

The Newcastle upon Tyne NHS Hospitals Foundation Trust

Latex Operational Policy

Effective December 2008

Review December 2011

1. Introduction

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

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 and staff to certain treatments e.g. repeated catheterisation, surgery and use on wards also led to increased exposure and an increasing risk of developing allergy (a process referred to as sensitisation).

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

2. Scope

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

3. Policy Objectives

The Newcastle upon Tyne Hospitals 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.

This policy defines the specific organisational arrangements through which Newcastle upon Tyne Hospitals 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. The protocol is: [Ward & Department Natural Rubber Latex Sensitivity Protocols](#)

4. Responsibilities of Trust Board

The general responsibilities of the Trust Board are detailed in the Trust [Health and Safety Policy](#) .

5. Responsibilities of Chief Executive

- 5.1 The Board vests in the Chief Executive responsibility for ensuring the development of and compliance with this policy.
- 5.2 The delegated authority for co-ordinating and monitoring implementation of this policy and the associated protocols/procedures will lie with the Latex Advisory Group (LAG), a sub-group of the Trust Health and Safety Committee. Specialist Advisors (Consultant Immunologist/Allergist, Consultant Dermatologist and Nurse Practitioner in Allergy with interests in NRL Allergy) to the LAG and the Trust will be identified.

6. Responsibilities of Directorate Management Teams

The Directorate Management 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.

7. Responsibilities of Line Managers (Including Consultants)

Line managers are responsible for:

- 7.1 Ensuring that a COSHH risk assessment is undertaken with regard to work and clinical activities requiring the use of NRL-containing products within their areas of responsibility. Specific individual risk assessment will be required where patients or staff are identified as allergic to NRL. See Trust's Policy in respect of [COSHH](#) . Health & Safety Committee are responsible for the provision of necessary training in COSHH assessment including NRL. Where staff are identified as Latex users a record should be maintained by the Ward/Department Manager and a referral made to Occupational Health to arrange health surveillance.
- 7.2. Identifying and implementing any action/control required following the NRL risk assessment, using the NRL Allergy protocols developed by the LAG, but adapting these if necessary for their areas of responsibility (further advice may be sought from LAG, the Specialist Adviser or Occupational Health).
- 7.3. Ensuring that staff are given the necessary information, instruction and training to enable them to manage NRL allergy and comply with this policy. Infection Control will assist, through their link nurses, in raising these issues at ward/department level, including the need for reporting:
 - 7.3.1 NRL allergic reactions suffered by patients via the critical incident reporting mechanism.
 - 7.3.2 Symptoms suggestive of NRL allergy in staff to the Occupational Health Department.

8 Responsibilities of Staff

- 8.1 Having been provided with information, instruction and training, staff will comply with this policy and follow the associated protocols/procedures/safe systems of work for their area(s) of work and responsibility.
- 8.2 Staff are strongly advised to report possible NRL allergy symptoms to the Occupational Health Department and to their line manager.

9. Responsibilities of the Supplies Department

- 9.1 Monitor all products which have the potential to contain NRL by liaising with manufacturers and advise management of their findings.
- 9.2 Maintain a database of latex-free products
- 9.3 Advise on the availability of alternative products.

10. Responsibilities of the Occupational Health Service

- 10.1 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.
- 10.2 Provide guidance to staff and managers on suitable and safe working environments for NRL sensitised employees.
- 10.3 Facilitate investigation of staff suspected of having NRL allergy.
- 10.4 Provide statistical and other relevant information concerning NRL allergy in staff to the LAG, whilst maintaining individual confidentiality.
- 10.5 Occupational Health will perform appropriate health surveillance on all staff who are identified as latex users.

11. Responsibility of the Patient Safety Advisors (CGARD)

- 11.1 Patient Safety Advisors will provide anonymised summaries of all patient related NRL allergy incidents to the LAG.

12. Responsibilities of the Latex Awareness Advisory Group

- 12.1 Co-ordinate and monitoring implementation of this policy.
- 12.2 Co-ordinate and monitor the control of cross-directorate NRL risks
- 12.3 Identifying, with managers, the resources required for staff training and other aspects of the implementation of this policy.
- 12.4 Providing advice to managers developing protocols/procedures/safe systems of work relating to NRL allergic patients. (Generic protocols/procedures relating to NRL allergy and patient care will be produced by the LAG, but will require revision depending on the outcome of local risk assessment)
- 12.5 Reviewing reports from Occupational Health Service and Clinical Risk Managers

regarding NRL allergy related matters.

