

LATEX POLICY

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DOCUMENT CONTROL

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| <p>Document objectives: This Policy aims to assist Somerset Partnership NHS Foundation Trust comply with its statutory obligations under The Control of Substances Hazardous to Health Regulations (COSHH) to assess the circumstances in which staff or others, such as patients could be exposed to natural rubber latex (NRL) within the organisation. In this regard Somerset Partnership NHS Foundation Trust actively supports a latex free environment where practicably possible.</p> | | | |
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1. INTRODUCTION

- 1.1 The Trust will aim to avoid exposure to latex for all workers, in order to prevent latex sensitisation of staff and patients where as far as reasonably practicable. Latex should be replaced with other products where there are practical alternatives. Where exposure to latex cannot be avoided and as part of the Control of Substances Hazardous to Health (COSHH) management process, managers must ensure risk assessments are undertaken for products containing latex. (This will be identifiable on the packaging). The risk assessment needs to include the risk to patients with latex allergy and other staff, the tasks being undertaken and exposures.
- 1.2 This policy outlines the Trust's duties under the Health and Safety at Work Act 1974, to protect employees from exposure to health hazards whilst at work and to ensure service users are not exposed to health risks while on NHS premises. This policy provides guidance on the identification and protection of people who may come into contact with latex products. In line with the Control of Substances Hazardous to Health Regulations (COSHH) the Trust is required to undertake a risk assessment of any hazardous substances.
- 1.3 Natural rubber latex (NRL) is a milky fluid obtained from the *Hevea brasiliensis* tree, which is widely grown in South East Asia, and other countries. NRL is an integral part of thousands of everyday consumer and healthcare items. NRL is a durable material composed of natural proteins and added chemical. NRL is present in gloves and may also be present in other devices.
- 1.4 As with many other natural products, natural rubber latex contains proteins to which some individuals may develop an allergy. Latex allergy results from a reaction to one or more of the components of NRL or residue from the manufacturing process. Allergic reactions can vary in severity from a localised allergic rash to rare cases of anaphylaxis.
- 1.5 NRL products can be found in a wide variety of products both in the workplace but also in many everyday products. Within a healthcare setting it is not just clinical staff that may be exposed to NRL products but also support, ancillary and admin staff as well as patients and visitors. Natural rubber is found in many thousands of consumer and medical products.
- 1.6 In the region of 1% to 6% of the general population is thought to be potentially sensitised to NRL although not all sensitised individuals develop symptoms.
- 1.7 The Trust is committed to maintaining a latex light workplace, ensuring where possible, all healthcare products (e.g. gloves) are latex free. As a result of this commitment the Trust has moved wholly to nitrile or vinyl glove usage.
- 1.8 The Trust will carry out assessments on the likely harm occurring from exposure to latex products in line with COSHH. Based on these assessments, appropriate control measures and safe working practices should be in place across the Trust's activities to ensure the risk of harm is as low as is reasonably practicable. Employees will be informed of the steps that are deemed necessary to protect themselves, other colleagues, or patients with a known allergy to natural rubber latex.

2. PURPOSE & SCOPE

- 2.1 The purpose of this Policy is to inform staff of the issues relevant to natural rubber latex (NRL) including the risk of sensitisation and allergic reactions which may occur in some individuals using or being exposed to NRL products, particularly gloves, in the workplace setting.
- 2.2 This document applies to all Somerset Partnership NHS Foundation Trust managed services. The main items discussed include:
- how to minimise the risks to staff and patients by reducing the use of latex products and in particular, ensuring that where latex gloves are used, they are non-powdered low protein latex and therefore subject to risk assessment;
 - raising awareness of the effects of latex sensitisation on the individual;
 - the introduction of an appropriate system to identify, assess and manage staff and patients' sensitivity to latex;
 - promoting good practice and appropriate glove usage through increased knowledge of risks;
 - identifying appropriate glove types required for specific procedures and situations; and
 - outlining a reporting system for adverse reactions and patient safety incidents.

3. DUTIES AND RESPONSIBILITIES

3.1 Chief Executive and Trust Board

- the Chief Executive is ultimately responsible for health and safety within the Trust. This responsibility is delegated within the organisation. The Chief Executive will ensure a risk management structure is in place, and sufficient resources available to enable this policy to be implemented.

3.2 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. (Please refer to Trust Health Surveillance Policy.)

3.3 Heads of Division

- ensure departmental managers are aware of this policy 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.

3.4 Ward Managers/Matrons – have a responsibility to ensure that:

- NRL gloves are only used where risk assessment indicates that there is **no** suitable alternative

- only powder free gloves that have low levels of extractable protein are purchased
- staff are aware of the risk of latex allergy and the need to report any adverse reaction
- the Trust appointed Occupational Health Department (SERCO) are informed of employees.

3.5 **All Employees:** Having been provided with the necessary information, instruction and training, each employee is responsible for:

- co-operating with managers regarding the implementation of the Policy
- complying with local policies and 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 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, involving themselves and/or patients in their care, are reported:
 1. Via the Datix Risk Management reporting system.
 2. To their manager.
 3. To the Occupational Health Service (SERCO).

3.6 **The Occupational Health Department (Working on Wellbeing) has a responsibility to:**

- conduct pre placement medical assessment 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.
- maintain a suitable annual health questionnaire for latex health surveillance for use by managers.
- assess staff in the following circumstances:
 1. At pre- placement if a potential latex sensitivity is identified;
 2. When annual surveillance by the manager produces a positive response;
 3. Any time that staff report a reaction that they relate to the use of latex gloves; this is via either a management referral;
- provide annual health surveillance for all staff with an identified allergy to NRL.
- provide advice to staff with regard to latex sensitivity.
- maintain a register of staff with an identified sensitivity to latex.
- inform the Trust Risk Management team of cases of diagnosed latex allergy to facilitate reporting to the Health and Safety Executive with appropriate informed consent from the employee.

