Ashford and St. Peter's Hospitals
NHS Foundation Trust

LATEX POLICY
Policy for the Management of Patients and Staff with a Latex Allergy

Compiled by: Non Clinical Risk Manager

Reviewed by: Health and Safety Committee

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Ratified by: Health and Safety Committee

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History

Issue	Date Issued	Brief Summary of Change	Approved by
1	Oct 2007	New policy	
2	Sep 2011	No longer relevant – use of latex gloves	Non Clinical Risk Committee
3	Jul 2012	Policy review	Health and Safety Committee
4	Jun 2017	Policy review	Health and Safety Committee
5	July 2020	Policy review: minor changes to names	Health and Safety Committee

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Policy Author	Non Clinical Risk Manager
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ASHFORD & ST PETER'S HOSPITALS NHS FOUNDATION TRUST

LATEX POLICY
Policy for the Management of Patients and Staff with a latex allergy

See also: **Health and Safety Policy**
Management and Use of Medical Devices Policy
COSHH Policy
Personal Protective Equipment Policy for the Reporting and Management of Incidents Risk Assessment Policy Glove Policy
Hand Hygiene Policy for Healthcare Workers

1. INTRODUCTION

1.1 The Health and Safety at Work Act 1974 places a general duty upon employers to keep employees and others (including patients) healthy and safe at work.

1.2 The Control of Substances Hazardous to Health Regulations 2002 asks employers to undertake an assessment of any substances used at work that are hazardous to health. Natural rubber latex is hazardous to health.

1.3 Latex is a commonly used material in a variety of products and equipment used in hospitals and at home. Latex has many benefits as it offers a high degree of sensitivity, strength and dexterity which is needed in healthcare. It also provides an effective barrier against infection. However, to protect patients and staff who are sensitised to latex, latex products will only be used within the Trust where a suitable alternative is not available.

1.4 As natural rubber latex is a potential asthmagen, health surveillance of staff who come into contact with latex is required. The extent and detail of the health surveillance should be related to the degree of risk identified during the COSHH Risk Assessment and determined in consultation with an occupational health professional.

1.5 The principle health risks associated with natural rubber latex are:

- Non-allergic dermatitis/irritation is caused by frequent hand-washing combined with soaps, detergents, occlusion by gloves and glove powder. It is a chemical irritation, not an allergy, and manifests itself as dry, crusty skin with bumps and horizontal cracks. A rash may occur on the backs of the hands, which is characteristically dry and itchy. It is usually reversible. But hand eczema and dermatitis are important risk factors for latex allergy as proteins can penetrate a broken epidermis more easily.

- Contact dermatitis (Type IV cell-mediated hypersensitivity) is due to sensitisation to proteins not removed or absorbed into gloves during manufacture. Lanolin and oils in cheap hand creams can also be allergens themselves or act as carriers. Eczema is seen under the area of glove contact and sometimes extends up the forearm. However this condition can mimic a non-allergic response and a referral to a dermatologist may be needed to diagnose this condition. It

is a delayed reaction, appearing hours or even days after contact with the allergen but then subsiding.

- Latex allergy (Type 1 immediate response hypersensitivity) is an immediate reaction, which can vary from local urticaria to systemic effects such as rhinitis, conjunctivitis, facial swelling, respiratory distress, asthma and anaphylaxis. It usually diminishes rapidly once contact with the rubber material has ceased.

2. PURPOSE

2.1 To minimise the risk of latex allergy in staff and patients by:

- Improving diagnosis and prevention of latex allergy
- Detailing the responsibilities of all staff in ensuring the effective management of latex risks
- Providing guidelines for staff on minimising and managing latex allergy problems
- Providing guidelines for the safe management of patients
- Educating and informing staff and raising awareness of latex allergy.

3. DUTIES

3.1 Managers

Managers will ensure that:

- Latex free gloves are used whenever suitable in accordance with the Trust glove policy
- General latex risk assessments are carried out with regard to work and clinical activities within their areas of responsibility.
- Staff are given adequate information, instruction and training to enable them to manage latex allergy and comply with this policy, including the need for incident reporting.
- There is annual surveillance of staff who have regular contact with latex to detect possible sensitivity.

3.2 Staff

Staff must:

- Be aware of the risks of latex - substitute, control or eliminate latex where appropriate
- Carry out Risk Assessment on the use of a latex containing product in line with the Trusts Risk Assessment Tool
- Be aware of and understand COSHH Regulations
- Ensure latex-free alternatives are available, but do not replace the risk of reaction to latex with another risk
- Report incidents involving allergic reactions to latex using the Trust's Incident Event Report form.
- Raise awareness about latex sensitivity amongst patients. Ensure latex sensitivity is discussed at pre-assessment clinic and is included in the patient information leaflets.
- Routinely question patients about previous reactions to latex based products (see Patient Latex Allergy Assessment Tool, Appendix 1).

