



**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 March 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Updated Policy 431 – Latex Policy (Version 2)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety and Security Adam Springthorpe, Health & Safety Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Health and Safety Committee (HSC) is requested to approve the revised and updated Policy 431 – Latex Policy (Version 2). This report provides the required assurance that the Written Control Document has been developed in line with all relevant legislation/regulations and available evidence and can therefore be implemented within the Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

The Latex Policy encompasses all aspects of exposure to latex products with reference to possible allergic reactions. It outlines a consistent and standard approach to the use of latex products to ensure that HDdUHB complies with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

The policy objectives are to:

- Prevent symptoms due to latex allergy in both staff and patients.
- Ensure safe treatment for latex allergic staff and patients.
- Ensure safe working practices for latex allergic staff.

In order to comply with the Regulations, HDdUHB first implemented Policy 431 – Latex Policy in 2018, and through it, informed its employees of the arrangements for latex.

Asesiad / Assessment

There have been no changes to the relevant legislation or guidance since the 2018 Version 1 of the Policy, however the corporate structure in HDdUHB has changed and this has been reflected in the Policy i.e. the Owing Group is now the Health and Safety Advisory Group (HSAG), the lead Executive Director for the Policy is now the Director of Nursing, Quality and Patient Experience, rather than the Director of Operations, and the list of other HDdUHB documents to be read in conjunction with the Policy has been updated.

Although neither the legislation nor the guidance had changed, the Health and Safety Team were requested by a Scheduled Care representative to clarify some of the points in the Policy, particularly with reference to care of a latex sensitive person in hospital. A Task and Finish

Group meeting was held in January 2022 including representatives from Infection Control, Scheduled Care and Health and Safety to discuss the points raised and agree changes to the Policy. The changes are to Sections 11-13 and include a request for latex allergy information relating to patients to be ascertained and recorded wherever possible prior to admission at the consulting stage and also includes guidance on the protocol to be followed if it is discovered at the time of surgery that the patient has a latex allergy that has not been disclosed at pre-assessment (or where there has not been a pre-assessment).

The latex allergy section of the Occupational Health Department Health Questionnaire in Appendix 2 has been replaced with the current form.

The opportunity has also been taken as part of this update to introduce a record sheet for managers to log their annual hand checks for dermatitis for known latex users. This was developed in conjunction with the HDdUHB Occupational Health Consultant. It is included within the Policy as an appendix.

The reviewed and updated Policy was circulated to the full membership of the HSAG for comment for a period of two weeks. The Group comprises of representation from Health and Safety, Occupational Health, Operational Compliance and Manual Handling. Only minimal comments were received which have been actioned accordingly. The updated Policy was approved by the HSAG on 11th February 2022.

The Policy will be available in all areas via the HDdUHB Policy Internet site. For the Latex Policy to be successful, departmental managers will be required to ensure that latex risk assessments are conducted where required, as detailed in the Policy, and that actions are implemented and monitored within their areas of responsibility.

Compliance with this Policy will be monitored locally via the Workplace Inspection Checklist process and re-enforced within localities by local risk management and health and safety arrangements.

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within HDdUHB indicate otherwise.

A Summary Equality Impact Assessment has been undertaken and no evidence gathered to indicate a negative impact on any protected groups.

Argymhelliad / Recommendation

The Health and Safety Committee is requested to approve the revised and updated Policy 431 – Latex Policy (Version 2).

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Approve organisational Health and Safety Policies, Procedures, Guidelines and Codes of Practice (policies within the scope of the Committee).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement 2.1 Managing Risk and Promoting Health and Safety 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> Health and Safety Executive (2013) <u>L5 (6th Edition) Control of substances hazardous to health. Approved code of practice and guidance.</u> HSE Books. Health and Safety Executive (2004) <u>MS24 (2nd Edition) Medical aspects of occupational skin disease.</u> HSE Books. Latex Policy for Staff and Patients, NHS Wirral, 2012.
Rhestr Termiau: Glossary of Terms:	As contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Policy Task and Finish Group. Health and Safety Advisory Group. Local consultation.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No additional financial impact from approving this updated Policy.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff safety, health and wellbeing through compliance with this Policy.
Gweithlu: Workforce:	Not applicable.
Risg: Risk:	Not applicable.
Cyfreithiol: Legal:	A breach of health and safety regulations can result in the issue of prohibition or improvement notices or criminal proceedings.
Enw Da: Reputational:	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.
Gyfrinachedd: Privacy:	Not applicable.

**Cydraddoldeb:
Equality:**

The Equality Impact Assessment (EqIA) document from 2017 has been reviewed and updated.

This policy will reduce the risk of latex sensitivity / allergy through the control and management of latex exposure for all groups of people. Early detection of latex sensitivity / allergy offers early investigation and implementation of controls to prevent sensitivity / allergy progressing.

