

Management of Latex and Latex Allergy Policy			
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1. Introduction

Latex Allergy is a condition that has been recognised for many years. Universal precautions against blood borne viruses have resulted in a greater use of hand protection. Latex is the single most used material for gloves and it is this combination that is believed to have caused the increase in latex allergy

2. Purpose or Aim

This policy aims to remove the unnecessary usage of latex gloves within the Trusts activities by prohibiting the use of latex gloves within the Trust.

This policy has been produced in order to give guidance for staff on a proactive approach to Latex Allergy. This is to prevent, or reduce the risk of, allergy occurring and is to be followed at all times.

3. Policy Statement

Avon and Wiltshire Mental Health Partnership NHS Trust recognises its duty under the Health and Safety at Work Act, (1974), the Control of Substances Hazardous to Health Regulations (2002), and the Management of Health and Safety at Work Regulations, (1999), to provide a safe environment for both its employees and patients and to protect them from hazards, which may arise in the course of health care activities.

The Trust recognises that Natural Rubber Latex (NRL) is a hazard to both health care workers and patients in hospital environments, and that it is a potent sensitiser, which may give rise to serious allergic reactions and imposes on the Trust the obligation to minimise exposures as far as is reasonably practicable.

This policy document sets out the steps, which are to be taken to protect both patients and employees from the risks of NRL allergy arising from health care activities.

It is the aim of this policy:

- To improve awareness and prevention of latex allergy
- To provide guidelines for all Trust employees on minimising and managing latex allergy problems in addition to hand care protocol
- To provide guidelines for the safe management of patients throughout the Trust
- To provide information and advice to Healthcare workers with latex allergies

4. Scope

This Policy applies to all clinical areas and extends to all staff on Trust business in a hospital setting, third party premises or within a patient's home.

5. Definitions

5.1 Natural rubber latex

Natural rubber latex (NRL) is a natural substance produced by the *Hevea brasiliensis* (rubber) tree. It is used in thousands of household, industrial and medical products. NRL is composed of many different types of natural proteins. A number of chemicals (accelerators) are added during production, most of which are removed in the washing processes during the latter stages of manufacture.

5.2 Latex Allergy

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 two categories:

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

Staff with Type 1 and Type 4 reactions need to be seen by an Occupational Health Physician. Once an allergy develops to latex it is a serious and irreversible condition, posing a threat to health and work for patients and staff.

Not all skin reactions are allergies. A large number of skin reactions among staff are irritant responses due to localised damage to the skin from physical or chemical agents. These are confined to the area of contact (glove). Advice needs to be sought from the Occupational Health Department on diagnosis and treatment.

6. Roles and Responsibilities

6.1 Executive Management

The Board has overall responsibility for the health, safety and welfare of all staff, service users, visitors and others within AWP. The Chief Executive is responsible for monitoring and reviewing health and safety in the Trust. The Board will be informed of health and safety matters on a regular basis and ensure adequate resources are made available to provide and maintain the necessary standards of health and safety in the Trust.

Members of the Executive Management Team have full responsibility for the health, safety and welfare of all service users under their specific care.

All Directors have a corporate responsibility to promote a responsible approach in health and safety in the Trust.

6.2 Chief Executive

While ultimate responsibility is vested in the Trust Board, executive responsibility is delegated to the Chief Executive for managing health and safety, including compliance with relevant legislation and Trust policies.

6.3 Director of Operations

The Director of Operations will ensure all LDU Directors implement and follow the policy and all levels of management fulfil their responsibilities as described within this policy.

6.4 Head of Learning & Development

The Head of Learning & Development has overall responsibility for learning and development and will ensure an appropriate programme is made available to all staff. The training records of staff attending training are held with the Learning and Development department.

The content of the training is regularly reviewed to ensure it continues to provide the necessary skills and knowledge to ensure staff are able to discharge their legal duties and duty of care in accordance with current standards and best practice.

6.5 Clinical Directors & Corporate Directors

All LDU Directors should ensure this policy is implemented within their respective directorates.

