Ref: QS09

POLICY FOR THE MANAGEMENT OF LATEX AND LATEX ALLERGY

Executive Sponsor & Function:	Executive Director of Strategic Transformation, Planning and Digital Health and Safety Function
Document Author:	Trust Health and Safety Manager
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1. Policy Statement

The Health and Safety Executive (HSE) advise that Natural rubber latex (NRL) proteins have the potential to cause asthma and urticaria. More serious allergic reactions, such as anaphylaxis, are also possible. NRL proteins are substances hazardous to health under COSHH (Control of Substances Hazardous to Health Regulations).

Velindre University NHS Trust attaches great importance to the health, safety and welfare of its patients, donors, staff and visitors, whilst fulfilling its statutory obligations within the law.

This policy outlines the requirements for the management of Latex and Latex Allergy, within the organisation, in accordance with current legislation and should be read in conjunction with the Trust Policy QS33 Policy for the Control of Substances Hazardous to Health (CoSHH).

2. Scope of Policy

This policy applies to all staff employed by or contracted to the Trust, including those within Hosted Organisations. It applies to all areas where products containing NRL are used or stored.

Failure to follow guidance in this policy will increase the risk of NRL related allergies to the user, other staff, patients and visitors.

3. Aims and Objectives

Velindre University NHS Trust intends, so far as is reasonably practicable, to protect its employees and those affected by its undertaking from the harmful effects of NRL that may be used in fulfilling its business. Every effort has been undertaken to ensure that all gloves used and purchased by the organisation are now latex free. However, there may be other products in use that may contain NRL. It is also recognised the NRL may be in products within other NHS organisations or in the community, where staff undertake their duties.

The policy includes sections relating to the management of staff or service users with known or suspected latex allergy and for the management of those considered to be at increased risk.

4. Responsibilities

4.1 Chief Executive

The Chief Executive has overall accountability for health and safety within the organisation, making sure that arrangements are in place for:

- ensuring that there is an Executive Director appointed as a lead for health and safety

- ensuring that the Trust Board and Executive Management Board is informed as required on health and safety matters affecting employees and/or the public
- ensuring that the Trust's policy on the Management of Latex and Latex Allergy is implemented
- supporting training and development of staff
- ensuring that there are sufficient resources for the implementation of this policy

4.2 Executive Director of Strategic Transformation, Planning and Digital

The Executive Director of Strategic Transformation, Planning and Digital has delegated responsibility at Trust Board level for managing health and safety and is responsible for ensuring that:

- the Trust's policy on the management of Latex and Latex Allergy is reviewed as and when appropriate
- regular updates on health and safety issues are reported to the Executive Management Board

4.3 Executive Director of Organisational Development and Workforce

The Executive Director of Organisational Development and Workforce is responsible for ensuring that: -

- there is an effective training programme that includes specific CoSHH training where required, which is appropriately monitored and recorded
- reports on work related illness or work-related ill health that is attributable to substances hazardous to health, are submitted to the Trust Estates Assurance Meeting.
- pre-employment screening is carried out and provide advice to managers on any pre-existing conditions / allergies identified as part of that process
- arrangements are in place for health surveillance of in-service employees and others, such as work experience and students, where there is a specific requirement under CoSHH regulation.

4.4 Assistant Director of Estates, Environment & Capital Development

The Assistant Director of Estates, Environment & Capital Development will make arrangements to: -

- ensure that competent risk management and health and safety advice is available to all divisions and hosted organisations of the Trust and to support the appointed health and safety lead managers in developing and maintaining their CoSHH safety management systems and training. Competent advice may be sourced both internally and externally, for expert advice on NRL allergy.
- provide support to the Executive Director with delegated responsibility for CoSHH management across the Trust, divisional directors, operational managers and health and safety leads in the implementation of, and

monitoring compliance with, the policy on the management of Latex and Latex Allergy.
- ensure that information is available throughout the Trust on the management of Latex and Latex Allergy in order to evolve action plans to improve or maintain standards
- provide support to investigate incidents and report to senior managers on findings and, where necessary, provide recommendations

4.5 Health and Safety Manager and Divisional H&S Advisors/Leads

The Health and Safety Manager with the support of Divisional H&S leads is responsible for providing advice and guidance to managers on the effective implementation of this policy and safe working methods.

