## LATEX POLICY

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### Endorsing Body:
Human Resources Forum

### Governance or Assurance Committee
Occupational Health & Safety Performance Group and Joint Policy Forum

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NHS Lanarkshire Position Statement

The implementation of this policy is fully endorsed by NHS Lanarkshire’s Occupational Health and Safety Management Group. Where indicated, all staff should utilise non-latex gloves for procedures. In exceptional circumstances, latex gloves may be used following completion of a risk assessment and in conjunction with the appropriate level of health surveillance. All procurement orders for latex gloves must be agreed and countersigned by the department manager.

1. INTRODUCTION

Natural rubber latex (NRL) products in healthcare can be associated with irritant and allergic reactions for healthcare workers (HCW) and patients (see Appendix 1) and NHS Lanarkshire (NHSL) as one of the largest single employers in Lanarkshire are committed to minimising exposure to NRL.

Increased awareness of latex-associated allergy, along with legal precedent and subsequent guidance issued by regulatory bodies means that clear policy and procedures regarding latex use are necessary.

Legal Framework
- Health and Safety at Work etc Act 1974
- All employers (including general medical and dental practitioners working in the NHS) have a legal obligation to ensure that all their employees are appropriately trained and proficient in the procedures necessary for working safely.
- Personal Protective Equipment Regulations 1992 Employers must ensure that adequate and suitable protective equipment is provided, where appropriate, to employees who may be exposed to a risk to their health at work.
- Control of Substances Hazardous to Health Regulations (COSHH) 2002 as amended. Latex has been defined as a substance hazardous to health under COSHH. This places a duty on employers to risk assess and control the use of the substance by means of substitution, information, training and health surveillance, where appropriate.

2. AIM, PURPOSE AND OUTCOMES

AIMS
- To describe procedures for identifying latex sensitivity in patients and staff
- To describe procedures for dealing with latex sensitised patients and staff
- To describe NHSL policy on glove procurement and selection
- To educate and inform staff and raise awareness of latex allergy
PURPOSE
• Substitute latex use with safer materials where possible (e.g. nitrile non sterile exam glove to replace latex)

• Limit latex use only to those areas where no adequate substitute is suitable. Latex may be used in the exceptional circumstance if risk assessment has shown that latex products are required

• Educate staff in prevention of hand dermatitis and appropriate glove selection and use

• Ensure there are described procedures to identify sensitised individuals and minimise the risk of exposure from latex contact

• Ensure risk assessments are completed on latex products where required

• Establish Health Surveillance procedures for staff using latex products

• Ensure where latex gloves are required the product supplied are low in available NRL protein and are powder free

OUTCOMES
• Use of latex products will be eliminated or minimised as far as reasonably practicable within NHS Lanarkshire premises

• Exposure of staff and patients to latex products will be eliminated or minimised as far as reasonably practicable within NHS Lanarkshire

• Where use of latex cannot be eliminated and residual risk to health remains, a COSHH assessment must be undertaken and safe systems of work implemented to adequately control exposure

• Any staff exposed to latex following appropriate risk assessment will be monitored by suitable health surveillance

3. SCOPE

3.1 Who is the Policy intended to Benefit or Affect?
The policy applies to all NHS Lanarkshire staff and others working within NHS Lanarkshire premises.

3.2 Who are the Stakeholders?
The author has consulted with the stakeholders listed in Section i) to produce this policy, setting out good practice on the development, implementation, monitoring and review of policies, ensuring the quality and consistency of all corporate policies
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NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.

4. PRINCIPAL CONTENT

4.1 Procurement

- Non latex products should be used in the first instance
- All MedSurg projects must meet the latex requirements within this policy
- NHSL will work towards substitution of latex gloves wherever possible
- At present the most suitable alternative synthetic material for non-sterile gloves is nitrile. Other alternatives include neoprene and poly-isoprene
- Sterile surgical gloves are recognised as a special case due to the need for excellent barrier protection, high manual dexterity, minimal hand fatigue, a high tensile strength and tear/puncture resistance. At present NRL based gloves remain the gold standard and will remain the standard surgical glove. Synthetic alternatives will be considered should they achieve similar properties and after the appropriate trials.
- All single use medical gloves purchased will be CE marked and comply with appropriate BS EN 455 Standards as per the NDC contract.
- If latex gloves are used, they will be powder free and with low levels of available latex protein

4.2 Standard Precautions

Standard Infection Control Precautions (SICPs) are a set of measures to be used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not to ensure the safety of all staff and visitors in the care environment. Sources of (potential) infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

SICPs are necessary to reduce the risk of transmission of infectious agents and their application is determined by an assessment of risk to and from individuals.

