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LATEX POLICY AND PROCEDURE

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KEY POLICY ISSUES:

- Prevention and management of Natural Rubber Latex Allergy NRLA
- Responsibilities
- Procedure
- Glove selection
- Skin Care Protocol
- About latex Allergies
- Screening Tools

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CONTENTS

POLICY	Page
Prevention and Management of Natural Rubber Latex Allergy	
1. Introduction	4
1.1. Purpose of policy	4
1.2. Definitions	4
1.3. Scope	4
1.4 Policy Objectives	4
2. Policy Statement	4
3. Duties	5
3.1 Trust Board	5
3.2 Chief Executive	5
3.3 Directorate Management Teams	5
3.4 Line Managers (including Consultants)	5
3.5 Responsibilities of Staff	6
3.6 Responsibilities of the Procurement Department	6
3.7 Responsibilities of the Occupational Health Department	6
3.8 Responsibility of the Risk Manager	6
3.9 Responsibilities of the Medical Devices and Infection Control Committees	6
4.0 Procedure	7
4.1 Key issues	7
4.2 Ward preparation for a sensitised patient	8
4.3 Preoperative medical assessment	9
4.4 Sensitised staff	10
4.5 Non-sensitised staff – care of hands	10
4.6 Discharge planning	11
Guidance for glove selection policy	12
Non-Latex Glove Alternative Materials	13
Skin Care Protocols	14
About Latex Allergies	15

Why use NRL	18
Products containing NRL	
Natural Rubber Latex Allergy Screening Questionnaire	19
Reporting arrangements for latex allergy	20
Latex allergies: The Law	21
5.0 Development, consultation and ratification	23
6.0 Equality Impact Assessment	23
7.0 Monitoring Compliance	23
8.0 Dissemination and Implementation of policy	23
9.0 Document Control including archive arrangements	23
10.0 Reference Documents	24
11.0 Bibliography	24
12.0 Glossary	24
13.0 Cross Reference	24

Prevention and Management of Natural Rubber Latex Allergy

1. Introduction

Over the last 20 years the health risks associated with exposure to natural rubber latex (NRL) have been increasingly recognized.

Allergy to NRL is a concern for Trust staff who will be exposed to NRL in the course of their work, and for patients who may be exposed during treatment.

The risk of developing NRL allergy is associated with the extent of individual exposure to latex proteins. During the 1980's and 1990's the use of Universal Infection Control Precautions in health care led to an increased use of NRL gloves. This increasing demand for NRL products led to changes in the manufacturing process, resulting in materials which allowed a higher level of NRL proteins to be released during use (particularly when combined with powder in gloves).

The repeated exposure of patients to certain treatments e.g. repeated catheterisation or surgery also led to increased exposure and an increasing risk of developing allergy (a process referred to as sensitisation).

1.1 Purpose of Policy

The purpose of this policy is to detail the responsibilities of all staff in ensuring the effective management of NRL risks.

1.2 Definitions

Natural Rubber Latex (NRL) - The development of allergy to NRL is associated with a range of reactions including skin rashes (urticaria or 'hives') 'hay-fever' like symptoms and asthma through to anaphylaxis, which has resulted in fatalities.

1.3 Scope

This policy applies to all levels of employees and to specific organisations within the Trust.

1.4 Policy Objectives

The Sussex Partnership NHS Foundation Trust Health and Safety Policy defines the means by which the Trust will plan and execute the assessment and control of health and safety risks, and monitor and review progress to that end.

2.0 Policy Statement

This policy defines the specific organisational arrangements through which Sussex Partnership NHS Foundation Trust will reduce the risk of staff or patients developing NRL allergy, and ensure safe employment or treatment for those who become

sensitised. The policy is supported by specific protocols relating to the management of staff or patients with known or suspected latex allergy, and for the management of patients considered to be at increased risk

3.0 Duties

3.1 Board of Directors

3.1.1. The general responsibilities of the Board are detailed in the Trust Health and Safety Policy

3.2. Chief Executive

3.2.1 The Chief Executive has responsibility for ensuring the development of and compliance with this policy.

3.2.2. The delegated authority for co-ordinating and monitoring implementation of this policy and the associated protocols/procedures will lie with the Medical Devices and Infection Control Committees.

3.3. Care Delivery Services (CDS)

3.3.1. The CDS Teams have responsibility for ensuring that risks associated with NRL allergy to patients and staff are managed in accordance with this policy and the associated protocols/procedures.

3.4. Line Managers (Including Consultants)

Line managers are responsible for:

3.4.1. 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.

3.4.2. Identifying and implementing any action/control required following the NRL risk assessment, using the NRL Allergy protocols developed by the Medical Devices and Infection Control Committees, but adapting these if necessary for their areas of responsibility (further advice may be sought from Medical Devices and Infection Control Committees or Occupational Health).