4.6 Divisional Directors / Directors of Hosted Organisations

Directors have overall responsibility for making sure that arrangements are in place for:

- establishing a local health & safety group which comprises representatives from all relevant departments and staff representatives, within their service area, where NRL information or concerns can be discussed.
- liaising with the Trust Capital Planning and Estates Department
- ensuring that local CoSHH procedures are developed, which include reference to NRL, and implemented in line with the overarching trust policy
- ensuring that NRL health assessments have been implemented for all relevant staff and service users where required

4.7 Department Managers

Department managers have overall responsibility for making sure that arrangements are in place within their department to:

- ensure that general NRL risk assessment is undertaken with regard to work and clinical activities within their areas of responsibility. Specific individual risk assessments will be required where service users or staff are identified as allergic to NRL.
- identify and implement any action/control required following the NRL risk assessment, (further advice may be sought from Occupational Health).
- ensure 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:
- report NRL allergic reactions suffered by patients via the critical incident reporting mechanism.
- report symptoms suggestive of NRL allergy in staff to the Occupational Health Department.

4.8 CoSHH Departmental Leads

Department Managers will designate a member of staff within the department that will have the responsibility to manage the CoSHH arrangements for that particular Department They will be trained to use Cypol our CoSHH Management system. This will ensure that effective CoSHH management system is maintained within the departments that are using the hazardous substances. Divisions may rely on divisional safety leads to provide them with advice and guidance appropriate to their service needs.

CoSHH compliance within the department will be monitored by the divisional H&S Managers and will act as the main contact between the division Health & Safety Groups and the Trust Health Safety and Fire Board in order that effective communication is created and maintained.

CoSHH leads should ensure that CoSHH assessments consider NRL and be able to provide managers and staff with safety data sheets for products containing NRL.

4.9 Individual Employees

All employees have a statutory duty of care, both for their own personal safety and that of others who may be affected by their acts or omissions.

Having been provided with information, instruction and training, staff will comply with this policy and follow safe systems of work for their area(s) of work and responsibility.

4.10 Committees and Management Groups

The following committees / groups will provide advice to the appropriate Executive Director in order to ensure that accountability is being discharged properly and to ensure that the aims and objectives of the Trust are being achieved. Committees include but are not limited to:

- Trust Health Safety and Fire Board

5. Definitions

The Health and Safety Executive (HSE) advises that 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.

NRL is not only contained within single-use disposable gloves, but can also be found in a number of medical products, such as catheters, elasticised bandages, wound dressings etc. It is also in the packaging for a number of medical products. While these

may pose a low risk of sensitisation, they can pose a significant risk (e.g. anaphylactic shock) to sensitised individuals, either patients or healthcare workers.

The majority of healthcare products containing NRL are 'medical devices' as defined by the Medical Devices Regulations 1999. Therefore, their manufacture and provision are regulated by the Medicines and Healthcare Products Regulatory Agency (MHRA)

6. Implementation/Policy Compliance

6.1 Responsibilities to Employees

Existing staff need to be aware of the following: -

6.1.1 Diagnosis

Employees who think they may have latex allergy can self-refer to the Occupational Health Department, but ideally they should go through their managers who can arrange a quick referral through the Organisational Development and Workforce department and also arrange for the appropriate actions to be taken. The Department of Occupational Health will be able to undertake all necessary measures to diagnose Type 1 latex allergy. Appropriate advice is available on any work-related medical conditions.

6.1.2 Management

Advice regarding latex avoidance will be given. The Department of Occupational Health will review latex allergic employees after avoidance advice has been given to ensure symptom control. If necessary the Trust will support the employee by redeployment and retraining in the case of allergic reactions unresponsive to avoidance precautions. In some cases, ill-health retirement may be appropriate where the aforementioned options fail or are not possible.

