Livewell Southwest

Latex Policy

Version 1.6

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW Intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

Author: **Professional Lead**

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	Management of Health and Safety at Work Regulations Personal Protective Equipment Regulations Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Control of Substances Hazardous to Health Regulations (COSHH) Prevention and management of Dermatitis and latex allergy standard operating procedure (2013) Occupational Health and Wellbeing, Plymouth Hospitals NHS Trust Latex Sensitisation in Health Care Setting, MDA.DB.9601 Latex Medical Gloves/Powdered Latex Medical Gloves (Surgeon's & Examination), MDA SN 98/25
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Author Contact Details	By post: Local Care Centre Mount Gould Hospital 200 Mount Gould Road Plymouth Devon PL4 7PY Tel: 0845 155 8085 Fax: 01752 272522 (LCC Reception)

Document Review History

Version No.	Type of Change	Date	Originator of Change	Description of Change
0.1	New document		Assistant Director For Risk and Safety Management	New document
0.2	Updated	Aug	Assistant Director For Risk and Safety Management	August DN Forum feedback
0.3	Updated	29/01/2008	Assistant Director For Risk and Safety Management	
1.0	Updated	April 08	Assistant Director For Risk and Safety Management	Minor change and ratified.
1.1	Review	June 2010	Assistant Director For Risk and Safety Management	Minor Changes
1.2	Review	May 2012	PRG	Review date extended, no other changes made.
1.3	Review	May 2012	PRG	Review date extended, no other changes made.
1:4	Review	Aug 2012	PRG	Review date extended, no other changes made.
1.5	Updated	Sept 2012	Professional Lead	Formal 2 yearly review
1.6	Review	June 2014	Professional Lead	Formal 2 yearly review

Latex Policy

1. Aims of the Policy

1.1 This policy aims to minimise risk to patients, staff and visitors and will:

- Encourage the development of an environment that minimises the risk of the development of latex allergy in health care workers, patients and visitors.
- Encourage a safe and correct use of gloves in all areas by staff.
- Encourage compliance with hand care regime and encourage good hygiene techniques, in line with universal precautions.

2. Introduction

2.1 Livewell Southwest (LSW) recognises its duty under the Health and Safety at Work Act 1974, Control of Substances Hazardous to Health Regulations (COSHH) 2002 and Personal Protective Equipment at Work Regulations 1992.

2.2 Natural Rubber Latex (NRL) is classed as a hazardous substance under the COSHH Regulations 2002. We have a duty to assess the risk, eliminate, substitute and control the exposure to latex.

2.3 LSW is committed to work towards a latex free environment for the treatment of patients with known latex allergy.

2.4 This Policy sets out LSW approach to the management of latex in order to protect persons on LSW premises / patients own homes from the potential affects of exposure.

2.5 In addition to being used in gloves, latex is found in a variety of products and medical devices used in healthcare. These include:

- Airways.
- Intravenous tubing.
- Stethoscopes.
- Catheters.
- Dressings and bandages.

3. What is a Latex Allergy?

3.1 Latex Allergy is an immune system response to one or more of the components of natural rubber latex products. The immune system develops antibodies during a sensitisation period, which may last just a few weeks to years. Once the body learns to recognise the foreign substance or allergen, exposure will always cause a response by the immune system and the symptoms of allergy. Reactions are divided into three categories:

Irritant Contact Dermatitis	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 allergy response to the chemical additives, known as accelerators, used in the manufacturing process.
Type 1	Reaction is usually immediate, that is within 2-3 minutes after exposure. Symptoms include localised weal and flare reaction, asthma, rhinitis, conjunctivitis and anaphylaxis.
Type 4	Delayed reaction occurring up to 48 hours after exposure and causes localised reddening of skin and itching.

3.2 Staff with Irritant Contact Dermatitis, Type 1 and Type 4 reactions need to be seen by the Staff Health and Wellbeing Department.

