Cheshire and Wirral Partnership
NHS Foundation Trust

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Use of latex products

Lead executive	Director of Nursing, Therapies Patient Partnership
Authors details	Head of Occupational Health - 01244 852317

Type of document	Policy
Target audience	All CWP staff and others employed by or working within CWP
Document purpose	The policy aims to reduce, as far as is reasonably practicable, the incidence of latex sensitisation (allergy) amongst Cheshire and Wirral Partnership NHS Foundation Trust (CWP) staff by eliminating, or, where this is not possible, reducing exposure to latex protein.

Approving meeting	Health, Safety and Wellbeing Sub-Committee	Date 14-Jan-13
Implementation date	01-Feb0-13	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) policy
IC2	Hand decontamination policy and procedure
GR1	Incident reporting and management policy
GR2	Health and safety arrangements policy
GR3	Risk management policy

Document change history	
What is different?	Document placed on new template
Appendices / electronic forms	Products containing natural rubber latex
What is the impact of change?	

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.

Document consultation	
Clinical Services	Who within this service have you spoken to
Corporate services	Who within this service have you spoken to
External agencies	Who within this service have you spoken to

Financial resource implications	None

External references

1. The Health and Social Care Act 2008 Codes of Practice for the Prevention and Control of Heath Care Associated Infection Department of Health Publications 2008 ISBN 292435.
2. Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Codes of Practice and Guidance (Fifth Edition) L5 HSE Books 2005 ISBN 9780717629817
3. Management of Health and Safety at Work Regulations 1999. Approved Codes of Practice and

Guidance L21 HSE Books 2000 ISBN 0 7176 2488 9.
4. Workplace (Health, Safety and Welfare) Regulations 1992. Approved Codes of Practice and Guidance L24 HSE Books 2000 ISBN 0 1188 6333 9.
5. Personal Protective Equipment at Work Regulations 1992. Approved Codes of Practice and Guidance L25 HSE Books 2000 ISBN 0 7176 0415 2.
6. Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR) 1995 (as amended).
7. Chemicals (Hazard Information and Packaging for Supply) Regulations 2009. Approved Codes of Practice and Guidance (Sixth Edition) L131 HSE Books 2009 ISBN 0 7176 6370 5.
8. HS (G) 97 'A Step by step guide to COSHH Assessment'. HSE Books 2004 ISBN 978 0 7176 2785 1.
9. EH40/2005 'Workplace Exposure Limits: Containing the list of workplace exposure limits for use with the Control of Substances Hazardous to Health Regulations 2002 (as amended) Environmental Hygiene Guidance Notes EH40'
10. HSE Books 2005 ISBN 978 0 7176 2977 0.
11. IND G 136 'Working with Substances Hazardous to Health. What you need to know about COSHH' HSE Books ISBN 978 0 7176 6363 7

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Comments**
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
N/A		
Is the impact of the document likely to be negative? - If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	No N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

Contents

1. Introduction

Certain people are more at risk from developing a natural rubber latex allergy. These include:

- Healthcare workers;
- Individuals undergoing multiple surgical procedures;
- Individuals with a history of certain food allergies e.g. banana, avocado, kiwi and chestnut etc;
- Individuals with atopic allergic disease;
- Individuals exposed to natural rubber latex products on a regular basis.

Managing and controlling risks associated with natural rubber latex products or allergy are especially important within healthcare environments because natural rubber latex products is used extensively in the manufacturer of protective gloves such as non-sterile examination gloves and surgical gloves and is used in a wide range of products, supplies and medical devices within the healthcare sector (appendix 1).

This policy describes the process for protecting staff and others who are or could be in the future, exposed to any mitigating risks associated with natural rubber latex products or allergy. The policy aims to reduce, as far as is reasonably practicable, the incidence of latex sensitisation (allergy) amongst Cheshire and Wirral Partnership NHS Foundation Trust (CWP) staff by eliminating, or, where this is not possible, reducing exposure to latex protein.

It is anticipated that good health and wellbeing practices and a proactive safety culture at work will have a positive effect, contributing towards the reduced likelihood of risks of staff being injured outside of work.

Consideration of NHS Litigation Authority (NHSLA) standards, Care Quality Commission (CQC) registration requirements and equality and diversity issues have been made when implementing the requirements of this policy.

2. Scope

All staff and others, employed by, or working within CWP are expected to cooperate with the requirements of this policy.