New employees must complete a Pre-employment health pre-placement questionnaire. The questionnaire asks about known allergies it includes questions regarding possible latex allergies. These staff will usually include all those working in clinical areas or in contact with service users in the community.

If latex allergy is identified and confirmed in a prospective employee the Occupational Health department will advise management and the employee of any adjustments needed to the working practices or workplace to accommodate the employee. The Trust will consider any reasonable adjustments necessary to comply with this advice. The Department of Occupational Health will review latex allergic employees after avoidance advice has been given to ensure symptom control.

6.2 Responsibilities to Service Users

6.2.1 Screening for Risk of Allergy

Careful history taking from patients, should identify the high-risk groups. These include:

- atopic allergic disease / known allergies, including but not limited to eczema, hay fever and asthma
- patients with spina bifida,
- health care workers,
- Service users with a history of multiple surgical procedures.

Specific questioning will be included in the routine nursing procedures for units where the possibility exists for mucosal exposure to latex (for example, patient undergoing selectron treatment). Service users will be questioned regarding a history of immediate reaction to skin rubber contact such as:

- following dental surgery,
- blowing up rubber balloons,
- wearing of rubber gloves,
- any history of immediate allergic reaction to fruit, especially banana and kiwi fruit. The issue of latex sensitivity will be raised at relevant departmental meetings on a regular basis to ensure that all new staff are made aware of this problem.

6.2.2 Diagnosis

Service users giving a history of atopy (A hereditary disorder marked by the tendency to develop immediate allergic reactions to substances such as pollen, food, dander, and insect venoms and manifested by hay fever, asthma, or similar allergic conditions. Also called *atopic allergy*) and of adverse reaction to fruit, or those giving a history of immediate adverse reaction to rubber contact should have their surgery deferred if possible. An IgE RAST test to latex protein should be carried out and a referral made to the dermatology department for further diagnosis and investigation.

6.2.3 Latex Avoidance

For service users who are confirmed as having latex protein sensitivity, or in those in whom it is suspected from the history, but emergency treatment is unavoidable, appropriate alternative equipment packs will be made available. The risk of adverse reaction during clinical examinations including manual pelvic examinations will be brought to the attention of appropriate staff.

6.2.4 Anaphylaxis

Education in the recognition and management of anaphylactic reactions must be facilitated by each division. Each division must have an Anaphylaxis policy/SOP, if possible backed up by posters in the appropriate areas.

6.2.5 Management of Non-Life-Threatening Reactions

A service user suffering from milder reactions which do not compromise the airway or lead to cardiovascular collapse should be managed with intravenous antihistamine followed by oral antihistamine therapy. Referral to the dermatology department may be considered appropriate if the cause of reaction is unclear. A service user suffering from milder reactions away from a hospital environment should be transferred to an appropriate place of treatment.

6.3 Responsibilities of the Procurement Department

It will be the responsibility of the procurement department to monitor all products which have the potential to contain NRL by liaising with manufacturers and advise management of their findings and to provide advice on the availability of alternative products.

6.3.1 Use of low protein devices

Sensitisation can be prevented by the use of devices low in protein. Currently, the accepted method for assaying protein in latex devices is the Modified Lowry assay.

The Surgical Materials Testing Laboratory carries out testing of medical devices for the All Wales Contracts. Part of this work includes assaying protein levels in medical devices. Reports are available from SMTL on request and on their Internet site which documents protein levels in various medical devices, including gloves and urinary catheters.

Devices used especially gloves must be those on the All Wales Welsh Health Supplies contract.

6.3.2 Use of Non-Latex Devices

The use of non-latex devices is recommended in situations where staff or patients have a known latex allergy and contact with the device is unavoidable. All divisions must identify where latex free devices are available and identify a person who will be responsible for maintaining this equipment.

6.4 Responsibilities of the Occupational Health Service

Where covered by an appropriate Service Level Agreement (SLA), Occupational Health Departments, have a responsibility to: -

- 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
- Provide guidance to staff and managers on suitable and safe working environments for NRL sensitised employees.
- Facilitate investigation of staff suspected of having NRL allergy.
- Provide statistical and other relevant information concerning NRL allergy in staff to the Trust Estates Assurance Meeting, whilst maintaining individual confidentiality.