No evidence gathered to indicate a negative impact on any protected group(s).

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Hywel Dda
University Health Board

Latex Policy

FOR APPROVAL

Policy Number:	431	Supersedes:	1	Classification	Corporate
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V1	11/12/2017	HSEPSC	09/02/2018	12/02/2018	09/02/2021
V1	11/12/2017	HSEPSC - Extended	17/02/2021	17/06/2021	31/12/2021
V1	11/12/2017	HSC - Extended	10/01/2022	13/01/2022	10/07/2022
V2	10/02/2022	HSC			

Brief Summary of Document:	The policy encompasses all aspects of exposure to latex products with reference to possible allergic reactions. It outlines a consistent and standard approach to the use of latex products.
Scope:	This policy applies to all employees as well as those patients, visitors, contractors and members of the public who come into contact with Latex containing substances used by HDdUHB.
To be read in conjunction with:	010 - Health and Safety Policy 149 – Hand Hygiene Policy 151 – Personal Protective Equipment (PPE) Policy and Procedure 156 Risk Management Strategy & Policy 674 Risk Assessment Procedure 703 - Control of Substances Hazardous to Health (COSHH) Policy and Procedure 894 'Putting Things Right' Management and Resolution of Concerns Policy (Incidents, Complaints and Claims)

Owning group / committee	Health & Safety Advisory Group / Health & Safety Committee
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Executive Director:	Mandy Rayani	Job Title	Director of Nursing, Quality and Patient Experience
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	09/02/2018
2	Full Review	

Glossary of terms

Term	Definition
NRL	Natural Rubber Latex
COSHH	Control of Substances Hazardous to Health Regulations 2002
Type 1 Reaction	Immediate hypersensitivity reaction
Type 4 Reaction	Delayed hypersensitivity reaction

Keywords	Latex, Assessment, NRL, Natural Rubber Latex
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1. INTRODUCTION

The Hywel Dda University Health Board (HDdUHB) recognises that Natural Rubber Latex (NRL) can be hazardous to some patients and staff and that it is a potential sensitizer that may give rise to serious allergic reactions in those that have Type 1 latex allergy.

2. POLICY STATEMENT

This policy defines the specific organisational arrangements through which HDdUHB will reduce the risk of staff or patients developing Natural Rubber Latex allergy and ensure safe employment or treatment for those who become sensitised.

The policy includes sections relating to the management of staff and/or patients with a known or suspected latex allergy, and for the management of patients/staff considered to be at increased risk.

3. SCOPE

This policy applies to all staff employed by HDdUHB and is required to be disseminated throughout the organisation. The subject of latex and the contents of this policy should feature in all clinical staff's induction programmes.

4. AIMS

The aim of this policy is to provide guidance and raise awareness of the latest issues which affect patients and staff. The HDdUHB recognises the general duties imposed by the Health and Safety at Work Act, and the Control of Substances Hazardous to Health (COSHH) Regulations and as such has an obligation to minimise latex exposure so far as is reasonably practicable.

5. OBJECTIVES

The policy objectives are to:

- Prevent symptoms due to Latex allergy in both staff and patients.
- Ensure safe treatment for latex allergic staff and patients.
- Ensure safe working practices for latex allergic staff.

6. WHAT IS LATEX?

Latex is a natural product made from the rubber tree plant. It is used extensively in the manufacturing industry.

Latex consists of natural proteins and chemicals. Some individuals can be allergic to the **proteins** naturally found in latex and others are sensitive to the **chemicals** used in the manufacturing process.

6.1 Susceptible Individuals

High risk groups include the following with particular reference to:	
Staff who wear gloves frequently and for extended periods of time	Staff with a history of frequent exposure to latex
Workers with a history of atopy (asthma, hayfever or eczema)	Atopic individuals, particularly those with plant or food allergy (individuals sensitive to avocado, banana, kiwi fruit, chestnut and other nuts or fruit demonstrate an increased likelihood of sensitisation to rubber latex)
Individuals with neural defects e.g. Spina bifida	Individuals with genito-urinary abnormalities
Individuals with a history of multiple invasive surgery & repeated examination procedures	

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6.2 Routes of Exposure

<i>There are five known routes of exposure to latex allergens:</i>	
Skin e.g. via gloves, dressings, masks, urinary or colostomy bags	Mucous membranes e.g. products used in dentistry and anaesthesia, rectal and vaginal examinations, eye droppers
Inhalation, via aerolisation of latex particles	Internal tissue e.g. latex products used in surgery
Intravascular e.g. latex ports in IV devices, medicines	

6.3 Reactions to Latex

Latex allergy is an allergic reaction to one or more of the components of natural rubber latex products. There are three recognised types of reactions