- 3.6.1 For staff known to be sensitised to NRL and those considered to be at high risk of developing sensitisation, a higher level of health surveillance including periodic clinical assessment by an occupational health physician or nurse would normally be deemed appropriate (Appendix A)

3.7 **The Risk Team**

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The Risk Team will monitor incident reporting with a view to identifying systematic problems or high incidences of allergic reactions in specific locations or groups and will:

- Provide advice and support where necessary.
- Support staff to undertake risk assessment if there are significant safety issues or a local assessment reveals advanced issues which require more complex solutions.
- Liaise with the Medical Devices and Resuscitation Working Groups and procurement to ensure that a range of products are available across the organisation.
- Provide suitable and reasonable recommendations to managers to reduce the risk of ill health to the lowest level reasonably practicable.

3.8 **The Procurement Team**

- assist managers to identify suitable products when staff are allergic to latex and have been advised by Occupational Health to avoid latex contact.
- assist managers to identify suitable accelerator free gloves, when staff are allergic to rubber accelerators and have been advised by Occupational Health to avoid contact.
- ensure that only powder free/vinyl or nitrile gloves are purchased.

3.9 **Medical Devices Group**

- assessment of non-stock items is the responsibility of the Medical Devices Implementation Group and the Resuscitation Working Group within Somerset Partnership NHS Foundation Trust reporting to the Health and Safety Group.

4. **EXPLANATIONS OF TERMS USED**

- 4.1 **Risk Groups:** Individuals who maybe at increased risk of having an allergy to NRL, which includes the following;

- healthcare workers (some studies have reported that up to 17% are at risk of reactions to NRL)
- individuals undergoing multiple surgical procedures (some studies reported that up to 65% of Spina Bifida children are sensitised to NRL)
- individuals with a history of certain food allergies, such as banana, avocado, kiwi and chestnut

- individuals with atopic allergic disease (estimated at some 30-40% of the UK population)
- individuals undergoing regular urinary catheter changes;
- individuals exposed to NRL on a regular basis e.g. workers in the car mechanics, catering and electronic trades;
- individuals exposed to other allergens.

4.2 **Allergy Types:** There are two types of allergy related to natural rubber latex, one caused by the natural proteins, the other by chemicals that are used to convert the NRL to a usable item. They are respectively called Type 1 and Type IV allergy.

Some people may experience an irritant reaction when using products made from NRL, which is known as irritant contact dermatitis. **This is not however a true 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 and symptoms of allergy. These allergies are classified as either Type I or Type IV.

4.2.1 **Type 1 Allergy:** (immediate hypersensitivity reactions) occur to the extractable latex proteins in natural rubber latex (NRL). Presentation is rapid and symptoms occur within 5 – 10 minutes:

- Urticaria (hives) on the skin
- Runny nose, runny and red eyes
- Wheezing/asthma
- Anaphylaxis.

The respiratory symptoms are much less common than skin symptoms.

Type IV (allergic contact dermatitis) reactions are commonly to the accelerators used in the manufacturing process (thiurams, carbamates and benzothiazoles) although type IV sensitivity to latex itself has been reported. Symptoms develop 12 – 24 hours after exposure:

- red/dry cracked skin;
- Itching;
- blisters.

4.3 **Powdered Gloves:** Disposable gloves which are coated in powder to assist application. NRL allergens attach to corn starch used in powdered gloves. This powder acts as a vehicle making the NRL proteins airborne when these gloves are used, enabling the allergens to be inhaled. This means that NRL allergic individuals may experience symptoms of an allergic reaction, by being in a room where powdered NRL gloves are used even though they are not in contact with these gloves directly.

Vinyl Gloves/Nitrile Gloves: Due to the increasing rate of latex allergy among health professionals, and in the general population, gloves made of non-latex materials such as vinyl, nitrile rubber, or neoprene have become widely used

Nitrile rubber is more resistant than natural rubber to oils and acids, but has inferior strength and flexibility. Nitrile gloves are nonetheless three times more puncture-resistant than NRL gloves (Please refer to Trust Hand Hygiene Policy).

4.4 **Health record:** In this policy this refers to a health record required by the Control of Substances Hazardous to Health Regulations to record the results of health surveillance. This is a record held by an employer. The term should not be confused with a confidential health record created by a health professional.

4.5 **Health surveillance:** A procedure to detect any adverse health effects from exposure to hazardous substances at work.

4.6 **Accelerators:** Chemicals added during the processing of latex rubber.

5. RISK FACTORS

5.1 Glove usage

Gloves have been the single most widely used device containing natural rubber latex. As a result of the risk this poses the Trust has moved wholly to nitrile or vinyl glove usage (Please refer to Trust Hand Hygiene Policy for further information).

5.2 Natural Rubber Latex

5.2.1 NRL is a widely-used and cost-effective material, which for the majority of the population is not a clinical risk. The importance of risk-assessment is to make an informed decision as to whether an alternative is effective for the task.

There are many medical and consumer products that contain natural rubber latex. Healthcare providers must ensure that latex-free medical supplies are available for use on or by sensitised individuals.

Here are some examples of products that may contain natural rubber latex:

Medical Equipment

- examination and surgical gloves;
- oral and nasal airways;
- endotracheal tubes;
- intravenous tubing;
- urinary catheters;
- surgical masks;
- injection ports;
- bungs and needle sheaths on medicines;
- wound drains;
- dental dams;
- anaesthesia masks;
- blood pressure cuffs;
- syringes;
- stethoscopes;

- tourniquets;
- electrode pads;
- erasers;
- rubber bands;
- balloons;
- condoms;
- contraceptive cap;
- baby teats;
- hot water bottles;
- stress balls;
- sports equipment (e.g. hand grips and gym mats);
- swimming cap and goggles;
- washing up gloves;
- carpets;
- adhesives;
- tyres;
- underwear elastic;
- shoe soles;
- calculator/remote control buttons;
- dry rubber.