Further information can be obtained from the NHSL Infection Prevention & Control Manual:
4.3 Identification and Management of Latex Sensitised Patients

4.3.1 Pre-admission/pre-assessment/Out Patient Areas

- Ask all patients if they have any allergies and take an extensive history from those who could be at high risk. High risk patients include those who have:
  - Adverse reactions to rubber containing products e.g. balloons, condoms, diaphragms, gloves.
  - Allergies to bananas, avocados, kiwi or other fruits and nuts asthma or hayfever
  - Eczema
  - Unexplained anaphylaxis
  - Frequent exposure to latex
  - History of multiple surgical procedures e.g. those with spina bifida or other congenital abnormalities
  - Users of long term catheters, colostomy or stoma bags

- Where a latex allergy is suspected, consideration should be given to testing for latex sensitivity. The decision for this lies with the patients’ medical team.

- Allergy information must be entered into the electronic patient management system. Where a hard copy is in use it should be recorded on the top right hand inside cover of the case notes and the nursing record

- Inform theatre secretary/theatre scheduler that patient has a latex allergy who should then inform the appropriate theatre and recovery area

- Patients with latex allergy should be reminded to inform doctors, dentists, nurses or any other health professionals of their allergy before any examinations or procedures are carried out.

4.3.2 On admission

- As above – all patients should be asked if they have a latex allergy, and the case notes/electronic record checked for this information.

- If there is a high clinical suspicion that the patient may have a latex allergy, he/she should be treated as high risk for latex allergy and appropriate precautions taken.

- Patients who have latex allergy should have a red wristband applied

- Staff who will have contact with the patient or who will be working in the vicinity should be advised that the patient has a latex allergy

4.3.3 Theatre

- Patients should be placed first on the list for surgery
- Clean theatre
- Clear dedicated theatre of all NRL products
- If the patient is to be transferred on a trolley, the trolley must be covered with a cotton bed sheet
- Ensure that there are clear signs on the door of the anaesthetic room and theatre to that declare the patient is NRL sensitive
- Recover patient in an area free of NRL products

4.3.4 Ward environment
The nurse in charge should ensure that the room is cleared of all NRL products.
NRL containing products that cannot be moved should be covered.
Ensure clear signage on door ‘Please see nurse in charge before entering this room’.
Staff who will have contact with the patient or who will be working in the vicinity should be advised that the patient has a latex allergy.
Any allergic reaction to latex should be reported by the doctor or nurse in charge on an incident record form.

4.3.5 Primary Care Setting
A history should routinely be obtained to ascertain if patient has latex allergy or is at risk of latex allergy, following guidance in section 4.3.1.
If patient has a positive history or is assessed as at risk, a risk assessment must be carried out and all control measures put in place.
Ensure area patient is being treated in is free from latex products.
Ensure good communication with all other primary carers highlighting allergy.
Ensure allergy is documented in case records and in electronic records (if used).
Ensure that information about latex allergy is included in any correspondence or referrals to other clinical services.

4.4 Identification and Management of Latex Sensitised Staff
All prospective NHSL staff will be asked on a confidential health questionnaire about history of latex sensitivity. If latex sensitivity is declared, an occupational health assessment should be arranged.
Staff identified as exposed to latex on an ongoing basis during their work will be provided with information on latex allergy and skin hygiene. They should report any reactions to latex to their line manager and occupational health so that further assessment and investigation can take place.
If a staff member is found to be sensitised to latex, they will be supplied with non-latex gloves/products and their working environment will be assessed for potential latex exposure. Substitution of latex products in their environment will be considered as far as reasonably practicable.

5. ROLES AND RESPONSIBILITIES

5.1 Control Book Holders/Line Managers
Ensure all staff are aware of this policy.
Where use latex cannot be eliminated a COSHH risk assessment of the exposure to latex must be.
Communicate with staff the findings of the risk assessment and the appropriate control measures, including appropriate glove selection.
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- Ensure an individual risk assessment is completed where a member of staff or patient is known to be sensitised
- Identify staff continuing to use latex and ensure that they receive the appropriate information, instruction and training
- Ensure staff working with latex are aware of procedure for reporting any problems and liaise with Occupational Health.
- Where risk assessment indicates a latex product is required, carry out low level responsible persons health surveillance
- Ensure any adverse allergic reactions are recorded via the DATIX system
- Ensure an adequate supply of appropriate gloves are available (See appendix 3)

5.2 Occupational Health

- Provide a source of appropriate and up to date information on latex and other glove reactions/skin hazards.
- Keep Health Records for those under formal surveillance.
- Assess staff who declare symptoms at initial surveillance.
- Assess all prospective NHS Lanarkshire staff for risk of latex allergy
- Arrange further investigation and clinical assessment where appropriate.
- Advise on restrictions/workplace adjustments for affected staff