3. Legal obligations

CWP acknowledges its legal responsibilities under the following legislation:

- Control of Substances Hazardous to Health Regulations 2002 (as amended);
- Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR) 1995 (as amended);
- Health and Safety at Work Act (1974);
- Management of Health and Safety at Work Regulations 1999;
- Personal Protective Equipment at Work Regulations 2002.

4. Definitions

The following terms are used within this policy:

Term	Definition
Accelerators	Chemical additives used in the manufacturing process.
Acts	Enacted pieces of primary legislation, commonly called law, which are general in nature and issued by Parliament.
Approved Codes of Practice and Guidance	Guidance on the best practical means of compliance with the requirements of an Act or Regulations.
Care Quality Commission (CQC)	Independent regulator of health and social care services in England, whether provided by the NHS, local authority, private companies or voluntary organisations.
Committee	For the purposes of this policy the term “committee” refers to the CWP, its committees, sub-committees and groups.

Term	Definition
Elasticity	When describing glove materials, how far a material stretches before it leaks.
Guidance	Issued by the Health and Safety Executive to provide supportive information on what they perceive to be good practice and do not contain any specific reference to legislation.
Health and Safety Executive	Government agency responsible for the encouragement, regulation and enforcement of workplace health, safety and welfare and for research into occupational risks in England, Wales and Scotland.
Health Surveillance	Assessment of the state of health of an employee as related to exposure to substances and processes hazardous to health.
High Risk Category	Someone with diagnosed latex allergy, suspected latex allergy or multiple allergies to other materials or multiple surgeries.
Irritation	Non-allergic reaction to substance that will disappear once exposure to that substance is discontinued. Symptoms including redness, soreness, dryness or cracking of the skin in areas exposed to natural rubber latex.
Natural Rubber Latex	A milky fluid obtained from hevea brasiliensis trees which is widely grown in South East Asia and other countries and is an integral part of thousands of everyday consumer and healthcare items. As with many other natural products, natural rubber latex contains proteins by which some individuals may develop an allergy.
NHS Litigation Authority (NHSLA)	An organisation that handles negligence claims and works to improve risk management practices in the NHS.
Policy	Plan of action adopted by CWP and a principle by which all staff are guided and directed in pursuit of the corporate objectives. A policy is a formal document which must be followed by relevant staff, as noncompliance may leave the organisation and staff open to unacceptable risk. A policy formally documents the approved standard or procedure and may be relied upon for legal purposes. Polices are approved and ratified as per the Policy Schedule.
Regulations	Enacted piece of secondary legislation proposed by the Health and Safety Executive that are more specific in nature and supports the ethos of Acts.
Risks	The likelihood and severity of harm arising from a hazard.
Sensitisation	An allergic reaction to a particular irritant that results in the development of skin inflammation and itchiness. Unlike skin irritation, the skin becomes increasingly reactive to the substance (even in tiny proportions) as a result of subsequent exposures. The amount of natural rubber latex exposure needed to produce sensitisation is unknown and once sensitised, further exposure, even to the tiniest trace can cause symptoms to reoccur.
Softness	When describing glove materials, the ease with which a material stretches.
Tear strength	When describing glove materials, the amount of force needed to tear the material, when the damage already exists.
Tensile strength	When describing glove materials, the force needed to pull the material apart.

Term	Definition
Type I allergic reaction	This is an allergic response to extractable latex proteins and occurs immediately on contact, in rare cases resulting anaphylactic shock. Symptoms include localised or generalised rash (urticaria), inflammation of the mucous membranes in the nose (rhinitis), red and swollen eyes with discharge (conjunctivitis) and asthma like symptoms. These reactions can occur as a result of skin contact with natural rubber latex or inhalation of latex proteins through the use of powdered natural rubber latex gloves.
Type IV allergic reaction	These occur between ten to twenty four hours after exposure to extractable latex proteins and can get worse over the next seventy two hours. Symptoms include dermatitis and itching with oozing red blisters, which are usually localised to the hands and arms. This is an allergic response to the chemical additives, known as accelerators, used in the manufacturing process.

5. Monitoring workplace exposure

Suitable monitoring arrangements must be put in place to measure the impact of latex on staff and others who may be affected by such work activities.

Where an assessment has concluded that there could be serious risks to health if control measures failed or deteriorated then further advice should be sought from the health and safety advisor to determine what additional control measures are needed.

6. Purchasing systems

Only gloves approved for use within CWP will be available to order via the NHS Supply chain. This will not include either powdered or powder free latex gloves.

