POLICY FOR PROTECTION AGAINST ADVSERSE REACTIONS TO LATEX

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1. Requirement for Policy

The proteins in natural rubber latex (referred to as latex in this policy) can cause hypersensitivity in some individuals leading to extreme reactions of the immune system from subsequent exposure. The Control of Substances Hazardous to Health Regulations 2002(1) require the elimination of exposures to hazardous substances where it is reasonably practicable, and the adequate control of exposures where elimination is not reasonably practicable.

While latex remains in many products, it will continue to pose a risk to the safety of staff and patients. The NHS Lothian Policy for Protection Against Adverse Reactions to Latex 2009 provides a general protective strategy to manage this risk. The NHS Lothian Glove Selection Policy 2007(2) provides the basis for minimising contact with latex through the use of gloves, which are the greatest potential exposure to latex among staff and patients.

Note that the Glove Selection Policy is not expected to lead to the elimination of latex in sterile surgeons' gloves in the near future. The application of NHS Lothian Policy for Protection Against Adverse Reactions to Latex is particularly important where latex gloves remain in use.

2. Aims

- To eliminate exposures to latex where it is reasonably practicable, placing the highest priority on the circumstances and the forms of latex which may create the most risk of exposure to latex proteins.
- To ensure that patients with a hypersensitivity to latex are identified and that the treatment and care of such patients reduces the risks of adverse reactions to an acceptably low level, when it cannot be eliminated completely.
- To comply with the Control of Substances Hazardous to Health Regulations 2002(1).

3. Objectives

- To select non latex products when this is reasonably practicable and to use latex with reduced allergenic properties when elimination is not possible.
- To eliminate latex in the treatment of collapsed patients.
- To identify patients who are sensitive to latex through the general patient admission process.
- To ensure that the treatment of latex-sensitive patients does not expose them to latex.
- To inform staff about the risks associated with latex .
- To identify latex sensitivity in new members of staff at an early stage in recruitment and ensure that the risk to their health is minimised by following occupational health advice.
- To ensure that staff already in employment who experience problems are adequately protected through referral to occupational health, the implementation of measures they recommend, and the annual skin check for glove users described in the NHS Lothian Glove Selection Policy(2).

4. Actions and Responsibilities

4.1 Clinical Supplies Steering Group

For patient safety and staff safety will:

- facilitate the review of all clinical equipment containing latex by providing information on alternatives on request
- make cost neutral substitutes where ever possible
- when substitutions entail increased costs, undertake risk assessment and make recommendations to the relevant management team or EMT
- provide assistance on latex-free alternatives to specific items on request from users
- ensure that new equipment is latex-free whenever possible, or failing that, hypoallergenic, and undertake trials when necessary.

4.2 All staff

For patient safety will:

- be vigilant for the signs and symptoms (See Appendix 1, Information for Staff) of latex sensitivity in their patients
- where latex sensitive patients are identified, ensure that only latex-free equipment is used in their care
- take any immediate steps as may be indicated by acute symptoms (see NHS Lothian Policy, Protocol and Procedure for the Administration (IM) of Adrenaline in Life Threatening Anaphylaxis(3), and report any signs of patient sensitivity immediately to the relevant senior member of staff.

For their own safety will:

- be vigilant for the signs and symptoms of latex sensitivity in themselves
- report any symptoms of possible latex sensitivity to the Occupational Health Service for advice
- follow the advice given by the Occupational Health Service to protect themselves from future adverse reactions.

4.3 Ward/Department Managers

For patient safety will:

- ensure there is a stock of non-latex equipment for the treatment of a known sensitive patient or the urgent treatment of any collapsed patient
- ensure on admission, pre-admission, or first attendance at a clinic, that all new patients are asked if they are aware of being sensitive to latex (rubber) and record this both in the section of the healthcare record where allergies are highlighted, and, for inpatients and day-cases patients, on a red ID wrist band (See NHS Lothian Patient Identification Policy(5)).
- patients undergoing multiple treatments with latex equipment and patients with spina bifida should be assumed to be at increased risk
- review, as soon as latex allergy is suspected in a patient, all medical devices and other equipment required for their care. Any difficulties in preventing further contact will be discussed with an appropriate specialist
- ensure that the latex sensitivity of any patient, who is transferred to another ward or department, is brought to the attention of the receiving clinical team
- ensure the patient's GP is informed on discharge of the patient’s latex allergy
- in the event of an anaphylactic reaction: follow the NHS Lothian Policy, Protocol and Procedure for the Administration of Adrenaline (I.M.) in Life

Threatening Anaphylaxis(3) and investigate whether latex was the cause; if so, complete an incident report.

For staff safety will:

- remind staff periodically of the risk of latex sensitivity (using Appendix 1) and of the need to be referred promptly to the Occupational Health Service should they experience skin or respiratory problems
- remind latex-sensitive staff who transfer to another ward or department that they must inform their new manager immediately of their need to avoid contact with latex, and of any other specific advice given by the Occupational Health Service
- see Appendix II for additional measures for theatres.

4.4 Directorate and Clinical Managers

For patient and staff safety will:

- ensure the implementation of the policy throughout the directorate
- ensure that all clinical departments can meet the tasks listed above and arrange collaboration between ward/department managers, if required, to resolve difficulties
- follow the advice of the Clinical Supplies Steering Group on what types of latex free equipment should be stocked for latex-sensitive patients and make the necessary arrangement to ensure they are available when required
- monitor the implementation of the policy in their area through local audit procedures e.g. audit of patient records, and bring difficult problems to the attention of the relevant senior manager or the Clinical Supplies Steering Group as appropriate
- maintain the directorate risk register for latex problems and actions.