3.4.3. Ensuring that staff are given the necessary information, instruction and training to enable them to manage NRL allergy and comply with this policy, including the need for reporting:

3.4.4. Reporting NRL allergic reactions suffered by patients via the critical incident reporting mechanism.

3.4.5. Reporting symptoms suggestive of NRL allergy in staff to the Occupational Health Department.

3.5. Responsibilities of Staff

3.5.1. Staff will comply with this policy and follow the associated protocols/procedures/safe systems of work for their area(s) of work and responsibility.

3.5.2. Staff are strongly advised to report possible NRL allergy symptoms to the Occupational Health Department.

3.6. Responsibilities of the Procurement Department

3.6.1. Monitor all products which have the potential to contain NRL by liaising with manufacturers and advise Medical Devices and Infection Control Committees of their findings.

3.6.2. Advise managers and staff on the availability of alternative products.

3.7. Responsibilities of the Occupational Health Department

3.7.1. Ensure staff (or prospective staff) with NRL allergy and their managers, are advised of any necessary adjustments or restrictions to their work activities, using an evidence and risk assessment-based approach.

3.7.2. Provide guidance to staff and managers on suitable and safe working environments for NRL sensitised employees.

3.7.3. Facilitate investigation of staff suspected of having NRL allergy.

3.7.4. Provide statistical and other relevant information concerning NRL allergy in staff to the Medical Devices and Infection Control Committees, whilst maintaining individual confidentiality.

3.8. Responsibility of the Risk and Safety Team

3.8.1 Provide advice about NRL and related allergy to the Medical Devices and Infection Control Committees and to managers within competency levels.

3.9. Responsibilities of the Medical Devices and Infection Control Committees

3.9.1. Reviewing of this policy.

3.9.2. Monitor the control of cross-directorate NRL risks.

3.9.3. Identifying, with managers, any advice and guidance required for the implementation of this policy.

3.9.4. Providing advice to managers developing protocols/procedures/safe systems of work relating to NRL allergic patients.

3.9.5. Reviewing reports from Occupational Health Department and Nurse Managers regarding NRL allergy related matters.

4.0 Procedure

4.1 Key issues:

A. Reactions to Natural Rubber Latex (NRL) affect all staff working in a healthcare environment because:

- They have an increased risk of developing NRL allergy through the repeated use of NRL gloves
- They may need to manage sensitised patients

B. All staff have a statutory responsibility to reduce risk of sensitisation in themselves, their colleagues and their patients

C. Staff should ensure that they are familiar with:

- action to protect staff who are allergic to NRL
- action to protect patients who are allergic to NRL
- The organisational purchasing programme which only supports wherever possible NRL-free equipment and product purchasing and powder-free/low-protein latex glove use where there is no suitable alternative
- Organisational and local glove selection
- The organisational resuscitation policy.
- The Occupational Health pre-screening questionnaire
- Risk-assessments undertaken for their specific department
- The local protocol which describes the management of NRL allergy within their specific department
- A database of generic and specialty specific products which do and do not contain NRL which is regularly up-dated that needs to be specific for each department due to range of possible products used
- Minimisation of purchase of NRL-containing products and the need to check with manufacturers ~ possibly labeled
- A local or shared NRL-free trolley or box for use with sensitised patients
- A Occupational Health/Health and Safety reporting mechanism for effective diagnostics of in-post staff
- Synthetic alternative gloves for use by sensitised staff and for sensitised patients
- Skin Care Protocols (Hand washing and hand cream protocols)
- Trust and local induction training on latex to inform new and existing staff
- Posters for patient and staff information, clearly displayed and on file
- A named person for advising on Health and Safety

4.2 Ward preparation for a sensitised patient

Admission

In best practice, the ward will receive notification in advance that a patient due for admission is sensitised to NRL.

Consultant secretaries or the person co-ordinating the admission must indicate this to ward staff if they have themselves received the information.

All staff (including domestics and transient staff) need to be made aware when a patient with NRL allergy is admitted.

Where it is unavoidable to have NRL on the ward, all wards should keep a list of items in their area that contain natural rubber latex.

This should be clearly displayed or accessible to all staff.

Every ward should hold a stock of the following NRL-free items: -

- Non-sterile Nitrile gloves
- NRL-free syringes
- Stockinette and NRL-free adhesive tape to cover NRL tubing etc where it can not be replaced
- NRL-free products particular to the specialty
- Expensive and rarely used products should be kept centrally within specialty areas to be shared throughout the specialty.

The patient should be nursed in a room from which all items containing natural rubber latex have been removed.

An NRL-free bed and mattress should be used.

A clear warning notice should be on the door.

Aprons and NRL-free gloves should be by the door.

If the patient has to be nursed in an open ward / dormitory, precautions should be taken to ensure that there are no NRL items near their bed-space.