<i>Reactions to Latex</i>	
Irritation	<p>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 that is characteristically dry and itchy. These symptoms usually resolve once contact with the latex product is discontinued.</p> <p>However, it is important to note that skin irritation may be caused by a wide range of substances. For example, skin cleansing and disinfecting agents may induce skin reactions that may be confused with latex sensitisation. Where necessary, advice should be sought on a differential diagnosis, precautions or treatment from an occupational physician.</p>
Delayed hypersensitivity (Type 4 Reaction)	<p>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 characterised by a red rash on the back of the hands and between the fingers. The skin may become leathery and express papules or blisters.</p> <p>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.</p> <p>In some cases of latex sensitisation this may result in the individual becoming sensitised to unrelated latex containing devices.</p>
Immediate Hypersensitivity (Type 1 Reaction)	<p>This reaction is predominantly a response to the natural protein residue found in natural rubber latex. The type of reaction, sometimes referred to as an Immunoglobulin E (IgE) response, generally produces symptoms within 5-30 minutes of latex exposure.</p> <p>Such a reaction is almost immediate in effect but usually diminishes rapidly once the contact with the rubber material has ceased. The symptoms are characterised by local or generalised urticaria and oedema.</p> <p>If mucous membranes are affected rhinitis, conjunctivitis or asthma may result. Respiratory difficulties and anaphylaxis may occur in extreme cases.</p>

6.4 Symptoms in anaesthetised or unconscious patients exposed to latex

Symptoms in anaesthetised or unconscious patients exposed to latex may include some or all of the following:

<i>Anaesthetised or unconscious patients</i>			
Tachycardia	Urticaria	Hypotension	Bronchospasm
Flushed appearance	Facial oedema	Laryngeal oedema	Cardio-respiratory arrest

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6.5 Symptoms in a conscious patient or staff member exposed to latex

Symptoms in a conscious patient or staff member exposed to latex may include some or all the following:

<i>Conscious patient or staff member exposed</i>			
Itchy eyes	Generalised pruritis	Shortness of breath chest/difficulty in breathing	Feeling faint
Nausea	Vomiting	Abdominal pain	Feeling of impending doom or panic

6.6 Identification of high-risk patient groups

<i>Reactions to Latex</i>	
Group 1	History of anaphylaxis to natural rubber latex or positive skin prick test to latex (Type 1)
Group 2	History of allergy/ sensitivity to natural rubber latex (Type1) a) Itching, swelling or redness after contact with rubber products b) Swelling of tongue or lips after dental examinations or blowing balloons
Group 3	Patient at risk but without history of natural rubber latex sensitivity a) Repeated catheterisation, e.g. spina bifida, urogenital abnormalities. b) Atopic nature/multiple allergies especially specific fruits e.g. Bananas, avocado, kiwi.
Group 4	IV chemical sensitivity

7. MANAGEMENT OF LATEX SENSITISATION IN STAFF AND PATIENTS

Managers must ensure that if a member of staff reports symptoms as identified in 6.5 following exposure to latex products a risk assessment is carried out. Appendix 1 contains the Latex Allergy Risk Assessment Form that should be used for this purpose. The manager should discuss any activities that may result in contact with latex products and document these using this form.

The risk assessment highlights any controls that are already in place and any additional controls required. The assessment can be undertaken with assistance from the Health and Safety Managers and/or Occupational Health nursing staff if required. Health surveillance should be provided where appropriate.

Management of Groups 1&2: Requires a total Latex-Free Environment.

Management of Groups 3&4: Use NRL-Free Gloves and Maintain A High Degree of Suspicion

In the case of irritation or delayed reaction:

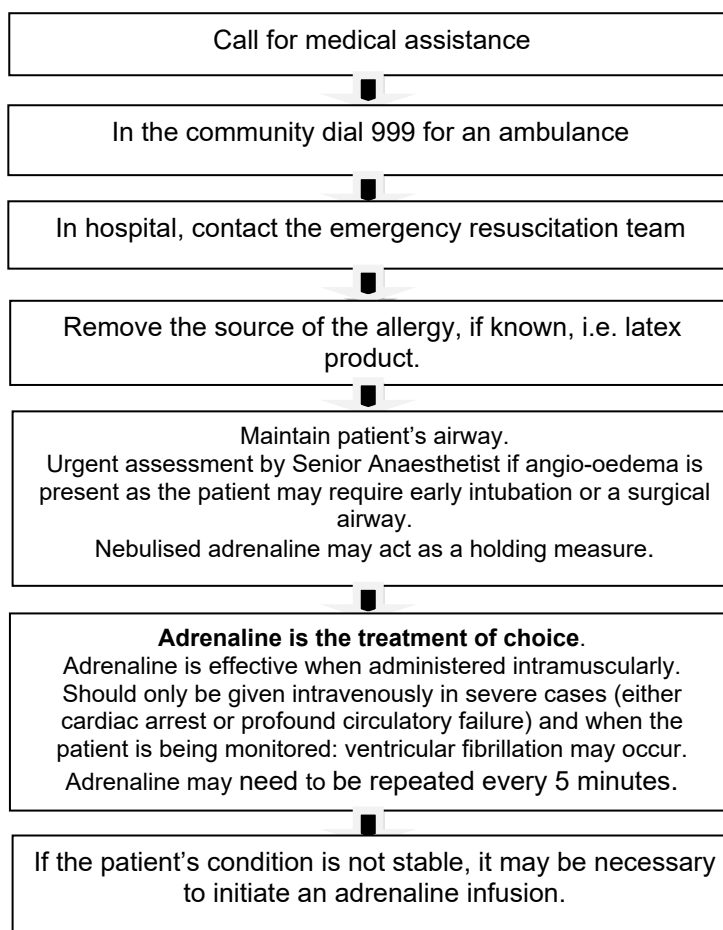
- Immediately stop using latex products;
- Refer the patient to a medical practitioner for treatment or the Occupational Health Department if a member of staff;
- The consultant caring for the patient / staff should consider whether a dermatological assessment is required;
- Complete a Datix incident report form, filling in all sections and including as much information as possible, the signs and symptoms experienced by the patient, the product name, manufacturer, batch number if known, etc;
- Inform the sister / senior nurse and in the community, the team leader / senior nurse and the general practitioner.

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In the case of immediate sensitivity (anaphylactic reaction):

For a mild anaphylactic reaction - Steroids or rarely intramuscular adrenaline may be all that is necessary if the condition is progressing slowly and not life threatening.

For a severe anaphylactic reaction - The following flow chart should be followed:



8. PREVENTION OF LATEX ALLERGY

<i>Prevention of latex allergy</i>	
Warn all potentially affected workers of the hazards associated with latex.	Do not wear latex gloves for longer than is necessary
Avoid the use of oil-based emollient hand creams or lotions when wearing latex gloves. The hand cream provided by the HDdUHB is not oil based	Cover any open wounds with waterproof dressings when in work. Change dressings when they are soiled or become non-adherent
Always wash and thoroughly dry hands immediately following the removal of gloves	Ensure information on patient allergies are ascertained and recorded in patients' history. However, this should be extended to include specific questions which may detect known or possible occurrence of latex allergy prior to admission at consultation stage e.g. Ante-Natal clinic, Out-patient clinic, Pre-op assessment clinic, routine admission and on first assessment in the Community (see Appendix 2: Latex Allergy Screening Questionnaire).
Staff must be aware of the potential dangers to patients posed by latex sensitisation e.g. gloves, catheters, condoms, elasticated bandages and wound dressings.	

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9. STAFF APPLICANTS & NEW EMPLOYEES

- All new staff must complete a health assessment questionnaire. All clinical staff are asked to complete the screening Occupational Health Service Latex Allergy Health Questionnaire, a copy of which can be found in Appendix 2.
- This questionnaire is reviewed by the Occupational Health Nurse who, with their knowledge of working practices and risks, can make an assessment of the risk to the individual and confirm that they can be identified as fit to undertake the role.
- If a job applicant is suspected of having a Latex allergy or being at high risk of developing one then the manager should be informed with the employee's consent. They should then put control mechanisms in place and formulate an action plan for that individual.
- All clinical staff are likely to a greater or lesser extent to be exposed to latex. An annual health surveillance questionnaire should be completed by the departmental / line manager. Any indication that the individual may be at risk of latex allergy should be referred to the Occupational Health Department for advice.

10. DURING EMPLOYMENT

- All employees using gloves should have an annual hand check for dermatitis (redness, itching, dryness or scaling) by their manager, utilising the checklist in Appendix 5. If abnormal they should be referred to the Occupational Health Department for advice and increased surveillance.
- It is the responsibility of all staff who are exposed to Latex at work to report any adverse symptoms to their managers, complete a Datix form under the category of ill health and to make an early appointment with an Occupational Health Nurse. In the interim they should avoid latex products as far as reasonably practicable.
- It is now well recognised that prolonged / frequent use of latex gloves presents a risk of skin sensitisation. The more the individual wears latex gloves the more chance they have of developing latex problems.
- All staff should wash hands before and after wearing gloves. Please refer to 149 – Hand Hygiene Policy.
- Staff should only use hand cream provided by HDdUHB when wearing latex gloves as other creams may increase the penetration of the allergens.
- For staff known to be sensitised to Natural Rubber Latex (NRL) and those considered to be at a high risk of developing sensitisation, a higher level of health surveillance including a periodic clinical assessment by an Occupational Health Nurse will be conducted. In these circumstances employees and their managers will be advised on how best to avoid Latex and how to manage their sensitivity in the workplace. A referral may be made to a Dermatologist for investigations. The health care worker may be advised to have a medic alert bracelet and their colleagues should be made aware of their allergy and possible consequences.
- Where it is confirmed that an individual is sensitised to latex a report is made to the Health and Safety Executive in accordance with requirement of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). This should be done by a member of the Health and Safety Team.