5.3 Infection Prevention & Control Teams

- Advise on Standard Infection Control Precautions (SICPs) and appropriate glove use
- Advise staff of the procedure for reporting any problems, when required, at training sessions and during routine clinical visits

5.4 Responsibility of Employees

- Co-operate with Managers in the implementation of the Policy
- Report to Manager any incident related to latex sensitisation or any allergic reactions
- Report to Occupational Health if experiencing any symptoms related to glove use or handling of latex products
- Report to Occupational Health any problems or changes to the skin.
- Adhere to any advice given by Occupational Health
- Adhere to any advice given by Infection Control
- Report to Occupational Health any specific diagnosis relating to latex sensitisation.

6. RESOURCE IMPLICATIONS

6.1 Financial considerations:
- Difference in cost between latex products and alternative non latex products
6.2 Staff considerations:
- Time and support of managers/control book holders/identified responsible persons to carry out responsible persons health surveillance
- Occupational Health resources to review staff with identified symptoms
- Potential restrictions on affected staff

6.3 Education/Training/Awareness considerations:
- Staff requiring additional education or training

6.4 Environmental Impact considerations:
- There are unlikely to be any additional environmental impact

7. COMMUNICATION PLAN
- The Policy and process will be communicated via the NHSL internet and intranet. Articles referring to the Policy will be carried in the Pulse and staff briefs.

- It is essential that NHSL employees required to wear gloves as part of their duties, receive education and guidance in relation to glove selection and usage. This should be commensurate with work activity. Education should also target latex awareness and enable staff to recognise hypersensitivity reactions.

- New staff members will be captured during Corporate Induction sessions. Induction training will include guidance pertaining to glove choice and appropriate.

- Existing staff should obtain this guidance from the NHSL Latex Policy and Infection Prevention and Control policies and procedures.

- Education to medical staff will be delivered via the medical internal website

- Robust communication and timeous cascading of information to all relevant staff groups is paramount in relation to latex issues and glove usage to ensure a safety culture is maintained.

8. QUALITY IMPROVEMENT – Monitoring and Review
8.1 Policy Review
The Policy will be reviewed every 3 years by the contributing authors and a range of the Stakeholders.

The reviews, including qualitative and quantitative data, will be reported through the Staff and Organisational Development Group. Similar processes will be put in place should an issue arise within any annual cycle for any specific change to the Policy
8.2 Health Surveillance of Staff

- COSHH Regulations place a responsibility on employers to perform a suitable and sufficient risk assessment of any hazard to health and to take reasonable steps to eliminate/reduce risk.
- Relevant information on this must be passed to employees. Employees have a responsibility to co-operate fully with employers in health surveillance.
- Health surveillance will be performed by staff who have had appropriate training and experience.
- Different levels of health surveillance are available. The form of health surveillance will depend on the particular circumstances of exposure: level, frequency and duration; and on the outcome of the risk assessment.

8.2.1 Low Level Health Surveillance (Responsible Persons)

- This is appropriate where there is only suggestive evidence of a hazard.
- Employees should be given information on symptoms to watch for and that these should be reported to an identified responsible person: someone who has been trained by an OH professional who is involved in supervising the surveillance. The responsible person must inform the OH department of employees with identified health effects.
- Each employee will complete an annual assessment and occupational health will be informed of the results. Anyone reporting symptoms is then referred to an OH professional for further investigation.

8.2.2 High Level Health Surveillance

High level health surveillance would only be carried out if a risk assessment highlighted a significant hazard to employees. This would be carried out by Occupational Health.

8.3 Control Book Audit

Salus Health & Safety section undertake a regular programme of control book audits which include a review of the quality and suitability of selected risk assessments, highlighting areas of good practice and areas for improvement.

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire’s EDIA

10. SUMMARY OF POLICY / FAQS

NHSL will minimise the use of NRL as far as reasonably practicable. Where there is a need for products containing NRL there will be appropriate risk assessments, control measures and monitoring in place. NHSL will ensure there is awareness surrounding this policy and that it is reviewed in a timely manner.

11. REFERENCES

- NHSL Infection Prevention and Control policies and procedures
- General Data Protection Regulation (GDPR) 2018
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- NHS Lanarkshire SOP ‘Latex Policy for Theatres’
- NHS Lanarkshire Control Book section 3F
LATEX POLICY: APPENDIX 1

LATEX SENSITISATION BRIEFING NOTES

AIM
The aim of this note is to advise you of the possibility of Latex Sensitisation, so that you can recognise the signs and symptoms, and report them to the Occupational Health Department.

