Pennine Care
NHS Foundation Trust

DOCUMENT CONTROL	
Title:	**Latex Policy**
Version:	**7**
Reference Number:	**CL030**

Scope:

This policy applies to all permanent and temporary employees and all services within Pennine Care NHS Foundation Trust, (including bank and agency staff) where latex may be found.

Purpose:

The purpose of this policy aims to protect staff from hazards that may arise in the course of health care activities against latex sensitisation and allergic reactions due to latex allergy.

Requirement for Policy

The principle legal requirements upon which this policy are based on are:

- The Health and Safety at Work Act 1974
- Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended)
- Management of Health and Safety at Work regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2015
- Person Protective Equipment at Work Regulations 1992

Keywords:

Latex, Allergic Reaction, Latex Free

Supersedes:

Version 6

Description of Amendment(s):

- Updated to reflect current legislation
- RIDDOR

Owner:

Health, Safety & Emergency Planning Lead – Michael Hodds

Individual(s) & group(s) involved in the Development:

This document has been developed in collaboration with the following interested parties:

- Michael Hodds

Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly: • Health & Safety Committee Meeting – August 18	
Equality Impact Analysis:	
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Review:	
Next review date:	October 2021
Responsibility of:	Health, Safety & Emergency Planning Lead
Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
Policy Associated Documents:	
TAD_CL030_01	Equipment Selection
Other external documentation/resources to which this policy relates:	

CQC Regulations This guideline supports the following CQC regulations:	
Regulation 9	Person centred care
Regulation 12	Safe care and treatment
Regulation 13	Safeguarding service users from abuse and improper treatment

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1. INTRODUCTION

Pennine Care NHS Foundation Trust is committed to the safety of its staff and patients and this policy aims to protect them from hazards that may arise in the course of health care activities against latex sensitisation and allergic reactions due to latex allergy.

Natural rubber latex (NRL) is found in the healthcare setting in disposable gloves, medical devices and equipment, and in many household or clothing items such as elasticated cuffs.

Allergy associated with latex can result from contact with the residue of chemicals used in the manufacture of latex products and presents as a red scaly rash (allergic contact dermatitis). Contact with natural rubber latex itself can cause a more immediate reaction with symptoms such as local or generalised urticarial ('hives'), swelling, rhinitis, conjunctivitis or asthma. In rare cases it can lead to life threatening respiratory difficulties and anaphylactic shock. Contact with latex may be direct e.g. skin contact or indirect e.g. exposure to airborne particles. Some tropical fruits are also known to cause a pre-disposing sensitivity such as banana or kiwi fruit.

2. DEFINITIONS

Natural Rubber Latex

Natural rubber latex (NRL) is a milky fluid obtained from the Hevea brasiliensis tree, which is widely grown in South East Asia. NRL is an integral part of thousands of everyday consumer and healthcare items.

As with many other natural products, natural rubber latex contains proteins to which some individuals may develop an allergy. (HSE website definition 2009) http://www.hse.gov.uk/skin/employ/latex.htm

'Latex Free' is the term used to describe products that are not manufactured from natural rubber latex.

'Latex-safe' is the term used to describe an environment that minimises the risk of a reaction occurring in sensitised or allergic individuals. This is achieved by removing the NRL products that are most likely to cause a reaction.

Type I latex allergy is an immediate hypersensitivity reaction characterised by urticaria, conjunctivitis, rhinitis and occasionally life threatening anaphylaxis.

Type IV latex allergy is characterized by an eczematous rash often developing hours after exposure; it may be due to latex proteins or chemical residues used in latex processing. This reaction predisposes individuals to developing Type I allergy.

3. POLICY OBJECTIVES

The Pennine Care NHS Foundation Trust' Health and Safety Policy defines' the means by which the Trust will plan and execute the assessment and manage health and safety risks.

This policy defines the specific organisational arrangements through which Pennine Care NHS Foundation Trust will seek to eliminate or reduce to as low a level as possible to prevent the risk of staff or patients developing a NRL allergy and ensure safe employment or treatment for those who become sensitised.

The policy is to support the management of staff or patients with known or suspected latex allergy, and for the management of patients considered to be at increased risk.

4. RESPONSIBILITIES ACCOUNTABILITIES AND DUTIES

4.1 Chief Executive

Has ultimate accountability for the implementation and monitoring of this policy in use within the Trust. This responsibility may be delegated to an appropriate colleague.

4.2 Medical Devices Committees

- The delegated authority for coordinating and monitoring implementation of this policy and any associated protocols/procedures will be the Medical Device's Committee (MDC), with close liaison with the Trust Infection Prevention Control Committee (IPCC) to ensure that all aspects of patient and staff safety are considered.
- The Medical Devices Committee has responsibility for ensuring that risks associated with NRL allergy to patients and staff are managed in accordance with this policy and any associated protocols/procedures across the Trust.
- Identifying, with managers, the resources required for staff training and other aspects of the implementation of this policy.
- Providing advice to managers, develop protocols / procedures / safe systems of work relating to NRL allergic patients.
- Reviewing reports from Occupational Health Service and Clinical Risk Managers regarding NRL allergy related matters.
- Providing annual reports regarding NRL allergy matters. Interim reports will be provided to groups where considered necessary to highlight specific concerns.
- Maintain an up-to-date knowledge on NRL and related allergy.
- Provide advice about NRL and related allergies to the Trust.

4.3 Trust Procurement Department

Monitoring all products which have the potential to contain latex by liaising with manufacturers and contract management and advise those responsible for the purchase of the products of the findings and advise on the availability of alternative products.

