where patients or a member of staff is identified as allergic to NRL. Generic risk assessment (Appendix I) and product list (Appendix II) are provided to assist managers in this task but should be adapted for the local work environment.

- Ensure arrangements are in place, which ensure safe systems of work in respect of latex sensitisation to staff and patients.

- To identify and implement any action and/or control required following the NRL risk assessment using the Trust guidelines for staff and patients (Appendices III and IV) (further advice may be sought from the Health, Safety and Risk Manager, Occupational Health & Wellbeing Service or Infection Prevention Department).

- Ensure that all members of staff are given the necessary information, instruction and training to enable them to prevent and manage latex allergy in staff and patients (see section 5).

- For all staff at risk of exposure through the use of latex gloves (ie theatre staff and surgeons) or other significant exposure, the manager must provide a list of all such members of staff to the Occupational Health & Wellbeing Service, and complete the “Skin Check” form (Appendix V) following a visual check of their skin on an annual basis and return to the Occupational Health & Wellbeing Service.

- An identified competent person can be delegated by the Manager to carry out the role of checking skin using the Skin Check Form.

4.5 **Healthcare Workers**

- Having been provided with information, instruction and training by their Manager, all health care workers will maintain an awareness of the risks and potential sources of exposure to themselves and patients (see section 5 and Appendix II for training and sources of exposure respectively).
• All Health Care workers will undertake safe working practices for their area of work and responsibility

• All Health Care workers are required to assess the need for wearing gloves and wear appropriate non latex gloves, only where there is a risk of infection or when handling chemicals or sterile pharmaceuticals (see Appendix VI).

• All Health Care workers must report any possible NRL allergy symptoms to their Manager and attend the Occupational Health & Wellbeing Service for further advice, they must also report to their Manager any personal awareness or symptoms of latex sensitisation at the earliest opportunity and seek advice from the Occupational Health & Wellbeing Service.

• Where a risk of infection requires hand protection, Health Care workers should only wear NRL gloves where there is a clear clinical/operational need, substituting nitrile or vinyl gloves where practicable

• It is a mandatory requirement for all employees identified at risk from exposure to Latex to participate in health surveillance as required by Control of Substances Hazardous to Health Regulations 2002 (as amended)

4.6 Occupational Health & Wellbeing Service

• All members of staff who are identified at risk of exposure to Latex through the use of latex gloves or other significant exposure, are screened at employment stage and any information about existing latex allergy will be obtained. If Health Care workers are identified as having a potential risk of latex allergy and where indicated appropriate, referral will be made to the Occupational Health Physician.

• Health Care workers who develop symptoms, which may be related to latex sensitisation whilst in employment, will be given advice on reducing exposure and an appropriate referral will be made to the Occupational Health Physician or Consultant Dermatologist for a confirmed diagnosis. Once diagnosed an incident form must be completed on Datix and contact the Health, Safety and Risk Manager as the incident may be RIDDOR reportable.

• Those Health Care workers who have any form of immediate sensitivity reaction to latex (anything other than contact dermatitis) will be relocated where possible, to an area of low or no latex exposure. This will be undertaken following consultation with the health care workers Manager and the HR Manager.

• Members of staff identified as being sensitized to NRL and those considered at a high risk of developing sensitization, a higher level of health surveillance including a periodic clinical assessment by the Occupational Health Physician or Occupational Health Nurse will be arranged as appropriate.
• The Occupational Health & Wellbeing Service will provide Management and members of staff with information and advice on the Management of latex (Appendix VII)

• The Occupational Health & Wellbeing Service will maintain a record of all health surveillance as required by the Control of Substances Hazardous to Health Regs 2002 (as amended).

• The Occupational Health & Wellbeing Service will provide an anonymised report to managers following health surveillance of their members of staff identified at risk of exposure to latex.

4.7 **Procurement Department**

• The Procurement Department will ensure that where there is an identified need, only gloves with a level of leachable protein less than 50 ug/g will be purchased.

• Powdered NRL gloves will NOT be purchased.