5. Review

5.1 The Clinical Policies Group will review the policy in respect of patient safety

5.2 The NHS Lothian Health and Safety Committee will review the policy in respect of staff safety**.**

5.3 Clinical Management Teams and Community Health Partnership managers and risk coordinators will identify local difficulties in controlling the remaining risks from latex and will report on these to the relevant QIT or risk committee..

5.4 The Health and Safety Department will include latex in their review of COSHH compliance and audit protocols, and will report to the relevant health and safety committees.

References

1. ***Control of Substances Hazardous to Health (COSHH) Regulations 2002,*** SI 2002/2677 The Stationery Office 2002 ISBN 0 11 042919 2
2. NHS Lothian (2007) ***The NHS Lothian Glove Selection Policy***
3. NHS Lothian (2008) ***The Policy, Protocol and Procedure for the Administration (I.M.) of Adrenaline in Life Threatening Anaphylaxis***
4. NHS Lothian (draft) ***The NHS Lothian Alerts Policy***
5. NHS Lothian (2008) ***NHS Lothian Patient Identification Policy***

APPENDIX 1

Latex Information for Staff

The Hazard

The proteins in natural rubber latex can cause allergy resulting in a range of effects: anaphylactic reactions, asthma and skin problems. Common latex products include: gloves, catheters, stethoscopes, condoms, elasticated bandages, wound drains, and many non-clinical products. It is progressively being eliminated from clinical equipment but this is incomplete. The accelerators used in the manufacture of latex products can also cause allergy.

Types of Reaction

There are two types of allergy associated with latex: Type I and Type IV.

A small proportion of people develop severe Type I immediate hypersensitivity including anaphylaxis (potentially fatal) asthma, allergic rhinitis, or less severe urticaria – skin reactions. A person who develops Type I hypersensitivity will have further reactions on subsequent exposure to latex. Patients particularly at risk include those with spina bifida and anyone undergoing repeated treatment with latex equipment. Strong atopics and those with existing allergy to some foods: kiwi, avocado and chestnuts are also more likely to develop Type I latex allergy.

Type IV allergy usually produces skin reactions. These problems are similar to the irritant dermatitis caused by combinations of frequent hand washing, alcohol gel, cleaning agents and prolonged glove use. Type IV dermatitis may take years of exposure before it appears; once someone has it, subsequent reactions are often delayed by up to 24 hours after exposure.

Most Type IV reactions are to the accelerators used in most disposable gloves rather than to latex. Glove-related skin problems may therefore not be resolved by switching to non-latex. Occupational health advice may be required to find a suitable glove which is manufactured using no, or different, accelerators.

Gloves

In the past, most latex exposure resulted from gloves. The NHS Lothian Glove Selection Policy now sets the principle that gloves should be non-latex so far as is reasonably practicable. All non-sterile gloves are non-latex (unless prescribed for an individual by occupational health). Sterile gloves should be nitrile exam gloves, unless prolonged use or the need for maximum dexterity necessitates surgeons' gloves. The surgeons' gloves currently supplied are latex unless a sensitised staff member or patient necessitates the use of non-latex as described in the NHS Lothian Policy for Protection Against Adverse Reactions to Latex.

Summary

For patient safety:

- Follow the procedures established for the care and treatment of latex sensitive patients
- Be vigilant for the signs and symptoms of latex sensitivity in patients.
- Report immediately any signs of patient sensitivity.

For staff safety:

- Be vigilant for the signs and symptoms of latex sensitivity in yourself.
- Report any symptoms of possible latex sensitivity including skin or sinus problems, or any breathing problems to the Occupational Health Service.
- Follow their advice to avoid future adverse reactions.
- Use gloves only when required. Remove them when the task is finished.
- Wash hands after removing gloves to remove residues.

APPENDIX II

Additional Precautions for Theatre Managers

In addition to the points above for wards and departments, theatre managers must take account of the increased vulnerability of the unconscious patient whose internal tissues may be in contact with a range of equipment.

- Identify all equipment used in theatres which may come into contact with patients.
- Ensure this equipment is latex free unless suitable latex free substitutes are deemed not to be reasonably practicable.
- Ensure there is no latex-containing equipment in theatre which is inflated with air or has air or gases passing through it or over it.
- When a latex sensitive patient is next on the list:
    - remove from theatre all the residual equipment which still includes latex
    - identify the surfaces this equipment touches which may subsequently be in contact with equipment (including protein-reduced latex gloves) which will touch the latex-sensitive patient
    - ensure all such surfaces are wiped with a detergent wipe
    - ensure that all glove changing before a latex sensitive patient is undertaken at least 10 minutes before the patient enters the room, where the gloves being removed contain latex.
- Ensure that theatres in which a latex sensitive patient may be treated have a ventilation rate of at least 20 ach.

The rationale for these actions is as follows:

- The degree of contact with latex which may provoke a severe reaction is unpredictable and varies between individuals. Therefore the indirect surface-to-surface contact which this procedure addresses is deemed to be potentially significant.
- Some highly sensitive individuals react to tiny quantities of latex in the air. While the threshold for such effects is not known (and neither is it feasible to measure the concentration of the relevant proteins in the atmosphere) it is considered that the measures prescribed (the general removal of latex during the treatment of a sensitive patient, the complete elimination of latex from equipment which is inflated or has air or gases passing through or over it, and the 10 minutes allowed between the removal of a low protein latex glove and the entry of a sensitive patient into the room) will reduce the risk of a reaction by airborne contamination to an extremely low level.