Action	Purpose
Before admission, ward cubicle/bed space should be cleaned by staff wearing NRL-free gloves	To remove NRL proteins.
All items containing NRL should be removed or, if not possible, covered with stockinette and secured with NRL free tape.	To prevent NRL from coming into contact with the patient.
An NRL -free mattress and bed should be used	As above
Use NRL-free blood pressure cuffs and oximeter probes or cover with stockinette and NRL free tape	As above

Aprons and NRL free gloves should be by the door or bed	As above
Warning signs should be placed on doors, medical notes, prescription charts, observation charts, bed boards	To alert staff and visitors
Use red bracelet patient ID and alert sticker on bed board	To identify patient as allergic
Ensure there are no elastic bands around the notes	To prevent contamination of patient area
Only NRL-free anti-embolism stockings should be used	To prevent exposure to NRL
When preparing IV medication, use ampoules wherever possible, otherwise remove bung before drawing up. Liaise with pharmacists for alternative medication/presentation	To avoid contamination of the medication with NRL proteins from the bung
Cover NRL IV ports in giving sets (latex-free are available)	Use three way taps in preference to ports if unsure whether the giving set contains NRL.
If patient needs further investigations e.g. X-ray, scan, ensure that department staff are informed of NRL status of patient	To ensure that risks are minimised in other departments
If patient is to have surgery, ensure theatre staff are informed of the patient's allergy	To enable theatre staff to plan patient safety
Give patient information about Latex Allergy	To reduce the patients fears and feeling of isolation

4.3 Preoperative medical assessment

Best practice would suggest that patient assessment is undertaken in the Outpatient or pre-assessment unit prior to all elective surgery using a Patient screening tool to identify at risk individuals.

Ideally, the Ward or Home will have informed the surgeon of the patient's sensitisation in the initial referral letter.

When co-ordinating care / assessments / investigations with any other department or agency, all involved should be made aware of the patient's sensitisation.

All forward planning and documentation should inform future carers of the patient's sensitisation by effective recording in notes, on operating lists and the use of Labels for Patient notes. Patient confidentiality must be taken into account.

Allergy to related rubber products may give rise to further investigation to discover if there is also an allergy to cross-reactive allergens (in the main foodstuffs) which may lead to a more informed decision about the patient's allergic status.

4.4 Sensitised Staff

All new staff must be assessed using a pre-employment screening tool by the Occupational Health Department (see attached example)

If staff are identified as sensitised to NRL, Occupational Health must work with the person responsible for health and safety/latex in the ward or department to undertake a risk-assessment to ensure that the working environment is safe for the employment of the prospective member of staff or continuing employment of staff.

In many clinical areas, staff with Type I NRL allergies are successfully working using synthetic gloves for their personal practice with colleagues using low protein powder-free gloves.

This is where a risk-assessment has determined that the level of sensitivity makes it safe to do so. However, if the risk-assessment determined that the Type 1 allergy was particularly severe, then other arrangements would have to be made as appropriate eg the area would be made latex free.

Risk minimisation and education of colleagues is the vital element to working in clinical areas.

4.5 Non-sensitised staff - Care of Hands

- Don't wear jewellery (eg rings);
- Wash in accordance with Infection Control procedure 12, as well as between each glove change;
- Use cool/tepid water when washing, to keep hand temperature down;
- Use hand-wash agents sparingly;
- Rinse thoroughly to remove all traces of hand wash;
- Pat skin dry rather than rubbing it;
- Use soft towels (disposable); refer to Infection Control procedure 12.
- Ensure hands are dry before putting on gloves;
- Use non-powdered gloves with low levels of NRL proteins and residual chemicals;
- Minimise contact with other potential irritants/allergens in the clinical setting (eg acrylic powders/anti-microbial solutions)