- Follow the guidance on patient care for patients with known or suspected latex allergy.
- Check that disposable products are latex safe before using them for the patient. NB this includes checking packaging as well as the product itself.

3.3 **Supplies and Procurement Department**

- Assist clinical staff in acquiring information on the latex content/ safety of clinical supplies.
- Ensure staff are aware of, and have access to, safe and effective latex-free alternatives.

3.4 **Pharmacy**

- Ensure up to date information is available on the latex safety of pharmaceutical products.

3.5 **Product Strategy/Evaluation Groups**

- Obtain information from manufacturers on the latex safety/content of any new products to be evaluated by the Trust.
- Ensure that the introduction of latex-free alternatives do not replace the risk of reaction to latex with another risk

4. GUIDELINES FOR THE CARE OF PATIENTS

4.1 All admission procedures should include specific questions to identify possible or known sensitisation to latex (see Patient Latex Allergy Assessment Tool – Appendix 1).

4.2 All clinical staff should be aware of categories of patients who are at risk of latex allergy. These are:

- patients with diagnosed latex allergy.
- patients with self-reported history of type IV (delayed contact dermatitis) or type I (systemic) latex allergy symptoms.
- patients with spina bifida or who have had frequent latex catheterization.
- patients who have frequent medical or occupational exposure to latex and are at higher risk because of factors such as other allergies, previous unexplained prophylaxis, or allergic reaction to foods.

4.3 Patients with confirmed or suspected type IV or type I latex allergy must have a red “allergy” identity band attached to their wrist and medical notes must be marked with a “Stop Alert” sticker. Pharmacy requisitions and drug charts must also indicate that the patient is allergic to latex.

4.4 Patients with confirmed or suspected type IV latex allergy must not have any direct contact with latex products. Non-latex gloves must be used by staff attending them and any products coming into direct contact with their skin or mucous membranes must be latex safe (i.e. do not contain latex in either the product or the packaging). Signposting at the patient’s bedside must also indicate that they are allergic to latex (Appendix 2).

4.5 Patients with confirmed or suspected type I latex allergy should be admitted to a single room from which all equipment made of latex has been removed. All labels and packaging of equipment must be checked before they are taken into the patient's room to ensure they do not contain latex. Signposting on the door of the single room must indicate that the patient is allergic to latex (Appendix 2).

4.6 Patients with confirmed or suspected latex allergy should be scheduled first on the list if they are to undergo any operative or diagnostic procedures in line with the Anaesthetic local Policy and Procedure.

4.7 Other departments who are to care for the patient during their hospital stay must be informed by the ward staff of the patients confirmed or suspected latex allergy.

4.8 Provide a "Latex Free trolley" in areas that receive emergencies, such as A&E, and Theatres, to ensure ease of access to latex free items at short notice.

5. STAFF WITH A CONFIRMED OR SUSPECTED LATEX ALLERGY

5.1 Staff with a confirmed or suspected latex allergy should:

- Not have any direct skin contact with latex products in the workplace
- Seek guidance from managers and Occupational Health if they suspect symptoms of a possible latex allergy.
- Be aware of the risks of latex – substitute, control or reduce latex where appropriate.
- Be aware of the COSHH regulations.
- Report incidents involving allergic reactions to latex using the Trust's Incident Event Report form.

5.2 Managers of staff with a confirmed or suspected latex allergy must:

- Refer staff with dermatitis or symptoms of latex allergy to Occupational Health.
- Following advice from Occupational Health and implement recommendations where reasonably practicable.
- Ensure staff are aware of, and where possible have access to, safe and effective latex-free alternatives.
- Report incidents involving allergic reactions to latex using the Trust's incident event report form.
- Raise awareness about latex sensitivity amongst staff.
- Ensure that latex-free alternatives do not replace the risk of reaction to latex with another known risk.
- Carry out Risk Assessment on the use of a latex containing product in line with the Trusts Risk Assessment Tool.
- Ensure the Occupational Health, Health Surveillance Skin Questionnaire is completed as part of the annual staff appraisal process.

5.3 Occupational Health will:

- Provide specialist advice and support to staff, and provide appropriate advice on recommendations
- Advise the manager on appropriate adjustments that may be made, and, with the individual's permission to discuss the re-organisation of work in the rare event where this would be necessary.
- Raise awareness about latex sensitivity amongst staff

- Where appropriate carry out individual risk assessments and advise, the member of staff and relevant Manager on recommendations.
- Maintain Occupational Health clinical records.

5.4 Training Department will:

- Ensure there is available training which raises awareness about latex sensitivity amongst staff.
- Ensure the information leaflet on latex allergy is included in the Trust staff induction pack.