11. CARE OF A LATEX SENSITIVE PATIENT IN HOSPITAL

- Effective communication between staff from all departments involved in the care of the patient is essential in maintaining patient safety.
- Information on patient allergies should be ascertained and recorded in the patients' history. This should be extended to include specific questions which may detect known or possible occurrence of latex allergy **prior to admission** at consultation stage, e.g. Ante-Natal clinic, Out-patient clinic, Pre-op assessment clinic, routine admission and on first assessment in the Community (see Appendix 2: Latex Allergy Screening Questionnaire).

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- **On admission**, the named nurse will complete / check the latex allergy questionnaire.
- Patients with a known allergy are to be nursed in a single room in order to maintain a latex free environment, with a clear notice on the door. Remove all latex products from the patient's room.
- The patient's notes must be documented as '**Latex Allergy**' on the inside cover. This is also to be included in all relevant documentation i.e. nursing notes, medication chart, medical notes and on procedure request forms to other departments, e.g. X-ray, Physiotherapy etc. Where patient notes are electronic, a suitable allergy warning marker should be applied.
- Notify all departments who are involved in treatment, investigation or care for the patient to ensure that all necessary precautions are maintained, e.g. Operating Theatres, Physiotherapy, Radiology and Pharmacy etc. It is vital that they are informed as early as possible to allow them to obtain the necessary latex free products.
- Do not use any product that contains latex for nursing, surgical, medical or any other procedure. A list of common products containing latex can be found in Appendix 3.
- Most equipment today is latex free; however, check all labels and packaging before use to ensure they do not contain latex. If in doubt do not use the item until it has been determined that it is latex free.
- Educate the patient about latex allergy and the possibility of obtaining a Medic Alert bracelet or locket.
- Where a Type1 allergy is confirmed and surgery or other medical procedures are imminent, patients should be scheduled first on the theatre list to minimise exposure to airborne latex allergens.
- Obstetric patients who have known or have possible latex allergies should be noted at booking clinic and all appropriate departments notified at this time, i.e. ward, pathology laboratory and theatres.
- Where an emergency patient is admitted and it is not possible to confirm latex allergy information, every effort should be made to check the patient's notes for allergy alerts and warning markers and to check the patient for a Medic Alert bracelet/lockets or allergy card.

12. PRE-OPERATIVE PROCEDURE

1. Check waiting list card for known allergy to Natural Rubber Latex. If yes, proceed to 3.
2. Ask if the patient has an allergy to Natural Rubber Latex. If yes, proceed to 3.
3. Conduct the Risk Assessment in Appendix 1 and file it in the patient's notes once completed.
4. Place the patient first on the list for theatre*.
5. Ensure that the operating theatre is clean and that all possible Natural Rubber Latex containing items are removed.

* If it is discovered at the time of surgery that the patient has a latex allergy that has not been disclosed at pre-assessment (or where there has not been pre-assessment), the surgery should be re-scheduled for the safety of patient, to a time where point 4 above can be ensured.

13. CARE OF A LATEX SENSITIVE PATIENT IN THE COMMUNITY

- Information on patient allergies should be ascertained and recorded in the patients' history. This should be extended to include specific questions which may detect known or possible occurrence of latex allergy on first assessment in the Community (see Appendix 2: Latex Allergy Screening Questionnaire).
- Ensure all documentation is marked as '**Latex Allergy**' to ensure continuity of care. Update the patient's care plan. Where patient notes are electronic, a suitable allergy warning marker should be applied.
- Do not use any product that contains latex for nursing, surgical, medical or any other procedure.

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- Check all labels and packaging before use to ensure items do not contain latex. If in doubt do not use the item until it has been determined that it is latex free.
- Remember to check other items such as urinary catheters, syringes, IV giving sets and dressings or bandages (refer to list in Appendix 3).
- Advise the patient to remove or replace latex products at home.
- Educate the patient about latex allergy and the possibility of obtaining a Medic-Alert bracelet or locket.

14. RESPONSIBILITIES

The Chief Executive Officer (CEO) has overall responsibility for this policy, to ensure a safe working environment where reasonably practicable control measures can be applied to minimise the risks from Natural Rubber Latex (NRL). The CEO will ensure that all appropriate health care professionals are informed of and follow the Latex policy.