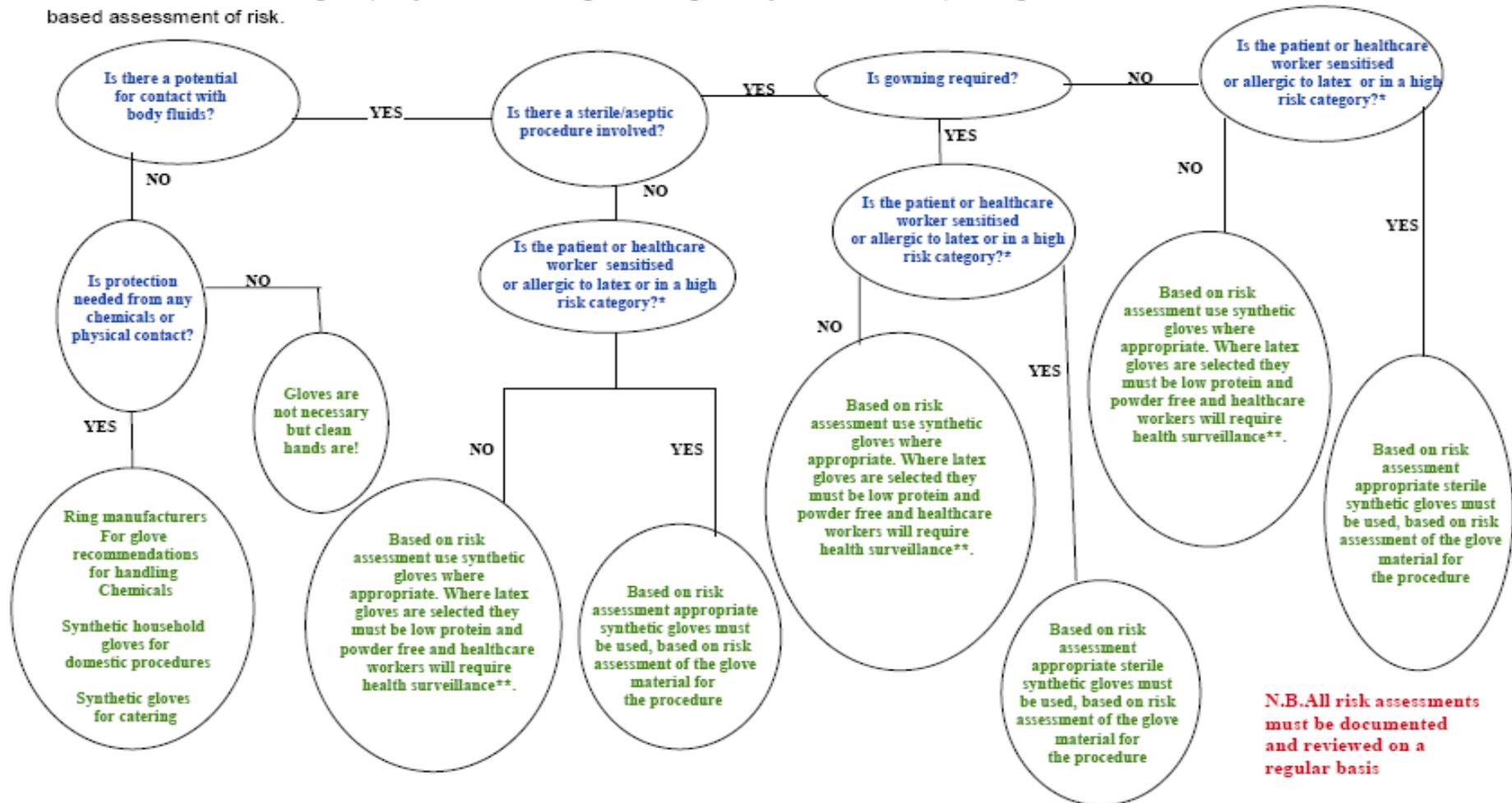
4.6 Discharge planning

If the diagnosis of sensitivity / allergy to latex or a high-risk assessment has been made whilst in hospital, the primary care team should be informed when the patient is discharged to ensure that risk-management of the patient is continued.

This should be done when any communication is made with the primary care nursing team and/or in the GP discharge letter.

Guideline for glove selection policy

Healthcare Employers are required to perform a full risk assessment, considering the benefits of available gloves materials. This document is intended to help in the creation of a trust wide glove policy and is not envisaged as being used by individuals at the point of glove use when time is unavailable for evidence based assessment of risk.



*A high risk category is defined as someone with diagnosed latex allergy; suspected latex allergy; multiple allergies to other materials or multiple surgeries

**For advice on health surveillance see <http://www.hse.gov.uk/asthma/healthchecks.htm#question>

Non-Latex Glove Alternatives Material

Type	Strength	Softness	Elasticity	Tear Strength	Cost
Natural Rubber	Good	Very Good	Very Good	Good	Low
Polyisoprene	Good	Very Good	Very Good	Moderate	High
Nitrile	Good	Good	Good	Poor	Moderate
Neoprene	Good	Good/Very Good	Good/Very Good	Poor	Moderate / High
Block Copolymers	Good	Good	Very Good	Fair	Moderate / High
PVC	Fair	Good	Poor	Poor	Low
Polyurethane	Very Good	Good	Good	Good	High

Personal protective gloves providing chemical resistance are available in a wide variety of materials and thicknesses.

Glove suppliers should be consulted to ensure that the correct glove choice is made.