5.5 Human Resources Department will:

- Provide advice and guidance to managers and staff on re-organisation of work or relocation under Sickness Absence Policy for any member of staff found to have confirmed a latex allergy

6. GUIDELINES FOR STAFF

To safeguard themselves against the development of latex allergy staff should:

- Only wear gloves for procedures as recommended in the Infection Control Policies or the housekeeping protocols.
- Vinyl or nitrile gloves are the preferred product.
- Remove gloves as soon as the procedure is completed.
- Wash hands using soap and water after removal of gloves.
- Dry hands well, paying particular attention to the area under a wedding ring.
- Avoid the use of hand disinfection solutions e.g. Hibiscrub/Betadine, except when scrubbing for surgery or as recommended in the Infection Control Policies for invasive procedures.
- Keep cuts on hands and wrists covered with a waterproof dressing.
- Apply a good aqueous hand cream, at least when going for breaks or going off duty.
- Report to your manager immediately any signs of sensitisation to gloves or skin problems (severe dryness, cracking, breaking of the skin) to your hands, wrist or arms so that you can be referred to Occupational Health for further assessment.

7. DISSEMINATION AND IMPLEMENTATION

7.1 This policy will be disseminated through the Aspire bulletin and at relevant training sessions.

8. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF THIS POLICY

8.1 The effectiveness of this policy will be monitored through infection control audits and through health surveillance

9. EQUALITY IMPACT ASSESSMENT

9.1 A copy of the equality impact assessment is attached to this policy.

10. ARCHIVING ARRANGEMENTS

10.1 This is a Trust-wide document and archiving arrangements are managed by the Quality Department who can be contacted to request master/archived copies.

REFERENCES and BIBLIOGRAPHY

Latex Allergy – Occupational Aspects of Management. *Royal College of Physicians 2008*
Protecting People with Allergy Associated with Latex *NPSA 2005*

APPENDIX 1

PATIENT LATEX ALLERGY ASSESSMENT TOOL

1. Do you have any allergies?

No further action ← No ☐ Yes ☐

2. Do you have an allergy to latex/rubber?

No further action ← No ☐ Yes ☐

3. Has your doctor/dentist told you that you have a latex allergy?

No ☐ Yes ☐ → **ACTION**

a) Latex Allergy Precautions required.
b) Establish type of reaction by asking questions 5 to 9

4. Did you have an unexplained allergic reaction at the dentist, in hospital or at home?

ACTION

Establish type of reaction by asking questions 5 to 9

5. What sort of reaction did you have?

Circle what applies

Reaction

Local: i.e. Contact Dermatitis: (within 24-48 hrs of the exposure) redness, blisters, itching, eczema, dermatitis.

Systemic: (within an hour of exposure) Facial or mouth swelling, hives, runny nose, weeping eyes, asthma, wheezing, difficulty breathing, chest tightness, tachycardia, shock, arrest.

6. Which item/s did you react to?

Circle what applies

Latex Products

Household or medical rubber gloves, balloons, condom or other contraceptive device, dental block, rubber bands or balls, hot water bottle, babies dummy/teething rings/teats, urinary catheter.

List OTHER ……..

7. Are you exposed to latex through work?

☐ No ☐ Yes * high level exposure

8. Have you had more than 5 operations/medical or dental procedures?

No ☐ Yes ☐ * high level exposure

9. Have you had hives, facial or tongue swelling after foods?

No ☐ Yes ☐ what type of food did you react to?

Foods

Bananas, Kiwi fruit, potatoes, peaches, avocados, tomatoes, papaya.

List OTHER……..

ACTION

All patients suspected of being at risk of latex allergy.

1. Provide red allergy bracelet.
2. Label casenotes with "Stop Alert" sticker and write allergy on inside page.

Systemic reactions to latex rubber or related foods/high level exposure.
(Type 1)
Must be provided with a **latex safe environment.**

Local reaction/contact dermatitis and low level exposure.
(Type IV)
Must have **no direct contact** with products containing latex.

Refer to Latex Allergy Policy for patients for further details.

This patient is

HIGHLY ALLERGIC

TO ANY CONTACT

WITH LATEX RUBBER

MUST BE NURSED IN A SINGLE ROOM

- **USE non latex gloves**
- **CHECK all equipment is latex safe before patient contact**
- **MARK all the patient's records**
- **INFORM any other departments as necessary**

Consult Latex Policy for further details

This patient is

ALLERGIC

TO DIRECT CONTACT

WITH

LATEX RUBBER

- USE non latex gloves
- CHECK all equipment is latex safe before patient contact
- MARK all the patient's records
- INFORM any other departments as necessary

Consult Latex Policy for further details