The Director of Nursing, Quality and Patient Experience has delegated Executive Board responsibility for the management of Health and Safety and therefore operational implementation of this and other Health and Safety policies. They will be aided by various forums including the Health, Safety and Emergency Planning Sub-Committee, the Infection Prevention and Control Committee and the Partnership Forums.

All Departmental / Line Managers are responsible for ensuring that the Latex Policy is implemented and monitored within their areas of responsibility. In particular they are responsible for:

- Undertaking and documenting an annual hand check for dermatitis (redness, itching, dryness or scaling) for all employees using gloves, utilising the checklist in Appendix 5. If abnormal they should refer the member of staff to the Occupational Health Department for advice and increased surveillance.
- Ensuring that NRL risk assessments are undertaken with regard to any member of staff who reports latex issues or to any work and clinical activities within their areas of responsibility. (Appendix 1 contains the Latex Allergy Risk Assessment Form that should be used for this purpose).
- Identifying and implementing any actions / controls required following the NRL risk assessment (further advice may be sought from the Occupational Health Department).
- Ensuring that the necessary level of care that is required for latex sensitive patients is provided.
- 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 concerns:
 - Reporting NRL allergic reactions suffered by patients via the incident reporting process (Datix).
 - Reporting symptoms suggestive of NRL allergy in staff to the Occupational Health Department.
- Should a member of staff be advised by the Occupational Health Department to have time off work, managers should liaise with the employee and Occupational Health to ensure that any rehabilitation plan to assist in the individual's return to normal working duties is achieved. This may also involve providing suitable alternative employment.

The Health and Safety Advisory Group is responsible for:

- Monitoring all staff accidents and incidents, including those events and claims relating to Natural Rubber Latex;
- Escalating risks to the Health and Safety Committee (HSC) for discussion and potential escalation to the appropriate HDdUHB risk register.

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The Head of Health, Safety & Security and/or Health & Safety Manager is responsible for:

- Providing advice to managers and staff on the management of NRL and assisting with the risk assessment process if required.
- Supporting managers as required in the investigation of incidents that have occurred.
- Providing advice to managers on areas of non-compliance or when hazards are identified.
- Reporting incidents to the Health and Safety Executive (HSE) as required by the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) as appropriate.

The Occupational Health Departments are responsible for:

- Ensuring that all new staff complete a health assessment questionnaire and that all clinical staff are asked to complete the screening Occupational Health Service Latex Allergy Health Questionnaire (a copy of which can be found in Appendix 2).
- Reviewing the questionnaires. With their knowledge of working practices and risks they will make an assessment of the risk to the individual and confirm that they can be identified as fit to undertake their role.
- Providing periodic health surveillance to staff known to be sensitised to Natural Rubber Latex (NRL) and those considered to be at a high risk of developing sensitisation.
- Providing advice to managers and staff on the management of NRL and assisting with the risk assessment process if required.

The Locality Infection Prevention Team will promote the implementation of this policy in clinical practice and act as a resource for guidance and support when advice is required.

All Employees are responsible under the Health and Safety at Work Act 1974 to co-operate with their managers to achieve a healthy, safe workplace and to take reasonable care of themselves and others. All employees should:

- Make full and proper use of the guidelines to protect themselves and patients from potentially harmful exposure to latex and make use of alternative latex products provided.
- Report to their manager any allergic reactions, irritations or suspected increase in latex sensitization from gloves / equipment amongst themselves and patients. They must ensure that the incident is reported through the Datix system. The employee can also self-refer to the Occupational Health Department.
- Document and communicate information regarding patients' allergies to other healthcare professionals. This information must be recorded in the patients' health records.
- Wash and dry their hands thoroughly before, and particularly after, the wearing of any protective glove.
- Take reasonable care to avoid latex products in the workplace if they are known to adversely react to latex products.

15. TRAINING

Training in relation to the application of this policy will be delivered at ward level and covered as part of induction in relevant clinical areas.

16. IMPLEMENTATION

This policy will be available in all clinical areas via the HDdUHB Intranet site. The Health, Safety and Security Team will monitor and review this policy on a three-yearly basis (or sooner in light of changes in legislation or practice). This will provide a measurement of performance and ensure adequate processes and structures are in place, as well as continuing compliance with statutory responsibilities.