3.3 Once an allergy develops to latex it is a serious and irreversible condition, posing a threat to health for patients and staff.

4. Responsibilities

4.1 **The Chief Executive** is the person ultimately responsible for Health and Safety matters and will ensure the policy is implemented within LSW. In discharging that responsibility, the Chief Executive delegates that responsibility through Directors and Locality Managers.

4.2 **Managers** are responsible for:

4.2.1 Recognising risk areas and introducing proactive measures that ensure that sensitised staff are made aware of the risks associated with latex allergy and procedures are in place to protect their safety.

4.2.2 Providing alternatives to latex gloves for all, especially those who are allergic, moving to nitrile non-sterile examination gloves as soon as possible.

4.2.3 Informing and promoting awareness among staff using specialist help when necessary.

4.2.4 Educating staff on the risks associated with care of patients with latex allergy/sensitivity and the action to be taken should cases arise.

4.2.5 Ensuring that the patient's medical/nursing notes are clearly marked and labelled in all cases where allergy/sensitivity is confirmed.

4.2.6 Ensuring that all resuscitation trolleys are stocked with only latex-free equipment.

4.2.7 Ensuring latex free surfaces are used during physical intervention training.

4.2.8 Investigate and take appropriate action in the management of latex allergy.

4.2.9 Ensure all staff attend mandatory infection control training.

4.2.10 Obtain advice from the Occupational Health and Well Being department on the management of the latex allergy.

4.2.11 If a member of staff is known/found to have a latex allergy, the line manager will*:*

- Ensure specific individual risk assessment is made if a member of staff is found to have type 1 latex allergy.

- Complete an incident form (must be completed) and send to Risk Management immediately once latex allergy is confirmed. It is reportable to the Health and Safety Executive under RIDDOR if caused by work exposure. The Risk Management Department will do this.

- Record allergy in the employment record.

- Encourage the effected staff member to wear a medicalert stating type 1 allergy to latex.

- If type 1 or type 4 allergic, ensure latex free equipment available for that member of staff.

- Obtain permission to inform colleagues of their condition to ensure they are able to act in an emergency (record the permission in the staff member's personal file).

- It would be sensible to discuss latex issues as part of the annual IPR process.

4.3 Staff are responsible for:

4.3.1 Implementing the principles of this policy for patients, visitors and staff.

4.3.2 Ensuring they are aware of the protocols in place in their own work area for the management of latex allergy.

4.3.3 In accordance with the Health and Safety at Work Act (1974), take reasonable care of their own safety and the safety of others who may be affected by their acts or omissions at work, and in particular:

- Ensure that they are aware of the method of identifying possible latex allergy in patients, colleagues and themselves.

- Ensure that risk assessments are carried out for all patients who are identified /diagnosed with a latex allergy.

- Ensure that they tell their manager about any symptoms with regard to dermatitis, asthma or other allergic symptoms, which may relate to latex exposure, so that they can be referred to Occupational Health and Wellbeing Department.

- Individual members of staff can self refer to Occupational Health and Wellbeing, but they need to inform their manager if the cause is latex or otherwise work related so that measures can be taken.

4.3.4 All employees are advised to reduce their risk of latex allergy by:

- Only wear gloves when an infection control policy has required their use.
- Wearing gloves for a short period of time e.g. Pharmacists may be are required to wear gloves when handling tablets.
- Only wearing non latex gloves.
- If latex gloves have to be used for any reason and a risk assessment should be carried out.
- Reducing the length of time that latex gloves are worn.
- Washing hands every time after removing gloves.

4.3.5 Staff should report all cases of latex sensitivity which involve staff via the LSW Incident Reporting Procedure, Occupational Health and Wellbeing Department and Line Manager.

4.4 Occupational Health and Wellbeing Department are responsible for:

4.4.1 Prior to employment identify employees with previous history of dermatitis and a known natural rubber latex (NRL) allergy.