• All new products which have the potential to contain NRL will be monitored, (Policy for Product Pilots/Assessment PP228) liaising with the manufacturers and advising Managers of any findings.

• Advise on the availability of alternative NRL free products maintaining a record of all new products that contain NRL introduced to the Trust and where appropriate the latex free alternative.

• Ensure that when there is a Trust decision to withdraw any specific NRL products the procurement protocols will reflect this decision.

4.8 **Health & Safety Committee**

The Health & Safety Committee is responsible for ensuring risks associated with NRL allergy in patients and staff are managed in accordance with this policy and local procedures.

4.9 **Information, instruction and training**

All employees will be provided with appropriate information, instruction and training to enable them to comply with this policy. This will include:

• Trust induction
• Local (area) induction
• Employment assessment and provision of information leaflet by Occupational Health Service
• —Mandatory training by Infection Prevention Department

• Annual health surveillance for all staff at risk of exposure through the use of latex gloves or other significant exposure

5. **Reporting**

All occurrences of latex induced reactions, or near misses should be reported using Datix to enable the Trust to maintain statistics for future evaluation.

• When a member of staff has a presumptive or confirmed diagnosis made by a specialist practitioner, an incident form must be completed on Datix and the Health, Safety and Risk Manager contacted.
6. **Monitoring and Review**
   Implementation, compliance and effectiveness of this policy will be monitored by the Health, & Safety Committee as part of the annual policy review.

7. **Development of the Policy**

   7.1 **Changes compared to the previous document**
   This document replaces PP (16)195. The revised document contains general updates to reflect current practice.

   7.2 **Contributors and Peer Review**
   This document will be submitted to the Corporate Risk Committee for approval and endorsement following consultation and agreement by the Health & Safety Committee.

   7.3 **Other Relevant Documents**
   - Control of Substances Hazardous to Health Policy PP039
   - Health Safety and Welfare Policy PP018
   - Incident Reporting and Management PP105
   - Occupational Health Policy PP046

<table>
<thead>
<tr>
<th>Author(s):</th>
<th>Occupational Health Nurse and Health and Safety Advisor</th>
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<tbody>
<tr>
<td>Other contributors:</td>
<td>Infection Prevention Lead, Debbie Stevenson</td>
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<tr>
<td>Approvals and endorsements:</td>
<td>Health &amp; Safety Committee</td>
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<tr>
<td>Consultation:</td>
<td>Latex Advisory Group of the H &amp; S Committee</td>
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<td></td>
<td>Policies/Latex PP(19)195</td>
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<td>Replacement for PP(16)195</td>
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<tr>
<td>Implementation</td>
<td>This document will be widely circulated within the</td>
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<td>Trust, including all Heads of Department and Ward</td>
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<td>be brought to the attention of staff during circulation.</td>
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<td>Monitoring: (give brief details how</td>
<td>See Section 7</td>
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<td>this will be done)</td>
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<tr>
<td>Other relevant policies/documents &amp;</td>
<td>See Section 8</td>
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## Appendix I

### Generic Risk Assessment

<table>
<thead>
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<th>Local Activity ref:</th>
<th>Trust Risk Register Number:</th>
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<tr>
<td></td>
<td>(To be added by the Assessor when allocated by Risk Office)</td>
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<table>
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<tr>
<th>Directorate/Service:</th>
<th>Original Assessment Date:</th>
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<table>
<thead>
<tr>
<th>Dept/Ward/Other:</th>
<th>Dates on which reviews have taken place:</th>
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<table>
<thead>
<tr>
<th>Site: West Suffolk Hospital</th>
<th>Date of next review:</th>
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</table>

<table>
<thead>
<tr>
<th>Address: Hardwick Lane, BSE</th>
<th>Name of Assessor:</th>
</tr>
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<table>
<thead>
<tr>
<th>Signature of Assessor:</th>
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</table>

Please ensure all sections of form are complete before sending to the Risk Office.