SYMPTOMS
As the frequency and duration of the use of latex products – including latex gloves increases, the emergence of latex sensitisation has been identified as a problem for some individuals, leading to a variety of allergic reactions, i.e. skin or mucus membrane irritation.

This can result in dermatitis, generalised skin irritation and swelling or where mucus membranes are involved nasal congestion, red eyes/irritation or breathlessness. Extreme cases may result in anaphylactic shock within minutes of exposure.

CAUSES
Repetitive skin or mucus membrane contact with any rubber latex product containing high protein residues may cause sensitisation. Sensitivity may also be transmitted via the powder used to dust some latex gloves through direct contact or inhalation. Staff predisposed to allergies in general – Asthma, Hayfever or Atopic Dermatitis are more likely to become latex sensitised. Staff with these allergies to foods such as avocado, chestnut and banana are also more susceptible.

WHAT YOU SHOULD DO
Members of staff, who develop signs of a reaction such as localised itching, swelling, redness or shortness of breath should discontinue latex contact immediately and seek advice from the Occupational Health Department. Members of staff, who are being treated by their General Practitioner, are requested to inform the Occupational Health Department that they have a possible/diagnosed latex allergy.
LATEX POLICY: APPENDIX 2

LATEX ALLERGY

Latex allergy is an allergic reaction to one or more of the components of natural rubber latex products. These reactions can vary, ranging from mild skin irritation to anaphylactic shock, and even death. It is particularly acute when latex has contact with the mucus membrane.

Latex allergy: there are three recognised types of reactions:
· Irritation
· Delayed Hypersensitivity (type IV)
· Immediate Hypersensitivity (type I)

IRRITATION

This is a non-allergic condition, the effects of which are usually reversible.

When latex gloves are used, a rash may occur on the back of the hands which is characteristically dry and itchy. These symptoms usually resolve once contact with the latex product is discontinued. It is important to note however that skin irritation may be caused by a wide range of substances. For example skin cleansing and disinfecting agents may induce skin reactions which may be confused with latex sensitisation. Where necessary, advice should be sought on a differential diagnosis, precautions or treatment from an occupational physician.

DELAYED HYPERSENSITIVITY (TYPE IV)

This reaction is predominantly caused by an allergy to the residues of accelerating agents used in the manufacturing process of gloves. Also known as allergic contact dermatitis, the severity of this type of allergy varies greatly. It is often characterised by a red rash on the back of the hands and between the fingers. The skin may become leathery and develop papules or blisters. The reaction is delayed, occurring several hours after contact, reaching a maximum after 24-48 hours and then subsides. Repeated exposure to rubber latex may cause the skin condition to extend beyond the area of contact with the gloves or other medical device. In some cases of latex sensitisation this may result in the individual becoming sensitised to unrelated latex containing devices.

IMMEDIATE HYPERSENSITIVITY (TYPE I)

This reaction is predominantly a response to the natural protein residue found in natural rubber latex. This type of reaction, sometimes referred to as an Immunoglobulin E (IgE) response, generally produces symptoms within 5-30 minutes of latex exposure. Such a reaction is almost immediate in effect but usually diminishes rapidly once contact with the rubber material has ceased. The symptoms are characterised by local or generalised urticaria and oedema. If mucous membranes are affected, rhinitis, conjunctivitis or asthma may result. Respiratory difficulties and anaphylaxis may occur in extreme cases. Anaphylactic shock, characterised by generalised hives, respiratory distress and low blood pressure can occur within minutes of exposure. It is most likely to
LATEX POLICY: APPENDIX 2

occur when the skin barrier is broken or the rubber latex device comes into contact with mucous membranes. The potential allergens, which produce, type I or IV reactions exist in the finished product as protein or process residues. These are water-soluble and readily leach out of the latex. The washing process used in glove manufacture often removes substantial amounts of proteins and process residues. Some will remain, to a greater or lesser extent, depending on the frequency of washes and the chemical processes used. Repetitive skin or mucous membrane contact with any rubber latex product containing high protein residues may cause sensitisation. Once this has occurred future allergic reactions may be caused through contact with rubber latex products containing lower residue level.
The Glove Pyramid – to aid decision making on when to wear (and not wear) gloves

WHO (2009) Glove Use Information Leaflet

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Additional guidance for glove selection can be found in Standard Infection Control Precautions (National infection Prevention and Control Manual). Version 3 : FirstPort Link

Additional guidance for glove use for environmental cleaning can be found in NHS Lanarkshire Cleaning Services Specification : FirstPort Link