Tensile strength: The force needed to pull the material apart

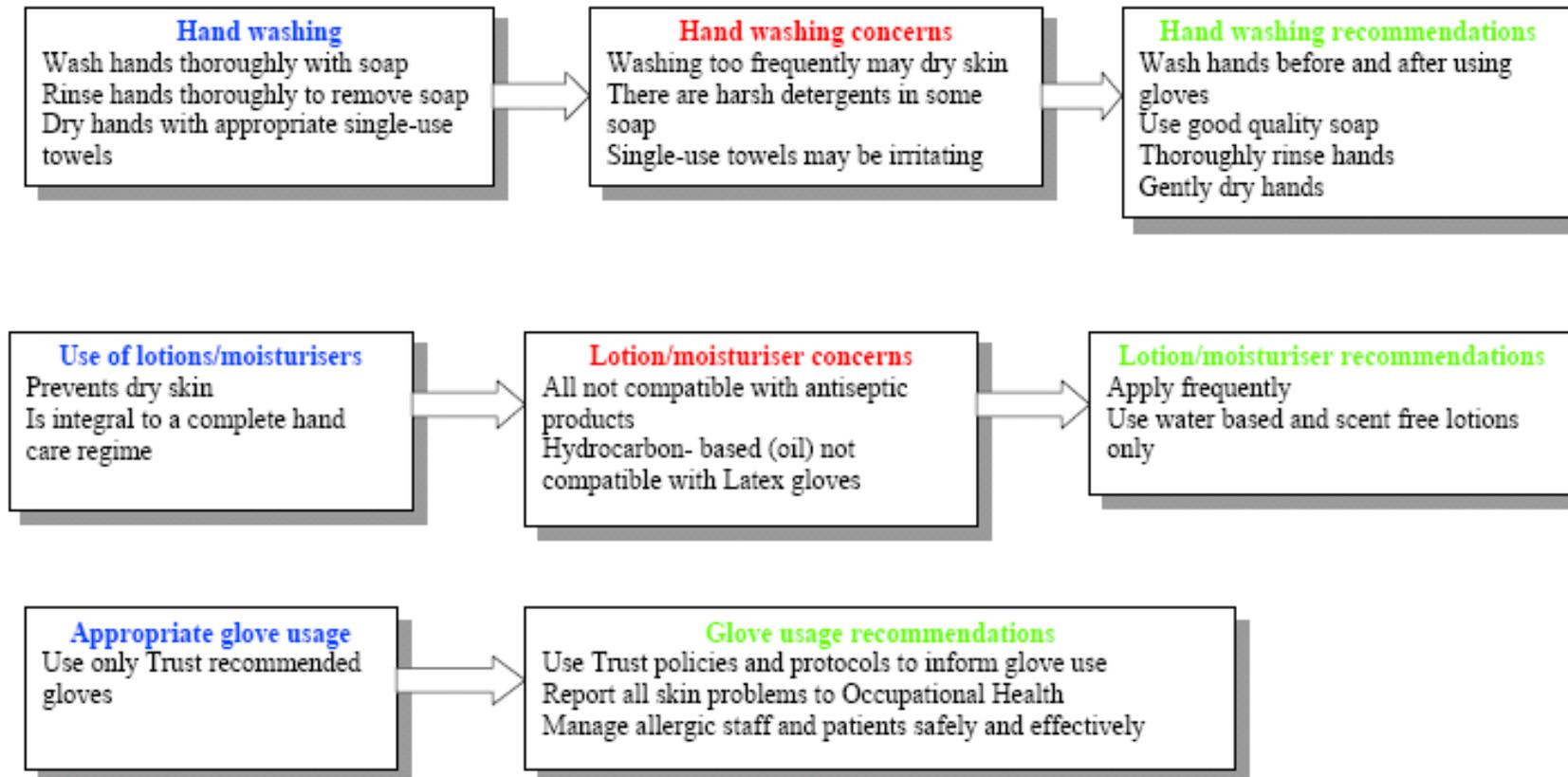
Softness: The ease with which a material stretches

Elasticity: How far a material stretches before it breaks

Tear strength: The amount of force needed to tear the material, when damage already exists

Skin Care protocols

A good skin care protocol should address the following; **Hand-washing; Use of lotions/moisturisers/appropriate glove usage**



About latex allergies

This page provides some useful background information about Natural Rubber Latex (NRL) allergy.

What is 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, and other countries. 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.

What is the cause of Natural Rubber Latex Allergy?

The introduction of Universal Precautions in the late 1980s mandated that healthcare workers protect themselves against the risk of cross-infection from blood-borne pathogens such as HIV and Hepatitis B. This demand led to an unprecedented demand for NRL gloves, which was met by changes in some manufacturers' practice (ie high protein [allergen] examination gloves coming onto the market place) and is believed to be the primary cause of the increased number of healthcare workers with NRL allergy. At the same time there has been an unrelated and dramatic rise in incidence of atopic allergic disease in the past 30 years, which is also thought to be a major factor.

Who is most at risk?

- Healthcare workers (some studies have reported that up to 17% are at risk of reactions to NRL)
- Individuals undergoing multiple surgical procedures (some studies have reported that up to 65% of Spina Bifida children are sensitised to NRL)
- Individuals with a history of certain food allergies, such as banana, avocado, kiwi and chestnut
- Individuals with atopic allergic disease (estimated at some 30 - 40% of the UK population)
- Individuals exposed to NRL on a regular basis eg workers in the car mechanics, catering and electronics trades

Around 1-6 % of the general population is thought to be potentially sensitised to NRL although not all sensitised individuals develop symptoms.

Are all latex allergies the same?

There are two Types of allergy related to natural rubber latex, one caused by the natural proteins, the other by chemicals that are used to convert the NRL to a usable item. They are respectively called Type I and Type IV allergy.

Some people may experience an irritant reaction when using products made from natural rubber latex, which is known as irritant contact dermatitis. This is not, however, a true allergy.