### Description of the task/activity/issue:
Use of latex gloves for surgical intervention.

### Frequency of task/activity:
Daily

### Please identify category of people affected:
Staff / Patients

### Estimate of number of people affected by hazard:
1000

### Hazards identified:
1) Latex allergy/Sensitisation Anaphylaxis
2) Anxiety for staff/patient with known latex allergy

Calculate the **Risk Rating** without controls in place (please see scoring matrix on following page):

\[
\text{L (Likelihood)} \times \text{C (Consequence)} = \text{Quarterly} \times \text{Catastrophic} = \text{Red}
\]

### Significant consequences:
1) Chronic condition- Dermatitis, asthma. Sickness and absence, reasonable adjustment to working environment (possible redeployment).
2) Death (from anaphylaxis)
3) Increased length of stay, stress, potential HSE visit, litigation and bad publicity

### What controls are in place and used to reduce the risk:
1) Latex gloves only supplied if requested to operating theatres and day surgery unit.
2) Provision of latex free Vinyl and Nitrile gloves in all clinical areas
3) Completion of health surveillance on employment of staff identified at risk
4) Annual health surveillance for staff at risk
5) Referral to Occupational health Department (OHD) for identified staff to confirm latex allergy by RAST test
6) Advice, support and counselling for at risk staff from OHD if required
7) Referral to Dermatology if required for at risk staff
8) Trust policy and procedure for the prevention and management of risks to Latex PP195
9) Infection Control Manual defines activities for which the use of gloves is appropriate (Standard Principles for Preventing Hospital Acquired Infection CG 10023)
10) Assessment of patients at pre-assessment clinic
11) Alert system for patients with known Latex Allergy (Health records and PAS)
12) Arrangements for managing known latex allergy patients for invasive procedures set out in Trust policy prevention and management of risks to Latex PP195 Appendix V.
13) Equipment/products available and used throughout the Trust which are Latex free
14) High risk area's i.e. Theatres, ITU and A & E have in place systems to ensure knowledge of staff of the risks and products containing latex and maintain, so far as reasonably practicable a list of latex and latex free products.
15) Local ward/department procedures and protocols
16) Procedures for responding to anaphylaxis (including resuscitation)
Recalculate the **Risk Rating** with existing controls in place: \( L \times C = 5\ \text{Yearly} \times \text{Catastrophic} = \text{Amber} \)

**Are the existing controls listed above satisfactory?** Yes  
If No, complete the following:

**Describe the key risk(s) to be addressed:**

<table>
<thead>
<tr>
<th>Description of additional controls required (actions being taken) to reduce the risk</th>
<th>Cost</th>
<th>Lead</th>
<th>Completion date</th>
</tr>
</thead>
</table>

Recalculate the **Risk Rating** with the additional control measures in place: \( L \times C = \)

Please send an amended risk assessment to the Risk Office when additional controls have been implemented so the Trust's Risk Register can be updated.

Signature of responsible Manager as determined by Risk Rating score (please use guide on next page):

Green: ..........................Amber..........................  
Red:..................................
## SOURCES OF LATEX EXPOSURE

There are many medical and consumer products that contain natural rubber latex. The following are some examples of products that MAY contain natural rubber latex:

<table>
<thead>
<tr>
<th>Medical Equipment/Products</th>
<th>Consumer Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhesive/elastic Bandages</td>
<td>Erasers</td>
</tr>
<tr>
<td>Airways Oral/Nasal</td>
<td>Rubber Bands</td>
</tr>
<tr>
<td>Ambu bags</td>
<td>Balloons</td>
</tr>
<tr>
<td>Anaesthetic masks</td>
<td>Condoms</td>
</tr>
<tr>
<td>Bite Blocks</td>
<td>Contraceptive Cap</td>
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<tr>
<td>Blood pressure cuff/tubing</td>
<td>Baby teats</td>
</tr>
<tr>
<td>Catheters: epidural suction, injection adaptors</td>
<td>Hot water Bottles</td>
</tr>
<tr>
<td>Crutches</td>
<td>Stress balls</td>
</tr>
<tr>
<td>Disposable nappies</td>
<td>Swimming Cap/goggles</td>
</tr>
<tr>
<td>Drains</td>
<td>Washing-up gloves</td>
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<tr>
<td>Electrode pads</td>
<td>Carpets</td>
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<tr>
<td>Endotracheal tubes</td>
<td>Adhesives</td>
</tr>
<tr>
<td>Enema kits</td>
<td>Tyres</td>
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<tr>
<td>Finger cots</td>
<td>Underwear elastic</td>
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<tr>
<td>Gloves</td>
<td>Shoes soles</td>
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<tr>
<td>Mattresses</td>
<td>Calculator/remote control buttons</td>
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<tr>
<td>Injection ports</td>
<td>Sports equipment</td>
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<tr>
<td>IV Tubing</td>
<td></td>
</tr>
<tr>
<td>Masks</td>
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<tr>
<td>Medication vial stoppers</td>
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<td>Names bands</td>
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<tr>
<td>Nasogastric tubes</td>
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<tr>
<td>Ostomy bags</td>
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<tr>
<td>Respirators</td>
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<tr>
<td>Rubber pants/aprons</td>
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<tr>
<td>Sheets (Protective)</td>
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<tr>
<td>Stethoscope tubing</td>
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<tr>
<td>Stomach and intestinal tubes</td>
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<tr>
<td>Syringes plungers</td>
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<tr>
<td>Tape</td>
<td></td>
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<tr>
<td>Teeth protectors</td>
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<tr>
<td>Tourniquets</td>
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<tr>
<td>Urinary catheters</td>
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<tr>
<td>Vascular stockings</td>
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<tr>
<td>Warming blankets</td>
<td></td>
</tr>
<tr>
<td>Wheelchair cushions</td>
<td></td>
</tr>
<tr>
<td>Wheelchair tyres and handbrake</td>
<td></td>
</tr>
<tr>
<td>Wound drains</td>
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</tbody>
</table>

Consideration must be given to providing latex-free medical supplies for use on or by sensitised individual
Guidelines for the Management of Latex

1. Identification and recognition of individuals who may be Latex allergic

Clinicians and staff Managers should be aware that the following conditions/complaints could be an indication of Latex Allergy:

- Eczema on hands which is only present at work and clears completely during holidays
- Weals (Hives) developing on the hands within minutes of putting on Latex gloves
- Itchy eyes, sneezing or wheezing when putting gloves on
- Predisposition to allergic conditions ie. asthma, hayfever, childhood eczema
- Occupational glove users
- In-dwelling shunt, Spina Bifida

2. Diagnostic confirmation

Individuals who give a history of Latex or rubber allergy should be questioned to clarify whether they have immediate reactions to Latex and this has been confirmed by a blood test or prick testing on the forearm; or whether they have the more common delayed reaction to rubber confirmed by patch testing on the back.

On employment, all staff who are expected to wear latex gloves as part of their job will complete a Latex Allergy Assessment form and health surveillance will be carried out by the Occupational Health & Wellbeing Service.

Members of staff in whom Latex Allergy is suspected should be referred by their Manager to the Occupational Health & Wellbeing Service for appropriate action.

A positive RAST to Latex (venous blood sent to biochemistry) will confirm a Latex Allergy, however a negative test does not completely exclude Latex Allergy.

Skin testing is the most accurate diagnostic test but is only carried out where there are facilities for resuscitation available. Refer to the Dermatology Department for further advice and investigation.

3. Control Measures for Members of Staff

To avoid staff becoming sensitised the following measures are advised:

- NRL gloves will only be worn where exposure prone procedures are carried out
- Where NRL gloves are required to be worn, only powder free gloves will be provided
- Where NRL gloves are required to be worn, only gloves with a level of leachable protein less than 50 ug/g will be purchased
- Vinyl/Nitrile gloves will be the first glove of choice
All members of staff identified as at risk of exposure to Latex will complete a Latex Allergy Assessment Questionnaire on joining the Trust

All staff will receive information regarding latex allergy and if they have a history of allergic conditions (eg asthma, hayfever, childhood eczema) will be advised to use an alternative gloves.