6. RISK ASSESSMENT

6.1 The main findings of a risk assessment should be recorded. This will also help to inform, educate and instruct employees on the risks and appropriate control measures for natural rubber latex.

6.2 The organisation has in place systems for ensuring staff or patients with known latex allergies can work or be treated in a latex safe environment.

6.3 The HSE recommends that risk assessment focuses responsibility on specific staff groups and departments and this has been addressed under the following headings:

6.3.1 **Community Hospital Outpatient Departments** - key issues for staff include:

- needing to manage NRL sensitive patients which may be either known in advance or previously undiagnosed;
- having a statutory responsibility to reduce risk of sensitisation for themselves, their colleagues and their patients;
- staff ensuring that they are familiar with the COSHH Policy and the Latex Policy to ensure that they know the action to be taken to protect staff who are allergic to NRL and to protect patients who are at risk.

Specific risk assessments should be undertaken:

- Within the department and this includes following locally developed protocols which describe the management of NRL allergy.

Controls should include:

- Patient diagnosis and communication which means that if screening establishes that the patient maybe NRL allergic to ensure their safety an accurate diagnosis made by an appropriate diagnostician. This must be an urgent referral by the outpatient service or the patient's general practitioner (Appendix 2).
- Impressing upon referring clinicians the importance of releasing this information to other clinical teams so that standard NRL equipment can be replaced with designated NRL free equipment for use on sensitised patients instead and allergic reactions avoided.
- An Occupational Health Department/Health and Safety reporting mechanism for staff in post. If any employee suspects that they may be NRL allergic they must seek a referral to a dermatologist or immunologist via their General Practitioner or Occupational Health Department.
- If an employee is found to be latex sensitive then the work environment will need to be adapted to avoid unnecessary exposure to NRL (refer to IG022 Hand Hygiene Policy)
- A named responsible person for managing health and safety

6.3.2 Minor Injuries Units - key issues for staff include:

- Managing NRL sensitive patients who may be known either in advance or previously undiagnosed.
- Managing an emergency situation where there is very little time to plan ahead and circumstances where it may be difficult to ascertain whether they are dealing with an NRL sensitive patient.
- Ensuring that all equipment containing NRL is replaced with NRL free alternatives as standard.
- Taking care with procedures that involve contact with mucosal or serosal skins surfaces (rapid absorption of NRL allergen) or administering parenteral medication.
- having a statutory responsibility to reduce risk of sensitisation for themselves, their colleagues and their patients.
- staff ensuring that they are familiar with the COSHH Policy and the Latex Policy to ensure that they know the action to be taken to protect staff who are allergic to NRL and to protect patients who are at risk

Specific risk assessments should be undertaken:

- within the department and this includes following locally developed protocols which describe the management of NRL allergy.
- emergency medical and resuscitation equipment should be NRL free as it is important to be prepared to treat severe allergic reactions and provide emergency care to sensitised patients with NRL free equipment as far as possible – ensure that an NRL free produce list is available in areas of emergency treatment.

- ensure that NRL free emergency equipment and medicines are readily available to treat any allergic reaction to severe reactions including anaphylaxis and that all staff are trained in resuscitation techniques

Controls should include:

- access to a database naming specialty specific products which do and do not contain NRL which is regularly up date and specific for each department due to the range of possible products used.
- minimisation of purchase of NRL containing products and the need to check with manufacturers – possibly labelled.
- a department NRL free trolley or box for use with sensitised patients.

6.3.3 Inpatient Services: key issues for all staff include:

- needing to manage sensitised patients
- having a statutory responsibility to reduce risk of sensitisation for themselves, their colleagues and their patients
- all ward staff including nurses, students, support staff, receptionists must ensure that they are familiar with the COSHH Policy and the Latex Policy to ensure that they know the action to be taken to protect staff who are allergic to NRL and to protect patients who are allergic to NRL (Appendix C)

Specific risk assessments should be undertaken:

- within each ward/department and this includes following locally developed protocols which describe the management of NRL allergy

Controls should include:

- access to a database naming specialty specific products which do and do not contain NRL which is regularly up dated and specific for each department due to the range of possible products used.
- minimisation of purchase of NRL containing products and the need to check with manufacturers – possibly labelled.
- a local or shared NRL free trolley or box for use with sensitised patients – Appendix B – Wards and Departments Preparation for a sensitised patient.
- an Occupational Health Department/Health and Safety reporting mechanism for effective identification and monitoring of staff in post.
- synthetic gloves for all staff and patients.
- access to Trust Hand Hygiene Policy.
- posters for staff and patient information, clearly displayed and on file
- a named responsible person for managing health and safety.
- to be included in the handover at the beginning of each shift for all ward staff and including catering/domestic/housekeeping staff each day

6.3.4 **Perioperative environment/Operating theatres (Minehead and West Mendip Community Hospitals) – key issues for all staff include:**

- needing to manage sensitised patients
- having a statutory responsibility to reduce risk of sensitisation for themselves, their colleagues and patients.
- specific risk assessments should be undertaken.
- within the department and this includes following locally developed protocols which describe the management of NRL allergy

Controls should include:

- ensuring that patient assessment is undertaken in the outpatient or pre-assessment unit prior to all elective surgery using a screening tool to identify at risk individuals. Ideally the General Practitioner will have informed the surgeon of the patient's sensitisation in the initial referral letter
- the sensitised patient, wherever possible, be first on the operating list.
- the anaesthetist and relevant theatre staff being notified in sufficient time in advance of surgery so that effective preparation can take place
- managing the air changes to reduce any aerosolized NRL proteins in the atmosphere
- safety briefing communication to staff in the vicinity of theatre as they should be warned of the patient status.
- access to a database naming speciality specific products which do and do not contain NRL, which is regularly up dated, and specific for each department due to the range of possible products used
- minimisation of purchase of NRL containing products and the need to check with manufacturers – possibly labelled.
- a local or shared NRL free trolley or box for use with sensitised patients.
- an Occupational Health Department/Health and Safety reporting mechanism for effective identification and monitoring of staff in post
- access to Trust Hand Hygiene Policy
- posters for staff and patient information, clearly displayed and on file
- a named responsible person for managing health and safety