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17. ACKNOWLEDGEMENTS, REFERENCE MATERIAL & FURTHER INFORMATION

The following reference sources have been used in the compilation of this Latex Policy:

- Health and Safety Executive (2013) L5 (6th Edition) Control of substances hazardous to health. Approved code of practice and guidance. HSE Books
- Health and Safety Executive (2004) MS24(2nd Edition) Medical aspects of occupational skin disease. HSE Books
- Latex Policy for Staff and Patients, NHS Wirral, 2012

Relevant law:

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Further Information:

- Appendix 3 – Common products containing latex
- Appendix 4 – Glove guidelines
- 149 – Hand Hygiene Policy
- 151 – Personal Protective Equipment (PPE) Policy and Procedure

More information on latex is available on the HSE website:

<http://www.hse.gov.uk/healthservices/latex/>

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18. APPENDIX 1 – LATEX ALLERGY RISK ASSESSMENT FORM

Do you react to rubber products such as balloons, rubber gloves, erasers, rubber bands etc? Or have a known allergy to Natural Rubber Latex (NRL)? Do you have a history of anaphylaxis?

YES **NO**

Do you react to or have a known allergy to the following fruits; Apricots, bananas, cherry, grapes, kiwi, mango, passion fruit? Do you suffer from eczema? Do you suffer from asthma?

YES **NO**

Do you fall into the following groups; healthcare worker, multiple catheters, Spina Bifida, documented reaction to IV drugs administration?

YES **NO**

Staff member details or Patient details: attach addressograph label.

Type of

Immediate: seconds /< 2hrs
Itching, nettle rash, swelling, running nose, wheezing, anaphylaxis?
POTENTIAL TYPE 1

HIGH RISK

- Full precautions required
- Establish and maintain a Latex Free environment
- Care plan required
- Document in notes & communicate at handover

Immediate irritation then delayed 6-48 hrs. Localised redness, swelling cracking of skin.
POTENTIAL TYPE 4

SOME RISK

- Use latex free gloves and latex free invasive products
- Monitor patient
- Care plan required
- Document in notes & communicate at handover

LOW RISK
No additional precautions needed

OUTCOME

HIGH RISK	tick
SOME RISK	tick
LOW RISK	tick

Signature _____

Date _____

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Latex Allergy Risk Assessment

1. Identify and record latex risks present, groups of staff at risk, systems and adequacy of control of risk.
2. Where systems of control are inadequate or absent also complete **section B**

Section A

Risk Number	Risk Description				
	Existing control measures				
	Control measures adequate	Yes		No	

Risk Number	Risk Description				
	Existing control measures				
	Control measures adequate	Yes		No	

Risk Number	Risk Description				
	Existing control measures				
	Control measures adequate	Yes		No	

Risk Number	Risk Description				
	Existing control measures				
	Control measures adequate	Yes		No	

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Section B: Additional Control Measures

Risk Number	Action Required	By Whom	Date Completed

Details of Assessors

	Signature	Job Title		Date
Assessor 1				
Assessor 2				
Review Dates				

RESTRICTED UNTIL APPROVED

19. APPENDIX 2 – OCC. HEALTH DEPT: LATEX ALLERGY HEALTH QUESTIONNAIRE

PART E LATEX QUESTIONNAIRE		
To be completed by all staff who may come into contact with Latex during the course of employment		
	YES	NO
Do you believe you have an allergy to latex? If yes, what type of allergic reaction: What latex product(s) caused it:	<input type="checkbox"/>	<input type="checkbox"/>
Have you suffered from redness, irritation, or swelling at the site of exposure to latex e.g. gloves, balloons, condoms? If yes, how soon after latex exposure do the symptoms begin: []	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever noticed any local swelling following medical or dental treatment? If yes, how soon after do the symptoms begin: []	<input type="checkbox"/>	<input type="checkbox"/>
Are you allergic to any of the following foods: bananas, avocados, raw potatoes, kiwi fruit or chestnuts? If yes, to what: []	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other nut or food allergies? If yes, what: []	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from a very severe allergic reaction (anaphylaxis)? If yes, what was the cause: []	<input type="checkbox"/>	<input type="checkbox"/>
Have you suffered from:	<input type="checkbox"/>	<input type="checkbox"/>
a) Asthma	<input type="checkbox"/>	<input type="checkbox"/>
b) Eczema e.g. childhood or infancy	<input type="checkbox"/>	<input type="checkbox"/>
c) Dermatitis of hands (redness, soreness, cracking)	<input type="checkbox"/>	<input type="checkbox"/>
When exposed to latex either at work or at home or as a patient have you ever had:	<input type="checkbox"/>	<input type="checkbox"/>
a) Itchy /watery eyes	<input type="checkbox"/>	<input type="checkbox"/>
b) Sneezing / rhinitis / runny nose	<input type="checkbox"/>	<input type="checkbox"/>
c) Wheezing / tight chest	<input type="checkbox"/>	<input type="checkbox"/>
d) Rashes other than at the site of latex exposure e.g. urticaria (nettle rash)	<input type="checkbox"/>	<input type="checkbox"/>
e) Collapse (anaphylaxis)	<input type="checkbox"/>	<input type="checkbox"/>
In your lifetime have you had four or more operations?	<input type="checkbox"/>	<input type="checkbox"/>
Does your current work involve frequent glove use?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, on average how many hours each day are gloves worn? (state hours)	Hours: []	
On average, how many times a day do you change latex gloves? (state times)	Times: []	
ADDITIONAL COMMENTS: []		