Good hand care will be promoted and that consideration is given regarding the type of soap purchased, use of antiseptic hand washes, quality of paper towels and provision of emollients.

Managers are responsible for appropriate staff training, to ensure correct gloves are used for the appropriate tasks. (Appendix II).

4. Management of members of staff who are allergic to Latex

- Recognise and identify members of staff who may be Latex Allergic
- Confirm diagnosis
- Provide appropriate gloves and equipment for those members of staff
- Provide healthcare advice
- Introduce preventative measures

5. Provision of appropriate gloves for Latex allergic staff

It is the Managers' responsibility to ensure that there are alternatives to Latex Gloves available for use to all health care workers who have been identified as being Latex Allergic.

<table>
<thead>
<tr>
<th>Examination Gloves for General Use</th>
<th>Vinyl (Premier)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination Gloves for High Risk situations (HIV, Hepatitis B, Hepatitis C Exposure Prone Procedures) and for handling Glutaraldehyde only</td>
<td>Vinyl/Nitrile</td>
</tr>
<tr>
<td>Sterile Surgical Gloves</td>
<td>Various Biogel Neotach (Regent) Dermoprene (Ansell) etc</td>
</tr>
</tbody>
</table>

NB - Highly allergic individuals may react to trace amounts of Latex. Latex adsorbed onto starch powder in Gloves is a particular hazard, as inhalation may cause asthma or even anaphylaxis. Therefore only powder free gloves will be purchased

6. Provision of Healthcare advice for members of staff who are allergic to Latex

Individuals who are Latex allergic need advice to help protect them at all times. The Occupational Health Service is available to provide information as required

Latex Allergic individuals should be advised to avoid all sources of Latex including household gloves, balloons and condoms. They should be warned that some Latex allergic patients also react to ingestion of certain foodstuffs, eg, avocados, chestnuts, cashews. They should tell their GP and their Dentist that they are Latex allergic. Advice should also be given regarding the wearing of a medic-alert of equivalent.
GUIDELINES FOR THE MANAGEMENT OF POTENTIAL LATEX ALLERGIC PATIENTS

1. Management of patients at high risk of Latex Allergic

- Identify patients who may be allergic to Latex from their history and risk factors (occupation, history or atopy)
- Confirm diagnosis
- If insufficient time to arrange confirmatory tests, patients with a history that suggests latex allergy should be managed as Latex allergic.
- Patients should be identified clearly as latex allergic on identity bracelet, bed, all notes and operating list as appropriate.
- Place appropriate alerts on: casenotes, PAS, Sapphire
- Alert appropriate departments
- Provide appropriate management and Latex-free equipment according to the protocols of individual departments.
- Provide healthcare advice to the patient and their GP.

2. Requirements for dealing with patients at high risk of Latex Allergic

- Individual departments should ensure they can identify equipment, supplies and drugs which may be hazardous to Latex Allergic patients and source Latex-free alternatives.
- Patients should be cared for in a controlled environment, side-room if available, to minimize exposure to latex. All Latex-containing articles should be removed and the room should be cleaned by staff wearing Latex-free gloves.
- Latex-free equipment should be available:
  - Gloves
  - Drugs – discuss with drug information
  - Resuscitation Trolleys should be Latex-free
- Patients should be clearly identified – wrist bands, room, notes and documents
- Theatres, X-Ray and other departments should be given as much notice as possible
- Patients should, where possible, be first on the Theatre List
- All staff should be aware of signs, symptoms and treatment of allergic reactions
- Patients should be informed of diagnosis and significance of Latex Allergy.
- On transfer of patient, other Healthcare Workers should be informed of Latex Allergy.

3. Provision of Healthcare advice for patients who are allergic to Latex

Individuals who are Latex allergic need advice to help protect them at all times. They are particularly at risk during medical and dental procedures and should advise the medical staff that they have an allergy to Latex. The patient should be provided with relevant supporting information leaflets and the patient’s GP informed of risk of latex allergy.