Type IV allergy

Some people react to the chemicals used in the manufacturing process, mostly accelerators. The chemicals most likely to cause a reaction are thiurams, dithiocarbamates and mercaptobenzothiazoles (MBT)

This is a delayed hypersensitivity reaction which occurs 6 - 48 hours post-exposure.

Symptoms of Type IV allergy

- Red itchy scaly rash, often localised to the area of use, i.e. wrists and forearms with glove use, but which may spread to other areas

Management of Type IV allergy

Occupational Health or medical advice should be sought and avoidance of the specific chemicals in future use.

Type 1 allergy

- Type I natural rubber latex allergy is an immediate allergic reaction to NRL proteins and is potentially life threatening.
- Deaths have occasionally been reported due to latex allergy.

Symptoms of Type I allergy

- Urticaria (hives) and hay fever Type symptoms, asthma.
- Though rare, more severe symptoms such as anaphylaxis (a condition where there is a severe drop in blood pressure leading to possible loss of consciousness or severe breathing difficulty)

Months or even years of exposure without symptoms may precede onset of clinical symptoms of Type 1 NRL allergy. In many cases symptoms become progressively more severe on repeated exposure to NRL allergens, so it is important for sensitised individuals to avoid further contact with NRL proteins.

NRL allergens attach to cornstarch used in powdered gloves. This powder acts as a vehicle making the NRL proteins airborne when these gloves are used, enabling the allergens to be inhaled. This means that NRL allergic individuals may experience symptoms of an allergic reaction, by being in a room where powdered NRL gloves are used even though they are not in contact with these gloves directly.

Management of Type 1 allergy

Avoidance of the allergen is the best treatment option. There is no cure for NRL allergy but medications are available to treat symptoms of NRL allergy once it develops.

Natural rubber is found in many thousands of consumer and medical products. There are two Types of natural rubber products. Dipped or stretchy NRL products (eg gloves, balloons, condoms, rubber bands) are a more frequent cause of allergic reactions to latex proteins than dry rubber products

(eg tyres, tubing). Reactions to dry rubber products are less common and only experienced by severely sensitised individuals.

How are allergies diagnosed?

There is currently no completely reliable investigation for Type 1 NRL allergy, and diagnostic practice varies across the country. In general, the diagnosis is made on the basis of clinical history plus either positive allergen-specific IgE blood test or skin prick / glove challenge test. Type IV allergy is diagnosed by standard patch testing.

Use of Medical equipment.

Many items contain NRL but are often not usually labeled to warn of NRL content. Because a much more serious reaction may occur when these items contact internal body surfaces, eg mucosal, parenteral and serosal contact, it is very important for sensitised patients to inform healthcare providers of their allergy so that only NRL-free medical equipment is used.

How can sensitised individuals avoid NRL?

- Avoid contact with NRL gloves or products where possible
- Inform employers and healthcare providers of NRL allergy
- Avoid areas where inhalation of powder from NRL gloves worn by others or from balloon displays may occur
- Recommend use of Medic-Alert bracelet, stating natural rubber latex allergy

How is NRL used?

Gloves are the single most widely used device containing natural rubber latex. The Health and Safety Executive has stated that, "Single use disposable natural rubber latex gloves may be used where a risk assessment has identified them as necessary. When they are used they must be low-protein and powder-free".

In many situations a risk-assessment will suggest that in the presence of a risk of blood-borne pathogen transmission, for example surgery and body fluid contact, NRL is the safest choice of material provided the worker and patient are not sensitised to this. If a person is sensitised to NRL proteins, NRL-free gloves and equipment must be used.

Not all NRL-free gloves afford the same protection against blood-borne pathogens so care must be taken in the choice of substitutes. Some gloves may only be suitable for non-clinical tasks as they may not afford the same level of protection against transmission of blood-borne pathogens. If there is doubt suppliers can be asked to provide test data proving the glove's suitability.

NRL gloves are also often used in catering, domestic services, motor industry, hairdressing and other professions and trades where, if there is no contact with blood or body fluids, they should be substituted by an alternative non-latex product.

Why use NRL?

NRL is a widely-used and cost-effective material, which for the majority of the population is not a clinical risk. The importance of risk-assessment is to make an informed decision as to whether an alternative is effective for the task.

NRL has many benefits which are yet to be equaled where there is a requirement for specific tactility and dexterity qualities, for example in surgical practice. Where it is used, the gloves must be low protein (<50mcg/g) and powder free.