6.3.5 **Catering/Domestic/Housekeeping/Facilities - key issues for staff include:**

- situations where staff inappropriately use natural rubber latex gloves in the catering department they are at an increased risk of developing NRL allergy through the repeated used of NRL gloves
- having a statutory responsibility to reduce risk of sensitisation for themselves, their colleagues and consumers
- Catering/Domestic/Housekeeping/Facilities staff ensuring that they are familiar with the COSHH Policy and the Latex Policy to ensure that they know the action to be taken to protect staff who are allergic to NRL and to protect patients who are allergic to NRL

Specific risk assessments should be undertaken:

- within each department and this includes following locally developed protocols which describe the management of NRL allergy

Controls should include:

- minimisation of purchase of NRL containing products and the need to check with manufacturers – possibly labelled.
- a named responsible person for managing health and safety.
- natural rubber latex gloves are **not required** in catering or housekeeping environments as there are synthetic alternatives which will give an equally effective barrier.
- glove colour protocols for each type of cleaning or activity.
- thorough hand washing to ensure good hygiene and keeping hands in good condition is important. Special circumstances apply for some foodstuffs – refer to Trust Hand Hygiene Policy.
- ensuring that gloves used in contact with food meet the regulations for materials in contact with foodstuffs.

6.4 Staff should also be aware that:

- if a patient has a confirmed NRL allergy diagnosis this must be recorded within the patient's medical notes and multidisciplinary health record. Medical notes must be labelled clearly using warning labels. Patients must have an allergy wristband
- if staff are identified as sensitised to NRL the occupational health department must work with the senior member of staff in the department to undertake a risk assessment to ensure that the working environment is safe to the continuing employment
- risk minimisation and education of staff is an important element to working safely
- particularly for domestic/housekeeping staff that they must be informed by the nurse in charge that there may be NRL allergic patients in wards and departments
- procurement guidance should only support powder – free/Vinyl/Nitrile glove use and wherever possible NRL free equipment
- a screening questionnaire for determining the allergic status of patients/clients should be utilised
- patient and staff information should be clearly displayed and on file.
- there is an Occupational Health surveillance programme, which includes pre-employment screening
- Somerset Partnership NHS Foundation Trust have a NRL – free Resuscitation Policy which means all products must be NRL free.

7. TRAINING REQUIREMENTS

- 7.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

8. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has

identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

9. MONITORING COMPLIANCE AND EFFECTIVENESS

Outline the organisation's process to monitor compliance of all procedural documents.

9.1 Process for Monitoring Compliance

- Monitoring of reported incidents and compliance with local protocols through incident reporting
- Data will be included in the Annual Occupational Health Report

10. COUNTER FRAUD

10.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

11. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

11.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

| | |
|-----------------|---|
| Regulation 10: | Dignity and respect |
| Regulation 12: | Safe care and treatment |
| Regulation 15: | Premises and equipment |
| Regulation 16: | Receiving and acting on complaints |
| Regulation 17: | Good governance |
| Regulation 19: | Fit and proper persons employed |
| Regulation 20: | Duty of candour |
| Regulation 20A: | Requirement as to display of performance assessments. |

11.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

| | |
|----------------|---------------------------------|
| Regulation 18: | Notification of other incidents |
|----------------|---------------------------------|

11.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Relevant National Requirements

Health and Safety At Work (1974)

Control of Substances Hazardous to Health Regulations (2002)

12. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

12.1 References

The Control of Substances Hazardous to Health Regulations 2002 (as amended) Approved Code of Practice and guidance, L5, 2005, HSE Books, ISBN 978 0 7176 2981 7, <http://www.hse.gov.uk/pubns/priced/l5.pdf>

Latex Allergies, Health & Safety Executive website
<http://www.hse.gov.uk/skin/employ/latex.htm>

Latex and You, INDG320, Health & Safety Executive, 2006
<http://www.hse.gov.uk/pubns/indg320.pdf>

Managing Health at Work, PIN Guidelines, Section 10 Glove Selection, 2005
<http://www.sehd.scot.nhs.uk/psu/documents/Glove%20Selection%20Section%2010.pdf>

Asthmagen? Critical Assessments of the Evidence for Agents Implicated in Occupational Asthma, 1997 www.hse.gov.uk/asthma/asthmagen.pdf

Biological agents: Managing the risks in laboratories and healthcare premises, Health & Safety Executive, 2005
<http://www.hse.gov.uk/biosafety/biologagents.pdf>

Blood-borne viruses in the workplace: Guidance for employers and employees, Health & Safety Executive, 2001 <http://www.hse.gov.uk/pubns/indg342.pdf>

Latex Allergy – Occupational Aspects of Management – A National Guideline, Royal College of Physicians and NHS Plus, 2008, ISBN 978-1-86016-331 9
<http://www.library.nhs.uk/skin/ViewResource.aspx?resID=286773>

RCN guidance for health care staff on glove use and the prevention of contact dermatitis
http://www.rcn.org.uk/_data/assets/pdf_file/0003/450507/RCNguidance_glove_sdermatitis_WEB2.pdf

Additional resources are available via the HSE weblink

Acknowledgements

Taunton and Somerset NHS Foundation Trust
NHS Forth Valley

12.3 Cross reference to other procedural documents

Development & Management of Organisation-wide Procedural Documents
Policy and Guidance

Hand Hygiene Policy

Health and Safety Policy

Learning Development and Mandatory Training Policy

Medical Devices Policy

Record Keeping and Records Management Policy

Resuscitation Policy

Risk Management Policy and Procedure

Staff Mandatory Training Matrix (Training Needs Analysis)

Training Prospectus

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

13. APPENDICES

13.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A Natural Rubber Latex: Managing Sensitised Staff

Appendix B Natural Rubber Latex Allergy Patient Screening Questionnaire

Appendix C Ward and Departments Preparation for a Sensitised Patient

Appendix D Occupational Skin Disease

APPENDIX A

LATEX ADVICE

FOR HEALTH CARE WORKERS IN ENGLAND INCLUDING THOSE WITH PROVEN OR STRONGLY SUSPECTED LATEX ALLERGY

WHAT IS LATEX?