Latex Allergic individuals must be advised to avoid all sources of Latex including household gloves, balloons and condoms. They should be warned that some Latex allergic patients also react to ingestion of certain foodstuffs, eg, avocados, chestnuts, cashews. They should tell their GP and their Dentist that they are Latex allergic. Advice should also be given regarding the wearing of a medic-alert or equivalent and the potential for seeking referral by their GP to a specialist for further investigation/diagnosis.
Annual Health Surveillance
Skin Check

It is the responsibility of all employees to co-operate with their employer and attend for Health Surveillance, as laid out in the Control of Substance Hazardous to Health Regulations (As Amended) 2002.

<table>
<thead>
<tr>
<th>Name: _____________________________</th>
<th>Sex: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB: ____________________________</td>
<td>National Insurance No: ______________</td>
</tr>
<tr>
<td>Address: __________________________</td>
<td>________________________________</td>
</tr>
<tr>
<td>Job: ____________________________</td>
<td>Ward/Dept: ______________________</td>
</tr>
<tr>
<td>Start Date: ______________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you suffer from any of the following if “Yes” please give further details</th>
<th>Yes</th>
<th>No</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin on hands red</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Itching hands</td>
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<tr>
<td>Rash on hands</td>
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<tr>
<td>Rash on hands</td>
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<tr>
<td>Dry, cracked skin on hands</td>
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<tr>
<td>Peeling skin on hands</td>
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<tr>
<td>Blisters</td>
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</tbody>
</table>

Do you consider your Skin Condition to be:

- Good
- Fair
- Poor

Please give details of any other skin conditions.

Manager Signature: ..........................................................

Name: (Please print) ..........................................................

Date: .......................................................... Review Date: ..........................................................

Please return the completed form to the Occupational Health Department, an appointment will be issued to the member of staff for further investigation, if required.

Official Use:

Further Action: ..........................................................

OHNA Signature .......................................................... Date: ..........................................................
Use of Personal Protective Equipment  
(Standard Principles for Preventing Hospital Acquired Infection - Section 3)

Gloves play a dual role:  

a) As a barrier for personal protection  
b) For the prevention of transmission of infection to patients

It is important to ensure that gloves fit correctly, poor fit can interfere with dexterity and sensitivity.

Friction may occur when tightly fitting gloves continuously rub against the skin causing damage to the upper layer of skin cells resulting in irritation.

Air occlusion can occur when gloves are worn for too long causing excessive sweating, a larger size may reduce this.

If any staff are allergic to latex they should use an alternative glove. The Occupational Health Department must be contacted:

- Gloves must be worn as a single use item and discarded after each care activity.
- Gloves should be regarded as clinical waste and disposed of accordingly.
- All gloves should be removed carefully to prevent contamination, and hands must always be thoroughly washed on each occasion.
**DO YOU NEED TO WEAR GLOVES?**

**GLOVE SELECTION/TYPPE OF ACTIVITY**

- **NON-STERILE SOFT VINYL**
  - Disposal of clinical waste
  - Disposal of contaminated linen
  - Disposal of contaminated instruments/sharps
  - Handling or processing of specimens
  - Contact with non-intact skin or mucous membranes
  - Patient care where there is a risk of exposure to blood/body fluids
  - Handling of cyto-toxic materials
  - Care of patients in isolation
  - Environmental cleaning with detergents and disinfectants

- **STERILE VINYL**
  - Aseptic procedures
  - Preparation of sterile pharmaceuticals.
  - Wound dressings

- **STERILE LATEX / LATEX-FREE SURGEONS GLOVES**
  - Gowned Sterile Surgical procedures
  - Post-mortem examinations/procedures
  - Surgical obstetric procedures
Due to prolonged and close contact, all latex gloves present a particular risk of skin sensitisation, but the risk is reduced in gloves with lower levels of latex protein and chemicals. Powdered gloves pose an additional risk, however the West Suffolk NHS Foundation Trust uses powder-free gloves only.