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20. APPENDIX 3 – COMMON PRODUCTS CONTAINING LATEX

<i>Common Medical Devices containing Latex</i>		
Adhesive tape	Ambu bags	Band-Aids and similar
Bulb syringes	Colostomy pouch	Condom urinary collection devices
Dental cofferdams	Elastic bandages	Electrode pads
Enema tubing kits	Fluid warming blankets	Gloves - examination and sterile
Haemodialysis equipment	Mattresses on stretchers	Neonatal incubator
PCA syringes	Protective sheets	Rubber gloves
Rubber pads	Stethoscope tubing	Stomach and GI tubes
Tourniquets	Urinary catheters	Wound drains

<i>Anaesthesia and Operating Room Equipment</i>		
Blood pressure cuffs	Bile bags	Chest drainage units
Drapes	Electrode pads	Endotracheal tubes
Epidural catheter injection adapters	Eye shields	Head straps
Injection ports on iv bags	Laparoscopy insufflation hoses	Linear/Burr hole drapes
Latex cuffs on plastic tracheal tubes	Latex injection ports on iv tubing	Multidose vial stoppers
Needle counting systems	Naso-pharyngeal airways	Oral-pharyngeal airways
Porous tape	Penrose tubing	Rubber suction catheters
Rubber breathing circuits	Rubber ventilation bellows	Rubber masks
Rubber tourniquets	Surgical masks	Teeth protectors & Bite blocks

<i>Miscellaneous Products Containing Latex</i>		
Adhesive tape	Balloons	Condom
Camera eyepiece	Diaphragm	Dummies
Household work gloves	Paint	Raincoats
Shower cap	Swimming fins	Tennis/squash shoes

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21. APPENDIX 4 - GLOVE GUIDELINES

The purpose of wearing gloves is:

- i) To protect the hands from contamination with a patient's blood/body fluids.
- ii) To protect the patient from any micro-organisms present on the skin of the hands and to minimise cross-infection.

NB. Gloves must be changed between performing each procedure/examination. Hands must always be washed and dried thoroughly after wearing gloves.

GLOVE TYPE	APPLICATION
Surgeons Sterile Latex or combination, e.g. latex/hydrogel	<ul style="list-style-type: none"> ▪ Asepsis/Surgery/Invasive procedures e.g.: <ul style="list-style-type: none"> - Theatres - Labour Suites - Minor Surgery - Radiology Invasive Procedures - Sterile pharmaceutical preparations
Surgeons Sterile Synthetic	For use with above procedures on Latex Sensitive patients and staff
Sterile Latex (examination)	<ul style="list-style-type: none"> ▪ All aseptic nursing/medical procedures e.g. <ul style="list-style-type: none"> - Insertion and removal of catheter lines - Wound care/biopsies - Tracheostomy care - Interrupting closed systems - intravenous lines - urinary catheters - Removal of sutures/drains/clips - Suction of airways
Sterile Synthetic (examination)	For use with above procedures on Latex Sensitive patients and staff
Non-sterile Latex (examination)	<ul style="list-style-type: none"> ▪ For all Non-sterile procedures ▪ Personal protection when in contact with blood/body fluid/mucous membranes ▪ Prevention of cross-infection e.g. <ul style="list-style-type: none"> - Venepuncture /IV cannulation/IM - Removal of peripheral IV cannula - Catheter care/emptying bag - Stoma care - Potential of hand contamination with blood /body fluids - Enemas/suppositories - Handling clinical waste - Handling wet/soiled linen - Specimen collection - PV/PR examinations - Inserting NG tubes - Laboratory staff use - Eye/mouth care - Direct contact with patient with communicable infection - Handling contaminated equipment - Administering Cytotoxic therapy

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Non-sterile (examination) Synthetic (e.g. Nitrile)	Latex Sensitive patients and staff
Polythene non sterile	Catering Department
Domestic (Marigold)/Nitrile	Cleaning
Heavy Duty Rubber (Nitrile)	Handling toxic chemicals/pharmaceuticals

For further information please refer to the following HDdUHB Policy and Procedure documents:
149 – Hand Hygiene Policy
151 – Personal Protective Equipment (PPE) Policy and Procedure

22. APPENDIX 5 – MANAGER’S ANNUAL HAND CHECK FOR DERMATITIS RECORD SHEET

			Symptom Checker					
Date	Latex User	Assessor	Dryness?	Itching?	Redness?	Further Developments?*	Comments	Referral Required?

* Further developments can include flaking, scaling, cracks, swelling and blisters.