Latex is the fluid contained in tissue beneath the bark of the rubber tree, *Hevea Brasiliensis*. It is used to make latex rubber which is in turn used to manufacture many products used in the home (eg balloons, elastic bands, condoms) and in health care, eg urinary catheters, venepuncture equipment and, in particular, latex gloves.

WHY SHOULD EXPOSURE TO LATEX BE REDUCED?

Some individuals may become sensitised to latex proteins (ie have skin test reactions or specific IgE antibodies to natural rubber latex) and some but not all may develop Type 1 (immediate hypersensitivity reaction) latex allergy symptoms.

CONTROL OF LATEX EXPOSURE

Employers should aim to minimise the exposure to latex where practical alternatives exist. The most important occupational risk factor for latex sensitisation is the use of powdered latex gloves. Powdering gloves increases the risk of allergy as they have a higher latex allergen content than powder free. The cornstarch particles added to gloves as the donning agent have been shown to carry latex particles when airborne. Some manufacturers use a washing method during manufacture to reduce the protein content of the gloves and reduce the stickiness of the material, avoiding the need to powder gloves treated in this way. The risks to employees can be minimised by eliminating latex products where possible and ensuring powder free and low protein glove products are provided where latex gloves are in use. Research evidence does not support a complete ban on the use of latex gloves. Risk assessments should be undertaken by managers to identify whether latex free or powder free and low protein gloves are suitable. The risk assessment needs to include the risk to patients with latex allergy and other staff, the tasks being undertaken and exposures. Alternatives to latex gloves may have other associated problems, particularly barrier integrity after use, user satisfaction, barrier effectiveness and other possible allergic reactions.

Latex gloves should only be used when this is essential, and when the employer has not identified an effective alternative product. If latex gloves are used only powder free and low protein gloves should be provided. Both latex and non latex gloves should be changed after 2 to 3 hours of use as the barrier properties become compromised with extended use.

WHY SHOULD I USE POWDER FREE AND LOW PROTEIN LATEX GLOVES?

Using powder-free and low protein gloves is a proven effective method of reducing the incidence of latex allergy and latex induced asthma; indeed, no reports of new cases of latex allergy arising from non powdered low protein latex gloves use have been reported

WHAT ARE THE SYMPTOMS OF TYPE 1 LATEX ALLERGY?

Symptoms can include contact urticaria, itching of the skin and eyes, sneezing, bronchospasm and asthma and rarely, anaphylaxis with direct skin contact with latex or

inhalation of powder from powdered latex gloves. Presentation is rapid and symptoms occur within 5 to 10 minutes. Respiratory symptoms are much less common than skin symptoms. Once allergic, exposure will always cause a response by the immune system and symptoms of allergy. Individuals most at risk are those with allergies to banana, avocado, kiwi and chestnuts, individuals with atopic allergic disease and multiple surgical procedures. Rarely, type IV sensitivity have also been reported to latex itself. If you experience severe symptoms after latex contact you should seek immediate medical attention

ARE THERE ANY OTHER ALLERGIES ASSOCIATED WITH LATEX GLOVES?

Various chemicals are added during the processing of latex gloves. These are termed accelerators (thiurams, carbamates and benzothiazoles), and allergic reactions can also occur from contact with these chemicals as well as latex. Different brands of gloves may contain different accelerators. These allergic reactions are usually Type IV (allergic contact dermatitis). Rarely, type IV sensitivity have also been reported to latex itself.

WHAT ARE THE SYMPTOMS OF TYPE IV ALLERGY?

It is more common and symptoms develop 12 – 24 hours after exposure and can cause red, dry and cracked skin with itching and blisters. The symptoms can be managed by identifying the causative chemical and selecting gloves (both latex and non latex) with different accelerators. Rarely, type IV sensitivity have also been reported to latex itself.

HOW SHOULD MY MANAGER CONTROL LATEX EXPOSURE AT WORK?

Your manager should undertake a risk assessment of the work area. Exposure to latex should be minimised as far as reasonably practicable by using non latex products including gloves whenever practicable. If there are no suitable latex free alternatives for a work activity, then only low protein latex free gloves should be provided. Managers should ensure that all their employees who are actually or potentially exposed to latex have received suitable and sufficient training in the prevention and management of latex allergy including the process for reporting any issues. The manager should also ensure that all employees exposed to latex have annual health surveillance and that a health record is maintained. Any staff with latex sensitisation or allergy should be referred to occupational health and be provided with latex free products.

WHAT SHOULD YOU DO AT WORK IF YOU ARE POSSIBLY OR ALLERGIC TO LATEX?

Tell your manager straight away if you have actual or possible latex sensitisation or allergy. Individuals with latex allergy or sensitisation should use latex free gloves and should avoid contact with latex. You should be referred to occupational health for advice. If you have been assessed by Occupational Health they will write to your manager with your consent to advise that you should not have contact with latex gloves or other latex products that may affect you and any other adaptations that may be necessary. Your manager should provide you with latex free products.

SHOULD YOUR WORK COLLEAGUES STOP USING LATEX GLOVES?

Evidence shows that in employees with latex induced asthma or rhinitis that are using non latex gloves, the use of powder free and low protein gloves by their colleagues reduces the symptoms in the affected employee to a similar level as colleagues using latex free gloves.

WILL YOU HAVE TO CHANGE YOUR JOB OR STOP WORK?

All but the most severe cases of latex allergy and latex induced asthma can be managed without the need for redeployment, ill health retirement or termination of employment.

Adjustments include careful personal avoidance of latex at work and home and minor changes in the workplace. .