Locality Clinical Directors are responsible for:

- Appointing sufficient competent risk assessors in the workplace, delegating to line managers as required so all necessary risk assessments in their area of responsibility may be undertaken on an annual basis
- Providing sufficient resources to ensure the recommendations of risk assessments are complied with
- Co-ordinating, where applicable, the sharing of information between services or sites so as to develop a comprehensive substance inventory
- Ensuring service level agreements and contracts include the requirement to provide COSHH information to AWP staff

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6.6 Responsibilities of Team/Ward Managers and Team Leaders

Team Managers/Leaders are responsible for:

- Ensuring this policy is brought to the attention of all staff;
- All Latex gloves are removed from stock and non latex gloves are provided (see [Appendix 1](#) & [Appendix 2](#) for selection of appropriate gloves)
- Risk assessments are carried out, and where possible, measures put in place to prevent exposure to latex, e.g. by replacing products containing latex with non-latex alternatives (See [Appendix 4](#) and [Appendix 5](#);
- Where the above is not possible safe systems of work are developed to minimise exposure.
- Clinical procedures are developed to ensure Service Users that may be prone to latex allergy are identified and those who develop or have an existing latex allergy can be managed within the Trust safely; (see [Appendix 7](#))
- There are sufficient staff trained to implement these procedures and they are followed;
- All 'new' (new to Trust) staff are given Occupational Health screening as per Recruitment and Selection Policy. (see [Appendix 6](#))
- Staff with symptoms suggestive of latex allergy are referred to Occupational Health and an Incident Report Form completed in accordance with Incident Reporting Policy. (see [Appendix 6](#))
- Any action that may be necessary as a result of the above investigation is taken and documented, with a report sent to the appropriate LDU Director with a copy to Risk Management and Health and Safety;
- Affected staff are given support and are informed of any action taken;
- Staff are given adequate information, instruction, training and supervision in the health risks involved with working with latex, how to recognise symptoms and how to care for a patient when a problem arises;
- Risk assessments, safe systems of work and written protocols are evaluated and reviewed at least annually, or when circumstances dictate, e.g. when there is a change in working practices, equipment, adverse incidents, etc.

6.7 Employees Responsibilities

It is the responsibility of all Trust employees to co-operate with Managers to assist in the compliance of this Policy and for reporting all incidents connected with Latex Allergy.

Staff should familiarise themselves with the guidelines on when and what type of gloves should be worn (see [Appendix 1](#) & [Appendix 2](#) and to obtain prompt help from Occupational Health should problems arise.

Staff must not use latex gloves.

Staff should advise their manager if any procedure gives cause for concern when using latex free alternative gloves.

6.8 Responsibilities of Risk assessors (Competent Persons)

It should be noted the risk assessor is not responsible for carrying out the actions in the assessment. This is the responsibility of the team/ward manager.

Risk assessors are responsible for:

- Assessing, in consultation with safety representatives and with staff, the risk to health utilising the standard assessment form
- Advising team/ward managers of the results of the risk assessment
- Recommending where specialist advice should be sought

7. Standards

Control of exposure to hazardous materials is regulated by the Control of Substances Hazardous to Health Regulations 2002 (COSHH). The general provisions of the Health & Safety at Work Regulations 1974 also apply.

The COSHH regulations require that, where a hazardous substance is used, an assessment of risk is made and exposure is reduced as far as is reasonable and practicable. Exposure should be controlled by a range of methods starting with elimination of the substance or, where this is not reasonably practicable, through other means including substitution for a less hazardous material, containment and finally, as a last resort, personal protective equipment.

8. Arrangements for Implementing this Policy

8.1 Avoidance Strategy

The Trust operates a latex avoidance policy with regard to gloves.

Routinely there is no reason to use latex gloves within the Trusts normal activities. Alternative materials will be made available for procedures where gloves are required.

Latex gloves will not be available through supplies routinely. Only wear gloves when necessary following a risk assessment approach

- Do not use powdered or non-powdered latex gloves at all
- Reporting of any problems to Occupational Health quickly

8.2 Glove Usage

Gloves should only be worn where infection control and safety concerns dictate. See the guidance chart in [Appendix 1](#) for information

8.3 Glove Selection

Gloves should be selected on the basis of end usage and appropriate protection. See the guidance chart in [Appendix 2](#) for more information.