7. Information, instruction and training

Further advice and guidance regarding the requirements of this policy can be obtained from the Health and Safety advisor and Infection Prevention and Control Team (IPCT).

8. Management of sensitised individuals

8.1 Staff

If a latex allergy is suspected in a staff member, they must be referred to the Occupational Health Service (OHS) as soon as signs and symptoms develop where they will be seen by an OH Physician. Where indicated, further referral will be made to a dermatologist to allow for appropriate investigations to be conducted and a diagnosis made. The staff member must avoid contact with latex containing products until the outcome of the investigations is known.

If the individual is found to be latex sensitive, it is essential that the staff working environment is adapted as soon as possible to avoid unnecessary exposure to natural rubber latex, which would increase sensitivity and risk of more severe reactions.

8.2 Patients

Sensitisation to latex should be clearly marked on the patient's case sheet and within relevant electronic recording system (e.g. Electronic patient record / Assist) once the allergy is discovered or informed of, and all staff (including domestics and temporary staff) involved in the delivery of care made aware of relevant remedial action that is indicated.

All areas should hold a stock of relevant natural rubber latex free items (e.g. non sterile nitrile gloves, natural rubber latex free syringes, stockinette and natural rubber free latex free adhesive tape to cover tubing etc).

Natural rubber latex free emergency equipment and medicines should be made readily available to treat any allergic reaction from mild (urticaria and asthma) to severe (laryngeal oedema / bronchospasm / cardiovascular collapse from anaphylaxis) and that staff are fully trained in resuscitation techniques.

Inpatients should be nursed in a single room as far as reasonably practicable with the reasons for this explained fully to the patient and documented in their notes. All items containing natural rubber latex must be removed from this room. Natural rubber latex free beds and mattresses should be used. Clear warning notices should also be placed at entrances. Appropriate gloves and aprons must be stored in an area that is accessible and known to all staff.

If patients are to be nursed in an open ward, precautions should be taken, as far as is reasonably practicable, to ensure that there are no natural rubber latex items near their bed space.

9. Ward preparation

Action	Purpose
Before admission, ward cubicle or bed space should be cleaned by staff wearing natural rubber latex free gloves	To remove natural rubber latex proteins
All items containing natural rubber latex should be removed or, if not possible, covered with stockinette and secured with natural rubber latex free tape. Where necessary an appropriate risk assessment should be completed and relevant remedial action taken to eliminate / reduce potential ligature hazards.	To prevent natural rubber latex from coming into contact with the patient
Natural rubber latex free mattresses and beds should be used	As above
Use natural rubber latex free blood pressure cuffs and oximeter probes or cover with stockinette and natural rubber latex free tape	As above
Appropriate gloves and aprons must be stored in an area that is accessible and known to all staff.	As above
Warning signs should be placed on doors, medical notes, prescription charts, observation charts	To alert staff and visitors
Use appropriate patient identifiers	To identify patient as allergic
Ensure there are no elastic bands around the patient notes	To prevent contamination of patient area
Only natural rubber latex free anti embolism stockings should be used	To prevent exposure to natural rubber latex
When preparing IV medication, use ampoules wherever possible, otherwise remove bung before drawing up. Liaise with pharmacists for alternative medication or presentation	To avoid contamination of the medication with natural rubber latex proteins from the bung
Cover natural rubber latex IV ports in giving sets (latex free are available)	Use three way taps in preference to ports if unsure whether the giving set contains natural rubber latex
If patients need further investigations e.g. x ray, scan etc. ensure departmental staff are informed of natural rubber latex status of patient	To ensure that risks are minimised in other departments
If patients are to have surgery, ensure theatre staff prepare and are informed of the patient's allergy	To enable theatre staff to plan patient safety
Give patient the latex information sheet	To reduce patient fears and feeling of isolation

Appendix 1 - Products containing natural rubber latex

Many medical and consumer products contain natural rubber latex. Healthcare providers must ensure 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. This list is not exhaustive. A more comprehensive list of latex and non-latex alternatives can be found using the attached web link, which is regularly updated http://www.lasg.co.uk.

Medical Equipment

- Examination and surgical gloves
- Oral and nasal airways
- Endotracheal tubes
- Intravenous tubes
- Surgical masks
- Rubber aprons
- Catheters
- Injection ports
- Bungs and needles sheaths on medicines
- Wound drains
- Dental drains
- Anaesthesia masks
- Blood pressure cuffs
- Syringes
- Stethoscopes
- Tourniquets
- Electrode pads
- Surgical masks

Consumer Items

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