4.4.2 Assess, investigate and medically advise on employees suspected of suffering from latex allergy, liaising with their General Practitioner as appropriate.

4.4.3 The Occupational Health and Wellbeing Department shall provide advice on risk assessment and reasonable adjustments which should be made to keep the employee in work.

4.4.4 Maintaining a list of those employees who have an allergy to latex and arrange periodic health surveillance.

5. The Management and Prevention of Latex Allergies

5.1 Statutory Responsibilities.

Latex gloves are classified as equipment designed to be worn to protect against biological and chemical hazards under the terms of The Personal Protective Equipment at Work Regulations. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) requires cases of occupational dermatitis caused by exposure to any known irritant or sensitiser to be reported to the Health and Safety Executive.

5.2 Purchaser's Responsibilities.

The 1996 MDA document is not able to specify any definitive guidance on safe protein levels but recommends that all latex gloves purchased should contain the lowest level of extractable protein practicable. A European standard to test for

protein content is under development. The RCN Society of Occupational Health Nursing recommends as guidelines the following maximum acceptable allergen levels:

Frequency of Use	Extractable Latex Protein Level
Occasional or Frequent Short Term	100 microgram/gram [<0.5 (w/w) residual accelerators]
Frequent, Long Term	1 microgram/gram [<0.5 (w/w) residual accelerators]

5.3 Supplies of gloves for clinical use should comply with the Department of Health (DoH) quality assurance standards as laid down by the Medical Devices Agency. All gloves are to be ordered via the EPROC system to ensure compliance.

6. Identification of Patients with Latex Allergy

6.1 When assessing patients' their allergy history must be obtained and recorded in the patient's records.

6.2 Patients who are considered high-risk, suspect or symptomatic can be identified through the use of a screening questionnaire or asked directly about allergy to rubber. Groups known to be at risk include:

- Healthcare workers.
- Workers in the rubber industry.
- Patients who have had multiple surgical operations.
- Patients with meningomyelocoele or urogenital abnormalities.
- Patients allergic to certain fruits including banana, melon, avocado, chestnut, and kiwi due to cross reactivity with similar proteins contained in them.

6.3 The Allergy Flowchart (Appendix 1) is not intended to be all-inclusive. Individuals who are uncertain whether they have sensitivities/or allergies to natural rubber latex proteins and/or chemicals, should consult a physician.

6.4 Any patient identified with a latex allergy should have a warning screen added to the IT system as appropriate.

7. Management of Latex Risks in Staff

7.1 LSW is committed to a long- term goal of establishing a latex safe environment. until such time as this aim to achieved LSW recognises it's obligations to make reasonable adjustments to the working environment or a particular role.

7.2 Health Surveillance of known latex positive employees should be monitor by their Manager on an annual basis.

7.3 Employees with any recurrence/deterioration of their symptoms should be re-referred to Staff Health and Wellbeing Department for further assessment.

8. Training

8.1 All clinical staff must receive basic latex allergy awareness training at induction, and Managers must ensure that processes exist to instruct staff in detailed procedural requirements of this policy.

All policies are required to be electronically signed by the Lead Director. Proof of the e-signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

