The Newcastle upon Tyne NHS Hospitals Foundation Trust

Latex Operational Policy

| Version No.: | 4.2 |
| Effective From: | 27 October 2015 |
| Expiry Date: | 27 October 2018 |
| Date Ratified: | 1 July 2015 |
| Ratified By: | Clinical Risk Group |

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.

4  **Duties (Roles and Responsibilities)**

4.1 **Responsibilities of Trust Board**

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

4.2 **Responsibilities of Chief Executive**

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

4.3 **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.

4.4 **Responsibilities of Line Managers (Including Consultants)**

Line managers are responsible for:

- 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 Line Manager and a referral made to Occupational Health to arrange health surveillance.
- Identifying and implementing any action/control required following the NRL risk assessment, using the NRL Allergy protocols developed by the LAAG, but adapting these if necessary for their areas of responsibility (further advice may be sought from LAAG, the Specialist Adviser or Occupational Health).
- 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:
  - NRL allergic reactions suffered by patients via the critical incident reporting mechanism.
Symptoms suggestive of NRL allergy in staff to the Occupational Health Department.

4.5 Responsibilities of Staff

- 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.
- Staff are obliged under Health & Safety at Work Act and COSHH Regulation to report possible NRL allergy symptoms to the Occupational Health Department and to their line manager.

4.6 Responsibilities of the Supplies Department

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

4.7 Responsibilities of Interserve

- Ensure that all non-Trust staff are aware of the relevant Trust Policies in regard to Health & Safety and Latex.
- Ensure that their staff and contractors do not use latex products without appropriate risk assessment and consultation with the Trust’s Health & Safety Advisors.

4.8 Responsibilities of the Occupational Health Service

- 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 LAG, whilst maintaining individual confidentiality.
- Occupational Health will perform appropriate health surveillance on all staff who are identified as latex users.

4.9 Responsibility of the Patient Safety Advisors (CGARD)

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

4.10 Responsibilities of the Latex Awareness Advisory Group

4.10.1 Latex Awareness Advisory Group is responsible for:
- Co-ordinate and monitor implementation of this policy.
- Co-ordinate and monitor the control of cross-directorate NRL risks
• Identify, with managers, the resources required for staff training and other aspects of the implementation of this policy.
• Provide 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 LAAG, but will require revision depending on the outcome of local risk assessment)
• Review reports from Occupational Health Service and Clinical Risk Managers regarding NRL allergy related matters.
• Provide minutes of its meetings to the Trust Health and Safety Committee and the Clinical Risk Committee.
• Liaise as appropriate with the Trust Health and Safety Committee and the Clinical Risk Group, where considered necessary to highlight specific risks.

4.10.2 Membership of the Latex Awareness Advisory Group

**Membership will include:**

- Consultant Immunologist (Chairman & specialist adviser)
- Nurse Consultant in Allergy (specialist adviser)
- Consultant Dermatologist (Specialist Adviser)
- Occupational Health representative
- Patient Safety Advisor
- Health & Safety Committee representative
- Representative of Infection Control Committee
- Representative of Interserve
- Other clinical representatives:
  - Pharmacy
  - Perioperative care

4.11 Responsibilities of the Specialist Advisers (Consultant Immunologist, Consultant Dermatologist and Nurse Consultant in Allergy)

• Maintain an up-to-date knowledge on NRL and related allergy.
• Provide advice about NRL and related allergy to the LAG and to managers.
  - Directorate Managers representative
  - Procurement/Supplies representative
  - Interserve representative
  - Trust Estates representative
  - Risk Support Officer, CGARD (Secretary)

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

5 Definitions

There are no specific definitions relating to this policy.
6 Policy

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.

Use of disposable gloves is detailed in Appendix 1.

7 Training

It is the responsibility of relevant clinical departments to ensure staff are familiar with the policy.

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reports which will identify any areas for improvement and the actions to be taken</td>
<td>Clinical Directorates, PSAs, Occupational Health and Specialist Advisors</td>
<td>Latex Awareness Advisory Group</td>
<td>As deemed appropriate by the committee</td>
</tr>
</tbody>
</table>

10 Consultation and review

LAAG is fully representative of the Trust and report to the Clinical Risk Group. This policy has been fully discussed at LAAG.

11 Implementation of policy (including raising awareness)

It is the responsibility of key Directorates, all of whom are represented on LAAG to ensure that staff are aware of the policy.

12 References

See Health & Safety Executive Requirements http://www.hse.gov.uk/skin/employ/latex.htm
Appendix 1

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  
**Equality Analysis Form A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval. **PART 1**

1. **Assessment Date:** 4th Sept 2015

2. **Name of policy / strategy / service:**
   
   Latex Operational Policy

3. **Name and designation of Author:**
   
   Dr Gavin Spickett, Consultant Clinical Immunologist

4. **Names & Designations of those involved in the impact analysis screening process:**
   
   Dr Gavin Spickett, Lucy Hall Equality and Diversity Lead

5. **Is this a: Policy X Strategy  Service □**

   **Is this:** New □ Revised X

   **Who is affected:** Employees X □ Service Users □ Wider Community □

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*

   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.

7. **Does this policy, strategy, or service have any equality implications? Yes □ No X**

   **If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**

   Managers are tasked with carrying out risk assessments in relation to this policy.
   
   This would incorporate any issues relating to disability or pregnancy.
7. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups related to this policy/service/strategy – please refer to the Equality Evidence (available via the intranet Click A-Z; E for Equality and Diversity. Summary on front page and more detailed information in resources section)</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance equal opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>None relevant to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>None relevant to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>None relevant to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>None relevant to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>None relevant to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory</td>
<td>Prevention of allergic reactions are considered within this policy. Managers are tasked with carrying out risk assessments in relation to this policy. This would incorporate any issues</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Impairment and mental health. Consider the needs of carers in this section</td>
<td>relating to disability</td>
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<tr>
<td>Gender Re-assignment</td>
<td>None relevant to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>None relevant to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>Managers are tasked with carrying out risk assessments in relation to this policy. This would incorporate any issues relating to pregnancy</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Are there any gaps in the evidence outlined above. If 'yes' how will these be rectified ?**


10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

   Do you require further engagement  Yes  No

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**
PART 2

Signature of Author
GP Spickett

Print name
GP Spickett

Date of completion
29/9/15

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