Products containing NRL

There are many medical and consumer products that contain natural rubber latex. Healthcare providers must ensure that latex-free medical supplies are available for use on or by sensitised individuals. Here are some examples of products that may contain natural rubber latex:

Medical Equipment

Examination and Surgical gloves	Oral and Nasal airways
Endotracheal tubes	Intravenous tubing
Surgical masks	Rubber aprons
Catheters	Injection ports
Bungs and needle sheaths on medicines	Wound drains
Dental dams	Anaesthesia masks
Blood pressure cuffs	Syringes
Stethoscopes	Tourniquets
Electrode pads	Surgical masks

Consumer items

Erasers	Rubber bands
Balloons	Condoms
Contraceptive cap	Baby teats
Hot water bottles*	Stress balls
Sports equipment (eg hand grips and gym mats)	Swimming cap and goggles
Washing-up gloves	Carpets
Adhesives	Tyres *
Underwear elastic	Shoe soles*
Calculator/remote control buttons	dry rubber

Natural Rubber Latex Allergy Patient Screening Questionnaire

When patients are first being assessed, whether in out-patients, assessment clinics, admission or prior to any intervention in clinical settings, it is important that their allergic status is determined as far as is possible. This assessment tool should aid that process.

1. Initial Assessment

- i. Ask the patient if they have an allergy to any medicines, foods or other items
- ii If the patient states that they have no allergies then treat as normal
- iii If the patient states that they are allergic to any of the following, this should trigger additional questioning; balloons, contraceptives, rubber gloves, dental blocks, hot water bottles, erasers, rubber bands/balls, pillows, elastic dressing and bandages, elastic waistbands/underwear.
- iii If the patient states that they are allergic to any of the following, this should trigger additional questioning; apples, avocados, bananas, celery, cherries, chestnuts, ficus, figs, grapes, kiwi, latex, mangoes, melons, passion fruit, peaches, pears, pistachios, potatoes, ragweed, strawberries, tomatoes.

TREAT AS HIGH RISK

2. Further questions

- a Ask the patient what symptoms they experience when they eat/touch the products listed above
- b If the patient states any of the following symptoms, further questions should be asked; breathlessness, skin redness, chapping or cracking of hands, swelling of lips or tongue, runny nose, congestion, hives, itching.

TREAT AS TYPE I

3. Assessment conclusion

If the patient in addition to positive responses to the questions above, suffers from any of the following then treat as a high-risk individual and follow the protocol;

Contact dermatitis	Spina bifida
Eczema	Multiple genitourinary
Surgery	Asthma
Auto-immune disease (Lupus etc)	Hay fever

TREAT AS TYPE I

If the patient assessment results in a high-risk outcome, then label the patient's notes and notify all others who may treat the patient. If the patient is to be admitted, use a red identification bracelet.

Reporting arrangements for latex allergy

What should I do if I think I am experiencing a reaction to Natural Rubber Latex?

Firstly you must talk to your line manager. They should be aware of any reporting mechanisms within your organisation, perhaps via Occupational Health or the Health and Safety Officer, where you can be referred for investigation and diagnostics.

Are there any formal reporting arrangements?

There are a number of Agencies to which your management should report adverse reactions to Natural Rubber Latex products:

- [RIDDOR](#)
Employers have a duty to report incidences of occupational dermatitis and asthma attributable to NRL to the Health and Safety Executive under the RIDDOR (or Reporting of Injuries, Disease and Dangerous Occurrences Regulations) requirements
- [The Medicines and Healthcare products Regulatory Agency \(MHRA\)](#)
A voluntary reporting system for reporting cases of NRL sensitisation in both patients and staff.

Latex allergies: The Law

The law places specific responsibilities for managing health and safety on employers and employees.

For employers

What does the Law Say?

The Health & Safety At Work Act 1974 places a general duty upon you to keep employees, and others (such as patients), healthy & safe at work.

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

What Should I Be Doing?

To ensure that you comply with your legal duties you should undertake an assessment:

- Eliminating the risk where appropriate - gloves should only be worn where there is a risk of infection
- Substituting to other glove materials where appropriate - nitrile, vinyl, synthetic
- Limiting exposure - HSE's policy for this is:

"Single use, disposable natural rubber latex gloves may be used where a risk assessment has identified them as necessary.
When they are used they must be low-protein and powder-free."

The main findings of the risk assessment should be **recorded**. This will also help in **instructing, informing & educating** your staff on the risks and appropriate control measures for natural rubber latex.

You should put in place systems for ensuring that staff or patients with known latex allergies can work and be treated in a latex-safe environment.

Health surveillance

As natural rubber latex is a potential asthmagen, health surveillance of staff is required.

Single use disposable NRL gloves provide the majority of exposure to NRL.

As NRL produces a risk of asthma & dermatitis health surveillance is appropriate.

The extent and detail of the health surveillance should be related to the degree of risk identified during the COSHH assessment & determined in consultation with an occupational health professional.

Health surveillance for non-powdered low protein gloves should include:

- An assessment of the worker's respiratory health & skin condition before they start a relevant job to provide a baseline record.

- A regular (at least annual) enquiry for dermatitis and asthma. Such an enquiry might be undertaken by written questionnaire, orally during appraisal reviews etc. Positive results should be referred to an Occupational Health professional for assessment.
- A responsible person identified and known to staff, competent to deliver these duties, and with lines of referral to an occupational doctor or nurse, for the reporting of symptoms as they might occur.
- For staff known to be sensitised to NRL and those considered to be at a high risk of developing sensitisation i.e. atopic individuals, a higher level of health surveillance including a periodic clinical assessment by an occupational health doctor or nurse will normally be deemed appropriate.
- A record of the health surveillance

For employees

What does the Law Say?