Signed: Director of Professional Practice, Quality & Safety

Date: 20th August 2014

Surname: ……

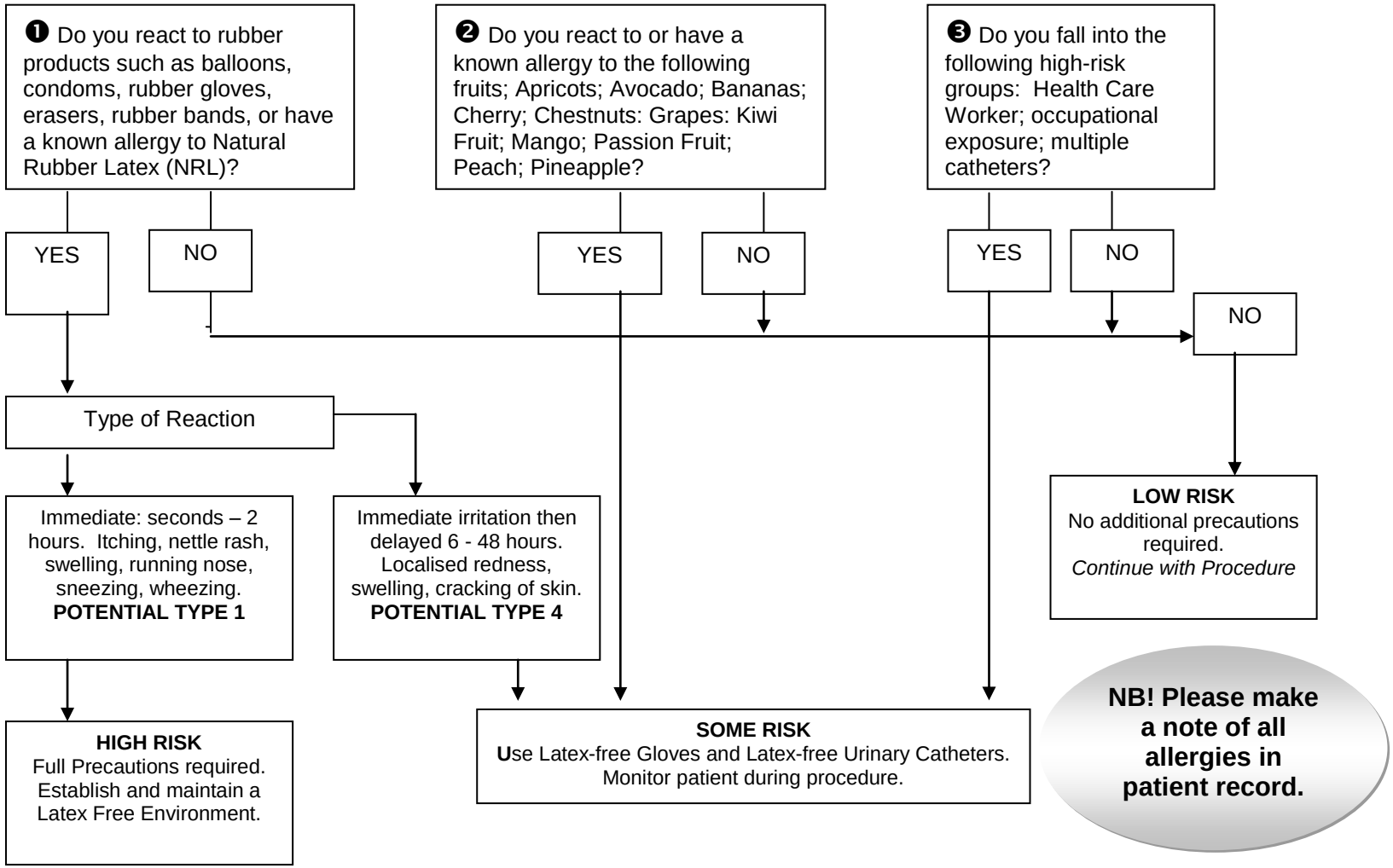
First Name: ……

D.O.B……

NHS No……

Plymouth Community HEALTHCARE

Appendix 1. Allergy Flowchart



❶ Latex Allergy

Outcome (tick):

High risk to latex ☐

Some risk to latex ☐

Low risk to latex ☐

Action Taken:

Named lead clinician informed? Yes / No

Date informed: ……

Named anaesthetist informed? Yes / No

Date informed: ……

OR

Anaesthetic Department informed? Yes / No

Date informed: ……

Clinical /procedure area informed? (minimum 24hrs pre-op)

Date informed: ……

Nurse signature: ……

Date: ……

Consent to disclosure :……