6.5 Housekeeping

Good housekeeping practices should be followed to remove latex-containing dust from the workplace. Areas potentially contaminated with powder from latex devices should be identified for frequent cleaning. Ventilation filters and vacuum bags should be changed frequently in these identified areas

7. Equality Impact Assessment Statement

This policy has been screened for relevance to equality. No potential negative impact has been identified.

8. References

- The Health and Safety Executive provides access to a wide variety of guidance and information via its website
- The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved code of practice and guidance
- Working with substances hazardous to health - What you need to know about COSHH
- HSE COSHH Essentials Website
- Personal Protective Equipment relevant to CoSHH Regulations Latex allergies in health and social care

9. Getting Help

Advisors for certain aspects of Health, Safety and Risk Management have been incorporated within the Trust structure, to provide specialist advice as outlined below:-

Assistant Director of Estates, Environment and Capital Development	Velindre NHS Trust Headquarters 2 Charnwood Court Heol Billingsley, Parc Nantgarw Cardiff CF5 7QZ
Health and Safety	**Trust Health & Safety Manager** Velindre NHS Trust Headquarters 2 Charnwood Court Heol Billingsley, Parc Nantgarw Cardiff CF5 7QZ Tel: WHTN 01875 6522 **VCC Health & Safety Advisor** Velindre Cancer Centre Velindre Road Whitchurch Cardiff CF14 2TL Tel: 02920615888 **WBS Health & Safety Advisor** Welsh Blood Service Ely Valley Road Talbot Green Pontyclun CF72 9WB Tel: 1797 2356
Occupational Health	Cardiff and the Vale University LHB Heath Park Cardiff CF14 4XW E-mail: occupational.health@wales.nhs.uk Telephone; 02920743264

Occupational Health provision has been established via formal service level agreements with the above-named local health boards. Staff working outside the Geographical region of South East Wales are provided with Occupational Health services via local arrangements with their Occupational Health provider. Where practical, the occupational health provision should cover formal health surveillance and health assessments in connection with identification of occupational hazards and risks, along with support and advice for staff.

10. Related Policies

This policy should be read in conjunction with, or reference made to, the following trust documents: -

Health, Safety and Welfare Policy	QS18
Control of Substances Hazardous to Health (COSHH)	QS33
Incident Reporting and Investigation Policy	QS 01
Medical Devices Equipment Policy Final	QS 24

11. Main Relevant Legislation

- The Health and Safety at Work etc., Act 1974
- The Control of Substances Hazardous to Health Regulations 2002 (as amended). Supported by the control of substances hazardous to health (L5) sixth Edition, published 2013, Approved Code of Practice and Guidance

Appendix 1

Health and Safety Executive – About Latex Allergies

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 (i.e. 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 e.g. 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 corn starch 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 (e.g. gloves, balloons, condoms, rubber bands) are a more frequent cause of allergic reactions to latex proteins than dry rubber products (e.g. 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 labelled to warn of NRL content. Because a much more serious reaction may occur when these items contact internal body surfaces,

e.g. 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 bloodborne 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 nonclinical 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 equalled 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	Dental dams
Oral and Nasal airways	Wound drains
Endotracheal tubes	Anaesthesia masks
Intravenous tubing	Blood pressure cuffs
Surgical masks	Syringes
Rubber aprons	Stethoscopes
Catheters	Tourniquets
Injection ports	Electrode pads
Bungs and needle sheaths on medicines	
Consumer items	
Erasers	Rubber bands
Balloons	Condoms
Contraceptive Cap	Hot water bottles*
Baby teats	Swimming cap and goggles
Stress balls	Carpets
Washing-up gloves	Tyres *
Adhesives	Shoe soles*
Underwear elastic	Calculator/remote control buttons
Sports equipment (e.g. hand grips and gym mats)	* dry rubber