The Health & Safety At Work Act 1974 places a general duty upon your employer to safeguard your health & safety at work.

It also places a duty upon them to ensure that others, such as patients, visitors etc, who might be affected by the way the work is undertaken are not put at risk.

The Health & Safety At Work Act 1974 also puts a duty upon **you** to take reasonable care of your own health & safety and to co-operate with your employer in any measures he puts in place to manage health & safety.

As natural rubber latex is a substance hazardous to health your employer will undertake a risk assessment of its use, **eliminating** it where appropriate, **substituting** to other less hazardous substances, or **limiting** exposure where its use is deemed absolutely necessary.

You will be informed of the results of this assessment and the measures you need to control the risk.

You will also be informed of steps that are deemed necessary to protect yourself, other colleagues, or patients with a known allergy to natural rubber latex.

What Should I Be Doing?

To help your employer fulfill their duties and to look after your own health & safety at work you should co-operate with your employer and follow the guidance & instructions you are given with regard to the use of natural rubber latex products.

This might mean for example not wearing gloves where there is no risk of infection, the use of nitrile or synthetic gloves, and informing your employer if you develop any particular breathing difficulties made worse by the use of natural rubber latex products.

What Should I Expect From My Employer?

You can expect your employer to provide you with guidance & information necessary to protect yourself, colleagues and patients from the risks to health of natural rubber latex products.

You can expect them to provide alternative Types of gloves, for use where gloves are necessary.

You can expect them to provide you with regular health checks (health surveillance) to identify early warning signs of any reaction to natural rubber latex.

This might be in the form of a health questionnaire, or meetings and discussions with your supervisors or occupational health staff.

5.0 Development, consultation and ratification

This policy and protocol were developed by the Risk and Safety Team in conjunction with and members of the infection control team. The policy and protocol is delegated to the Policy and Professional Practice Forum for final consultation and ratification.

6.0 Equality Impact Assessment

This policy and protocol will be equality impact assessed in accordance with the Organisation wide policy for the development and management of procedural documents (034/2008/Corporate).

7.0 Monitoring Compliance

Health and Safety Locality Forums will review incidents related to NRL to staff and service users within their areas of responsibility. Staff specific incidents will also be reviewed at the Trustwide Health and Safety Committee. Line managers will complete risk assessments where patients or staff are identified as allergic to NRL.

8.0 Dissemination and Implementation of policy

This policy will be uploaded onto the Trust website by the Corporate Governance Team. Publication will be announced via the Communications e-bulletin to all staff.

The Trust will ensure that all staff (through their manager) including bank, agency and volunteer staff are given the necessary information and training to enable them to work safely. These responsibilities extend to anyone affected by the Trust's operations including sub contractors, members of the public, visitors etc. Managers will identify with all staff (including bank, agency and volunteers) any potential issues that may impede staff members in participating in good risk management practice. Where issues are identified appropriate action should be taken to support the member of staff.

9.0 Document Control including archive arrangements

This policy will be stored and archived in accordance with the organisational wide policy for the development and management of procedural documents (034/2008/Corporate).

10.0 Reference Documents

- <https://www.hse.gov.uk/healthservices/latex/>
- SWORD'99: surveillance of work-related and occupational respiratory disease in the UK. Occup. Med. Vol. 51 No 3, 204-208, 2001
- EPIDERM Data - The latest EPIDERM/OPRA data (Occup.Med.Vol.50, No.4, 265-273)
- A Comprehensive Glove Choice, ICNA publication ISBN 0 9541962 048
- EUCOMED Position Paper: Natural Rubber Gloves and Latex Allergy, May 14th 2001

11.0 Bibliography

Health and Safety at Work etc. Act 1974

Management of Health and Safety at Work Regulations 1999

Control of Substances Hazardous to Health Regulations 2005 (COSHH)

12.0 Glossary

Risk Management: The design and implementation of relevant and appropriate strategies, policies and procedures to limit the likelihood of a risk occurring and/or to limit its impact should it occur. Identifying, assessing, analysing, understanding and acting on risk issues in order to reach an optimal balance of risk, benefit and cost.

Risk Assessment: an informed view of the likelihood of occurrence of each particular risk and of its potential impact and consequences on all relevant parties

Control Measure: A way of preventing or minimising an organisation's, group's or person's exposure to a hazard. Can be equipment, processes or actions used to reduce the likelihood of the hazard occurring.

Others: Contractors, Sub-contractors, Visitors, Relatives, Carers, Friends, Family or anyone else who may access the Trusts sites.

13.0 Cross reference

This policy should be read in conjunction with the following Trust policies:

Risk Management Strategy and Policy

Clinical Risk Policy

Incident and Serious Incident Policy

Essential Training Policy