4.4 Line Managers (Including Consultants)

Line managers are responsible for:

- Ensuring that general NRL risk assessment is undertaken with regard to work and clinical activities within their areas of responsibility. Specific individual risk assessment will be required where patients or staff are identified as allergic to NRL through Pre-employment questionnaire or Pre- care planning assessment.
- Identifying and implementing any action/control required following the NRL risk assessment. (Further advice may be sought from the Medical Devices Committee, the Infection Prevention Control Committee, the Infection Prevention Control Nurse or Occupational Health).
- Ensuring that staff is given the necessary information, instruction and training to enable them to manage NRL allergy and comply with this policy, including the need for reporting.
- Ensuring communication of information reported from patients and carer's relating to any suspected NRL allergic reactions. Sharing relevant information with other services and professionals providing care to the service user.
- Reporting symptoms suggestive of NRL allergy in staff to the Occupational Health Department.

4.5 Responsibility of the Patient Safety Lead

The Patient Safety Lead will provide anonymous summaries of all patient related NRL allergy incidents to the Medical Devices Committee.

4.6 Responsibility of Health and Safety Lead

- Provide advice, support and assistance regarding training where appropriate.
- Staff should report any suspected NRL allergy symptoms to their line manager and/or the patients care team immediately. Where staff are affected, the Occupational Health Service should also be informed.

5. MEMBERSHIP OF THE MEDICAL DEVICE COMMITTEE

Membership will include:

- Chief Pharmacist (Chairperson)
- Medical Devices Safety Officer (MDSO) (Deputy Chairperson)
- Locality, MH and SSD – Medical Devices representatives
- Head of Operational Estates Services
- Medical Equipment Management Services (MEMS) Manager
- Procurement Lead
- Organisational Learning and Development (OL&D) representative
- Infection Prevention & Control Nurse
- Dental Services Representative

- Matron representative
- Other co-opted members as required (for example, Medical or Allied Health Professional)
- Health and Safety Advisor
- Any other person as seconded by the committee.

6. GUIDELINES

6.1 Risk assessment – Product / Individual

A risk assessment is to be completed for the use of all identified NRL products within the workplace.

Where NRL products have been identified this is to be documented and risk assessment information and control measures are to be made available to members of staff.

Where members of staff have been identified as having a sensitisation to NRL products they are to be referred to Occupational Health as soon as possible.

Where clients have been identified has having a sensitisation to NRL products this is to be clearly indicated on their Clinical Care Plan.

A risk assessment form is available on the COSHH policy located on the Trust intranet and hard copy files.

6.2 Substitution of NRL Products

The substitution of identified NRL products is to be actioned wherever possible, where NRL products cannot be substituted their use is to be reduced as much as possible. Staff are to be aware of suitable substitutions' and sufficient stocks are to be maintained at all times.

A list of products that may contain NRL can be found in TAD_CL030_01

6.3 Factors in Developing a NRL Sensitisation

A number of factors can contribute to developing a sensitisation to NRL products:

- Wearing multiple pairs of gloves (i.e. surgical gloves inside household gloves).
- Wearing gloves for long periods
- Skin breakdown or pre-existing skin condition exasperated by frequent hand washing, soaps, detergents, sanitisers (Alco-gels), solvents etc.
- Failure to wash hands resulting in residual allergens remaining on the skin.
- Perspiring whilst wearing gloves.
- Prolonged contact with NRL products.
- NRL allergens can be airborne transmitted, so care should be taken if powder coated gloves are worn and removed.

6.4 Safeguards Whilst Using NRL Products

- Ensure that level of sensitisation is recorded, as Proximity Sensitisation (being in the vicinity of NRL products) may cause an allergic reaction.
- Only wear / use NRL products if absolutely necessary and no suitable alternative is available.
- Only wear NRL gloves for procedures as recommended.
- Remove gloves as soon as the procedure is complete.
- Wash hands after removal of gloves.
- Dry hands well, pay particular attention to areas under rings, bracelets, watches etc. (IPC advise clinical services not to wear these items, staff undertaking clinical intervention should be 'bare below the elbow').
- Avoid the overuse of Alco-Gels as these tend to breakdown the natural oils in the skin.
- Keep cuts on hands and wrists covered with a suitable waterproof dressing
- Apply a good aqueous hand cream, at least when going for breaks or going off duty.
- Report to line management immediately, any signs of sensitisation to NRL products so that referral to Occupational Health can be completed.

6.5 Types of Sensitisation

- 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 can manifest itself as a dry, crusty skin and 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 eczema and dermatitis are important risk factors for latex allergy, as proteins can penetrate a broken epidermis more easily.
- Contact Dermatitis: is due to proteins not removed or absorbed into NRL products during manufacturing. Glove powder can increase the irritation by acting as a carrier of allergens. Lanolin and oils in cheap hands creams can also be allergens themselves or act as carriers. Eczema is seen under the area of glove contact and can extend 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 days after contact with the allergen but then subsides.
- NRL Allergy: is an immediate reaction, which can vary from local urticarial to systemic effects such a rhinitis, conjunctivitis, facial swelling, respiratory, distress, asthma and anaphylaxis. It usually diminishes rapidly once contact with the NRL ceases. This reaction is generally caused by contact, however in extreme cases sensitisation can occur by being in close proximity. Should a systemic or extreme reaction occur the emergency medical services are to be contacted immediately.

7. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

8. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

9. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

10. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

11. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

12. REVIEW

This policy will be monitored and reviewed by the Health and Safety Committee every 3 years or such times as legislation, the Trust Boards directs or events dictate that a review is to be carried out earlier.

13. REFERENCES

Department of Health.1999. HSC 1999/186 - Latex medical gloves and powdered latex medical gloves: reducing the risk of allergic reaction to latex and powdered medical gloves. London: Department of Health. Available from: http://webarchive.nationalarchives.gov.uk/20130105072018/http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4003788 Accessed [9/10/2018]

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