8.4 Identification of Patients with Latex Allergy

Patients who are considered high-risk, suspect or symptomatic can be identified through the use of the admissions history screening 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: banana, melon, avocado, chestnut, orange and kiwi due to cross reactivity with similar proteins contained in them

Where latex allergy is indicated, a risk assessment of all medical equipment should be undertaken to identify other sources of latex; i.e. tubing, mattress covers, syringe seals etc.

Further information is given in [Appendix 8](#) on health questionnaires and in [Appendix 7](#) on management action required when latex allergy is indicated

8.5 Generic Risk Assessment

Latex and latex allergy are covered by the Control of Substances Hazardous to Health Regulations 2002 (as amended) (also known as the COSHH Regulations). Whilst these regulations impose a duty to assess the risk within the workplace, the Trust has taken a general view of the risks and implements the avoidance strategy (in 8.1 above) as the appropriate control measure for latex gloves (see [Appendix 3](#)). Gloves are not the only source of latex within the workplace and COSHH risk assessments should be undertaken to identify other sources of latex. A list of common items likely to contain latex can be found in [Appendix 4](#).

8.6 Incident Reporting

All untoward incidents involving staff and service users latex allergy must be investigated and reported to the Risk Management Department on an Incident Report Form as per the Adverse Incident Policy

9. Training

The Trust's overarching policy for training is the [Learning and Development Policy](#) and this should be read in conjunction with this policy. Attached as appendices to that policy are the Trust's learning and development matrices. These matrices describe the minimum statutory, mandatory and required training for all staff groups in respect of health and safety.

The [Learning and Development Policy](#) also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

Latex allergy and glove use is covered as part of Infection Control Training and COSHH awareness training.

10. Monitoring or Audit

Implementation of this policy will follow a number of lines, and include:

- Monitoring of the risk assessments by the Health and Safety Team
- Annually all teams will undertake a self-assessment audit
- Review of adverse incident reports involving Latex (thematic reviews)

11. Associated and Related Procedural Documents

[P094 Health and Safety Policy](#)

[P054 Risk Assessment Policy](#)

[P055 Policy on the Control of Substances Hazardous to Health](#)

[P027 Recruitment and Selection Policy](#)

[P100 Medical Equipment Policy](#)

[P034 Physical Healthcare Policy](#)

[P009 Infection Prevention & Control & Decontamination Strategy](#)

[P025 Policy for the Management of Communicable Diseases](#)

[P028 Management of Infection Policy](#)

11.1 Procedures under the Management of Infection Policy

[M8 – Standard \(Universal\) Infection Control Precautions](#)

[M13 – Management of Occupational Exposure to Blood Borne Viruses \(BBVs\) and Post Exposure Prophylaxis \(PEP\)](#)

[M14 – Prevention of Occupational Exposure to Blood-Borne Viruses \(BBVs\) Including Prevention of Sharps Injuries](#)

[M15 – Safe Handling and Disposal of Sharps](#)

[M16 – Hand Hygiene](#)

[M17 – Disinfection \(Decontamination\) including Environmental, Medical Device Cleaning and Spillages](#)

12. References

[HSE \(1974\), The Health and Safety at Work etc. Act 1974](#)

[HSE \(1999\), The Management of Health and Safety at Work Regulations 1999](#)

[HSE \(2002\), The Control of Substances Hazardous to Health Regulations 2002](#)

[Latex allergies in health and social care \(HSE Website\)](#)

13. Appendices

13.1 Appendix 1: Risk Assessment – Glove Usage

To view the appendix click [here](#).

13.2 Appendix 2: Risk Assessment – Glove Selection

To view the appendix click [here](#).

13.3 Appendix 3: Generic Risk Assessment

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13.4 Appendix 4: Common Items Containing Latex

To view the appendix click [here](#).

13.5 Appendix 5: Identification and Assessment of Latex Risks

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13.6 Appendix 6: Management of Staff with Latex Allergy

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13.7 Appendix 7: Management of Patients with Latex Allergy

To view the appendix click [here](#).

13.8 Appendix 8: Natural Rubber Latex Allergy Screening Questionnaire

To view the appendix click [here](#).

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Version History

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