WHAT ELSE SHOULD YOU DO IF DIAGNOSED WITH LATEX SENSITIVITY OR ALLERGY?

- Avoid contact with latex containing products. So called “dipped” latex rubber products are most likely to affect you. These are usually soft rubber items such as gloves, condoms or balloons. “Dry” or solid latex rubber containing items are less of a problem and you may not react to them because the rubber has been processed in a different way and has much lower potential to cause reactions. See the lists below for items which may contain latex
- Tell your GP and make sure the information is recorded in your GP notes. Some people who are at risk of very severe reactions to latex may be advised to carry an adrenaline injection for emergency use. This is rarely required, but if you think you may need to do this do discuss this with your GP or other doctors you have seen about your allergy (eg a dermatologist or immunologist).
- Tell any doctor, dentist or other health care professional treating you or beautician or hairdresser that you are sensitive or allergic to latex and ensure they do not touch you with latex containing gloves or other latex products.
- Consider getting a medical alert bracelet to identify you as suffering with latex allergy should you need urgent medical attention. This should help to ensure that those treating you are aware of your allergy and use latex free products.

WHERE CAN YOU GET MORE INFORMATION FROM?

Leaflet “Latex allergy. Occupational aspects of management. Summary leaflet for employees” Royal College of Physicians. www.rcplondon.ac.uk/resources/latex-allergy-guideline

Guidance leaflet from the British Association of Dermatologists about latex allergy

<http://www.bad.org.uk/site/1029/default.aspx>

Health and Safety Executive information about latex allergy.

<http://www.hse.gov.uk/latex/about.htm>

Latex allergy support group. Contains a lot of useful information and guidance.

<http://www.lasg.co.uk/>

NATURAL RUBBER LATEX ALLERGY PATIENT SCREENING QUESTIONNAIRE

- 1.1 When patients are first being assessed, whether in outpatients, assessment clinics, admission or prior to any intervention in clinical settings, it is important that their allergic status is determined as far as possible:

Initial Assessment

- Ask the patient if they have an allergy to any medicines, foods or other items
- If the patient states that they are allergic to any of the following, this should trigger additional questioning: balloons, contraceptives, rubber gloves, dental blocks, hot water bottles, erasers, rubber bands/balls, pillows, elastic dressing and bandages, elastic waistbands/underwear
- If the patient states that they are allergic to any of the following, this should trigger further questions; apples, avocados, bananas, celery, cherries, chestnuts, ficus (fig or related trees/plants), figs, grapes, kiwi, latex, mangoes, melons, passion fruit, peaches, pears, pistachios, potatoes, ragweed, strawberries, tomatoes = TREAT AS HIGH RISK = TYPE I

Further questions

- Ask the patient what symptoms they experience when they eat/touch the products listed above
- 1.2 If the patient states any of the following symptoms, further questions should be asked; breathlessness, skin redness, chapping or cracking of hands, swelling of lips or tongue, runny nose, congestion, itching = TREAT AS TYPE I

Assessment Conclusion

- 1.3 If the patient in addition to the responses to the questions above suffers from any of the following treat as a high risk individual:
- Contact dermatitis
 - Eczema
 - Asthma
 - Auto – Immune disease (Lupus etc)
 - Spina bifida
 - Multiple genitourinary surgery
 - Hay fever

= TREAT AS TYPE I

PREPARATION FOR A SENSITISED PATIENT

- 1.1** Managers are responsible for undertaking local risk assessments and having local protocols in place with respect to the management of NRL allergy.

Identification of High Risk Groups

- **Group 1** - History of anaphylaxis to NRL or positive skin prick test to latex (Type I)
- **Group 2** - History of allergy /sensitivity to NRL
 - itching, swelling, or redness after contact with rubber products
 - swelling of tongue or lips after dental examinations or blowing balloons
- **Group 3** – Group at risk without history of NRL sensitivity
 - repeated catheterisation
 - atopic nature/multiple allergies especially specific fruits e.g. banana, avocado, kiwi
- **Group 4** – Type IV chemical sensitivity

1.2 Management of Groups

- there should be a designated link person who is available for communication when a NRL patient presents
- there should be an NRL free box and information pack in each area;
- the link person (risk monitor) should be responsible for checking the contents of the NRL free box and restocking regularly
- refer to the content of the Latex Policy which states that wherever possible all products purchased for wards and departments should be NRL free

1.3 Identification of Patients with NRL

- Patients should be encouraged to disclose if they have an NRL allergy by being asked about allergies and rashes related to rubber and food allergies.
- Outpatient and Assessment Clinics
- this may be the first point of contact for a patient so it is important to identify NHL sensitive patients using a screening questionnaire (Appendix B)
- all staff should have an awareness of the implications of NRL allergy and the need to screen patients
- if a patient is identified as having an NRL allergy there should be an agreed procedure that all staff follow – this includes labelling the patient's records with an allergy sticker

1.4 Ward Preparation

- all staff need to be aware when a patient with NRL allergy is admitted
- All patients with NRL allergy to have a red wristband indicating the allergy
- all wards should keep a list of items in their area that contain NRL
- every ward should hold a stock of the NRL free items
- the patient should be nursed in a single room where all items of NRL have been removed
- a clear notice should be displayed on the door
- NRL free gloves and aprons should be by the door
- if the patient is to be nursed in an open ward precautions should be taken to ensure that there are no NRL items near the bed space

1.5 Action and Rational

- **Prior to admission, ward cubicle/bed space should be cleaned by staff wearing NRL-free gloves**
- To remove NRL proteins
- **All items containing NRL should be removed or, if not possible, covered with stockinette and secured with NRL-free tape**
- To prevent NRL from coming into contact with the patient
- **An NRL-free mattress and bed should be used**
- As above
- **Use NRL-free blood pressure cuffs and oximeter probes or cover with stockinette and NRL-free adhesive tape**
- As above
- **Aprons and NRL-free gloves should be by the door (not simply hypoallergenic gloves)**
- As above
- **Warning signs should be placed on doors, medical notes, prescription charts, observation charts and multidisciplinary health record**
- To alert staff and visitors
- **Use red wristband**