- 12.6 Providing annual reports regarding NRL allergy matters to the Trust Health and Safety Committee and the Clinical Risk Committee. Interim reports will be provided to one or both groups where considered necessary to highlight specific concerns.

13. Responsibilities of the Specialist Advisers (Consultant Immunologist, Consultant Dermatologist and Nurse Practitioner in Allergy)

- 13.1 Maintain an up-to-date knowledge on NRL and related allergy.
- 13.2 Provide advice about NRL and related allergy to the LAG and to managers.

14. Membership of the Latex Advisory Group

Membership will include:

- Consultant Immunologist (Chairman & specialist adviser)
- Nurse Practitioner in Allergy (specialist adviser)
- Consultant Dermatologist (Specialist Adviser)
- Occupational Health representative
- Patient Safety Advisor
- Health & Safety Committee representative
- Representative of Infection Control Committee
- Other clinical representatives:
 - Pharmacy
 - Perioperative care
- Procurement/Supplies representative
- Risk Support Officer, CGARD (Secretary)

The group will have access to specialist advice where required from other Directorates and Services.

15. Monitoring

Compliance with this Policy will be monitored by the LAG, which will instigate Clinical Directorates, PSAs, Occupational Health and Specialist Advisers to provide regular reports to the LAG. These reports will identify any areas for improvement and the actions to be taken, and these action plans will be monitored by the LAG until all actions are completed.

Author: Consultant Immunologist

Disposable Glove Usage

Gloves are an essential requisite to Personal Protective Equipment (PPE) and have two primary functions:

- Protecting the Operator and,
- Protecting the patient.

When considering glove use a risk assessment should be made, to identify if there is a risk of exposure to any of the following:

- Blood/body fluids
- Non-intact skin
- Mucous membrane
- Chemicals/hazardous substances
- Patients in Source Isolation (e.g. MRSA, *Clostridium difficile*)

If there is exposure to any of the above then gloves must be worn along with any other necessary personal protective equipment (see the Trust Standard Precautions policy). These must then be removed immediately following completion of the task and not used when carrying out any other task.

Please note: Gloves are not a substitute to hand hygiene, therefore hands must always be washed on removal of gloves. Gloves must never be washed.

In accordance with the Control of Substances Hazardous to Health Regulations (2002) the glove of choice for this Trust is Nitrile which is a synthetic alternative to latex.

Ensure that appropriate gloves are selected for the task, e.g. do not use sterile surgeons gloves when sterile examination gloves are sufficient, as there are huge cost implications.

If staff experience any skin problems or have difficulties in complying with this policy they should contact the Occupational Health department. Those staff who use Latex gloves will be required to attend the Occupational Health Department for mandatory annual health surveillance.

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Latex Operational Policy	Policy Author:	Dr Gavin Spickett
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	Policy does not affect any groups less or more favourably than others.
	• Ethnic origins (including gypsies and travelers)	No	Policy does not affect any groups less or more favourably than others.
	• Nationality	No	Policy does not affect any groups less or more favourably than others.
	• Gender	No	Policy does not affect any groups less or more favourably than others.
	• Culture	No	Policy does not affect any groups less or more favourably than others.
	• Religion or belief	No	Policy does not affect any groups less or more favourably than others.
	• Sexual orientation including lesbian, gay and bisexual people	No	Policy does not affect any groups less or more favourably than others.
	• Age	No	Policy does not affect any groups less or more favourably than others.
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	Policy does not affect any groups less or more favourably than others.
2.	Is there any evidence that some groups are affected differently?	No	Policy does not affect any groups less or more favourably than others.
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	Policy does not affect any groups less or more favourably than others.
4.	Is the impact of the policy/guidance likely to be negative?	No	Policy does not affect any groups less or more favourably than others.
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	

For advice on answering the above questions please contact Helen Lamont, Deputy Director Nursing & Patient Services, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation with relevant stakeholders to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker.

Name of Person responsible for completion of this form and who else has been involved in the consultation process: Dr Gavin Spickett, Allison Sykes, Infection Control Nurse

Date of Completion: 23/10/2008 Action Plan due (or Not Applicable): NA

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)