Your Employer’s Responsibility

Under the Control of Substances Hazardous to Health (Amendment) Regulations 2002 (COSHH), your employer must assess all the circumstances in which you may be exposed to latex. They have to decide how to either prevent, or put any necessary precautions in place to adequately control, any risks there might be. In practice, protective measures likely to be identified by a suitable and sufficient risk assessment may include one or more of the following:

- Implementing a general policy on latex use
- Limiting exposure by, for example, having a policy of not wearing gloves where there is no risk of infection, such as when making beds
- Ensuring that were gloves have to be worn as personal protective equipment non-latex gloves are available
- Following good hygiene practices, such as washing hands after removing gloves. Barrier creams should not be used in conjunction with latex gloves as they may increase the penetration of the allergens.

- Implementing a health surveillance programme including pre-employment screening for employees exposed to latex.
- Ensuring that the policy on latex covers the action needed to protect staff who are sensitised to latex.
- Ensuring that the policy on latex is brought to the attention of employees.

Compliance with COSHH should restrict the use of both powdered latex gloves and other latex gloves with a high leachable protein content, so far as is reasonably practicable.

If you have a problem

If your work exposes you to latex products and you have a problem, contact the Occupational Health and Wellbeing Service on 01284 713424 for advice.

Also see Policy No. PP195 Management of Latex Products.

Advice on the use of Latex
Introduction
Natural latex rubber is present in many medical and other products including latex gloves.

What is Latex?
Natural latex is produced by the *Hevea brasiliensis* tree. The cloudy liquid latex is collected by “tapping” the tree. It then goes through a complex manufacturing process, involving the addition of sulphur and other chemicals. Rubber is composed of natural proteins and added chemicals, some of which will be removed during washing procedures in the later stages of production.

Why is it used?
The final product is a durable, flexible material which gives a high degree of protection from many micro-organisms. Latex is often used in the manufacture of protective gloves. It currently provides the best protection against infection and gives the sensitivity and control needed in the health care field, eg, Operating Theatres/Endoscopy Unit.

Where is it used?
As well as being used for gloves, latex is found in a variety of products and medical devices used in the health care sector. These include:

- Intravenous tubing
- Stethoscopes
- Catheters

How can Latex harm you?
There has been a steady increase in the number of reported cases of asthma and skin complaints attributed to latex. There are a number of possible reasons for this, including:

- Increased awareness of the problem
- Increased use of latex gloves, following the introduction of universal precautions
- Increased use of other equipment containing latex, for example:
  - Catheters
  - Barium enema tips
  - Rubber bungs on medication vials

Latex exposure can lead to a number of health problems, including:

- **Irritation**
  - Symptoms include redness, soreness, dryness or cracking of the skin in areas exposed to latex. This type of reaction is not an allergic reaction. Once the irritant agent, eg latex has been identified and contact with it ceases, the symptoms will disappear and not recur.

- **Type I allergic reaction**
  - Symptoms include localised or generalised rash (urticaria or hives), inflammation of the mucous membranes in the nose (rhinitis), red and swollen eyes with discharge (conjunctivitis) and asthma-like symptoms.

  This is an allergic response to the extractable latex proteins and occurs almost immediately on contact. In rare cases it may result in a very severe reaction known as anaphylactic shock.

- **Type IV allergic reactions**
  - Symptoms include dermatitis and itching with oozing red blisters, which are usually localised to the hands and arms. These occur between 10-24 hours after exposure and can get worse over the next 72 hours. This is an allergic response to the chemical additives, known as accelerators, used in the manufacturing process.

  The amount of latex exposure needed to produce sensitisation is unknown. A substance which causes sensitisation is one which is capable of causing an allergic reaction in certain people. Once sensitisation has taken place, further exposure to the substance, even to the tiniest trace, will cause the symptoms to recur. Increasing the exposure to latex proteins increases the risk of developing allergic symptoms.

  Several types of synthetic rubber are incorrectly referred to as “latex”. Equipment, eg gloves, which is manufactured from these synthetic rubbers may also cause an allergic response in someone sensitised to the chemicals used in the manufacturing process.

  There are a number of different types of latex glove available where risk assessment identifies the need for latex gloves.