- To identify patient as having known NRL sensitivity
- **Ensure there are no elastic bands around the notes**
- To prevent exposure to NRL
- **NRL-free anti-embolism stockings**
- To prevent exposure to NRL
- **When preparing intravenous (IV) medication, use ampoules wherever possible, otherwise remove bungs before drawing up. Liaise with pharmacists for alternative medication/presentation**
- To avoid contamination of the medication with NRL proteins from the bung
- **NRL – free urinary catheters to be used**
- To prevent NRL from coming into contact with patient
- **Cover latex IV ports in giving sets (NRL-free are available)**
- Use three way taps in preference to ports if unsure whether the giving set contains NRL
- **If patient needs further investigations e.g. X-Ray, scan, ensure that department staff are informed of latex status of patient**
- **If patient is to have surgery, ensure theatre staff are informed of the patient's allergy**
- To enable theatre staff to plan and prepare theatre
- **Give patient information about Latex Allergy Support Group**
- To reduce the patients fears and feeling of isolation

1.6 Pre-operative Theatre Planning

The clinical team responsible for the patient must inform the theatre staff, the anaesthetist and ward staff of a patient with a known or suspected NRL allergy before admission to hospital. Staff/Teams need to know so that the necessary precautions can be taken.

Note: Any suspected allergic patient should be treated as 'NRL allergy at risk of anaphylaxis' within a completely NRL safe environment.

- the patient should be first on the operating list and the theatre prepared at least one hour in advance and this will reduce the number of NRL particles in the air
- the patient should be anaesthetised and recovered in theatre

- where it is not possible to remove, from the environment, items containing NRL or the content cannot be identified, these items should be covered and labelled
- the patient should be on a NRL free mattress/bed
- the number of staff in theatre should be limited
- all staff must follow the Hand Hygiene Policy
- the NRL free theatre trolley should contain everything that is required for the anaesthesia **and surgery and (if applicable) urinary catheterisation**

1.7 Anaesthesia

- the patient should have a red allergy bracelet clearly visible. The anaesthetic room is not suitable for the NRL allergic patient. The patient should be anaesthetised in theatre and if necessary also recovered there.

1.8 Ventilation and Airway Management

Patients undergoing day case surgery within Somerset Partnership managed Day Theatres, do so under local anaesthesia, but the following is included;-

- A new NRL-free anaesthetic breathing circuit and rebreathing bag should be used, the old one having been removed the night before surgery if possible. Anaesthetic filters should be used at the patient end of the circuit. A clear facemask should be used. The anaesthetic machine should be investigated and assured as being NRL-free. All other equipment should be checked for their NRL content and replaced or covered as appropriate.
- Remove any NRL bougies from the anaesthetic machine; the new one from the latex-free trolley should be used. New suction tubing and Yankauer suckers should be used. Laryngeal Mask Airways (LMAs) and Endotracheal Tubes (ET tubes) and associated equipment should be used only from the NRL-free trolley (new equipment, therefore uncontaminated).
- If gloves need to be worn for intubation, ensure that these are NRL-free. Some stethoscopes and sphygmomanometers have NRL tubing. These should be covered with stockinette and sealed with latex free tape.

1.9 Monitoring

ECG, blood pressure and invasive monitoring cables should be covered with camera covers and/or cotton tape and secured with NRL-free tape prior to use. The same equipment can follow the patient through to recovery. If there is any doubt about the NRL status of the BP cuff, a barrier should be put between it and the patient's skin ensuring that the leads do not touch the skin. ECG leads should not touch the skin if the NRL status is now known. Finger probes for pulse oximetry may contain NRL.

1.10 Intravenous Equipment

On the NRL-free trolley there is a section containing suitable intravenous cannulae, syringes, dressings and giving sets. Drugs in vials with rubber bungs should have the bung removed and the drug prepared in the vial.

BUNGS MUST NOT BE PIERCED. Some pre-filled syringes should not be used.

1.11 Regional/nerve block equipment

Suitable NRL-free equipment should be contained in a section of the NRL-free trolley/box.

1.12 Theatre

The status of each operating table should be identified. If there is any doubt or it is found to contain NRL it should be covered with a cotton sheet. If there is any doubt about props and supports or they are found to contain NRL, they should be covered with a pillowcase.

Trolleys where the NRL content cannot be determined and other unnecessary equipment should be removed from theatre. All NRL gloves should be removed from the scrub area or covered to prevent use. Use only NRL-free products, especially implants or products that come into contact with mucosa or viscera. Do not use rubber-covered clamps. Do not use rubber capillary tubing or slings.

Note: Pressure tubing must be checked as the washers may contain latex. In this instance, latex-free syringes must be used instead.

Image intensifiers can be used although they may have NRL components, which will not be problematic unless touched. A Mayo cover should be used to cover the C-arm, not the plastic image intensifier cover. NRL free image intensifier covers are available.

1.13 Recovery

If the patient is not to be recovered in theatre, a designated area should be prepared in recovery with all NRL equipment removed. A screen should be placed around the patient displaying 'Latex Allergic' signs.

All gloves containing latex should be removed from the area and replaced with NRL-free gloves. The NRL-free trolley should follow the patient through to recovery and only equipment from this should be used.

If required, ECG, BP and cables for invasive monitoring follow the patient through from theatre. If they are not compatible with recovery oximeters, pulse oximetry probes should be adapted or brought from theatres.

OCCUPATIONAL SKIN DISEASE

Somerset Partnership NHS Foundation Trust Guidance based on evidence from the British Occupational Health Research Foundation

Occupational skin disease is one of the commonest occupational diseases and occupational contact dermatitis is the most common occupational skin disease in developed countries, accounting for 70% to 90% of all reported cases of occupational skin disease. Occupational contact urticaria accounts for between 1% and 8% of reported cases of occupational skin disease.

Which conditions does this guidance cover?

This guidance covers the following three conditions:

Irritant occupational contact dermatitis

This is the commonest type of occupational contact dermatitis where agents have a direct toxic effect on the skin e.g. wet work, detergents, alkalis, solvents, friction

Allergic occupational contact dermatitis

Which involves a delayed or type IV hypersensitivity reaction to skin sensitizers such as epoxy resins, preservatives, etc. Allergic contact dermatitis often carries a worse prognosis than irritant contact dermatitis.

Occupational contact urticaria

Which can be divided into 2 broad categories: non-immunologic contact urticaria and immunologic contact urticaria that involves an immediate or type I hypersensitivity reaction, associated with the presence of specific immunoglobulin E. Contact urticaria is associated with proteins in food and latex gloves, especially in health care workers and with some low molecular weight agents.

What are the causes?

The most frequently and consistently reported agents include:

Irritant occupational contact dermatitis:

Alcohols, cutting oils and coolants, degreasers, disinfectants, petroleum products, soaps and cleaners, solvents and wet work. Physical irritants (e.g. friction and low humidity) can also cause or contribute to occupational dermatitis.

Allergic occupational contact dermatitis:

Cobalt, chromium and chromates, cosmetics and fragrances, epoxies, nickel, plants, preservatives and resins and acrylics.

Occupational contact urticaria:

Cow dander, food and animal products, flour and grains and natural rubber latex Occupational contact dermatitis can present at any stage in a worker's career or apprenticeship. There may be an increased risk within the first 3-12 months of any new employment.

Who is most at risk?

The workers reported to be at increased risk of developing occupational contact

dermatitis include hairdressers, beauticians, health care workers, cleaners, construction workers, cooks and caterers, mechanics, metalworkers and vehicle assemblers, chemical/petroleum plant operatives and agricultural workers. Those at greatest risk of developing occupational contact urticaria include bakers, farmers, health care workers and those preparing food.

How can they be prevented?

Employers are required by law to assess their workplace for known agents and the risk of exposure, which depends on how the substance is being handled. Exposure to causes should be reduced by elimination or substitution. Where this is not possible effective control of exposure at source should be implemented.

Appropriate gloves and cotton liners should be provided. They must be selected according to their chemical and physical resistance properties and their general suitability for the job tasks. The employer must ensure that workers understand how to wear, remove and replace them.

The occlusive effect of gloves may be detrimental to the skin barrier and cotton liner gloves can help prevent this impairment.

After-work or conditioning creams help to prevent the development of occupational contact dermatitis. They should be readily available in the workplace and their use. It is recommended that staff utilise hand creams within the home setting, thus ensuring that skin integrity is maintained at all times

Pre-work creams (barrier creams) are **not** generally effective. Their use should not be promoted as this may confer on workers a false sense of security and encourage them to be complacent in implementing more appropriate preventative measures.

Education All new and existing workers should be provided with appropriately targeted and sustained information and education in order to induce behavioural changes. They should be informed about the causes and the need to report symptoms as soon as they develop.

What should be done at the pre-placement stage?

A Health Practitioner should ask workers offered jobs that will expose them to causes of occupational contact dermatitis, if they have suffered dermatitis, especially in adulthood and occupational contact urticaria, if they have a personal history of atopy and advise them of their increased risk, and to care for and protect their skin

Should a Somerset Partnership NHS Foundation Trust manager be advised that a staff member is experiencing skin problems then they are to be referred to the Health and Wellbeing Service.

The Health and Wellbeing Service will take a full occupational history whenever a worker presents with a skin rash, asking about their job, the materials with which they work, the location of the rash and any temporal relationship with work.

Care must be taken to distinguish between occupational and non-occupational disease since the occupational management will differ. The work-relatedness of symptoms and signs and/or the presence of a rash on the hands only provide causes to suspect an occupational cause, and do not confirm an occupational causation.

Health practitioners and safety professionals should ensure that workers who develop dermatitis or urticaria are assessed promptly by a physician who has expertise in occupational skin disease for diagnosis and recommendations regarding appropriate workplace adjustments. The staff member maybe referred to a Consultant Dermatologist for patch testing.

The identification of any offending allergen by patch or prick tests is a major objective, since exclusion of an offending allergen from the environment can contribute to clinical recovery in the individual worker and avoidance of new cases of disease.

When any one employee develops confirmed occupational skin disease the workplace should be investigated for sources of exposure and other workers should be asked about symptoms. This is a RIDDOR reportable incident.

How should affected individuals be managed?

The pharmacological treatments for dermatitis and urticaria do not differ irrespective of whether the cause is occupational or non-occupational. This guide therefore only addresses the occupational management of affected individuals. Practitioners should encourage the worker to consult their general practitioner for treatment and to use any medication as prescribed.

Redeployment to a low exposure area or the introduction of exposure controls may lead to improvement or resolution of occupational contact dermatitis and urticaria in some workers (especially if the problem is picked up early and adequately reviewed while working in the new area), but is not always effective. Likewise, the enhanced use of gloves or protective clothing may improve or prevent symptoms in some but not all workers who continue to be exposed to the causative agent.

Conditioning creams can improve skin condition in workers who have developed occupational contact dermatitis. Likewise, appropriately targeted educational programmes have been shown to be effective in inducing important behavioural changes that help to improve outcome in those who have developed occupational contact dermatitis.

What is the outcome?

The prognosis of occupational contact dermatitis varies widely and, in some occupational settings, reasonable control of symptoms and job retention is possible. Similar proportions of staff report either improvement/complete resolution or ongoing symptoms. As many as about one in ten continue to have persistent or post-occupational contact dermatitis in the very long term, even after removal from exposure. Loss of job or complete change of employment is common among workers with occupational contact dermatitis; however, most manage to continue working in some capacity. There is little if any evidence related to the prognosis of occupational contact urticaria.

* Occupational Contact Dermatitis and Urticaria: Systematic review and recommendations. British Occupational Health Research Foundation. London March 2010