

Prevention and Management of Occupational Dermatitis (inc Latex) Policy

This policy sets out the organisational arrangements for the prevention and safe management of occupational dermatitis and latex.

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
V1	01.11.2011	New policy
V2	April 2014	Review Inclusion of Due Regard statement Section 6 – Training - amended
V3	February 2019	Policy Reviewed Privacy Impact Assessment included
V4	March 2022	Review and Personal Protective Equipment at Work Regulations 1992 as amended by the Personal Protective Equipment at Work (Amendment) Regulations 2022
V4.1	October 2025	Extension agreed at Quality Forum to allow review

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

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For further information contact:

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Definitions that apply to this Policy

All procedural documents should have a definition of terms.

Dermatitis	Dermatitis is a skin condition caused by contact with something that irritates the skin or causes an allergic reaction. It usually occurs where the irritant touches the skin, but not always.
Irritation	A non-allergic and reversible condition
Latex	For the purpose of this document the term latex refers to natural rubber latex and latex allergy refers to type 1 or immediate hypersensitivity to natural rubber latex.
Health Surveillance	Is the examination of the health and wellbeing of a person who is, or is liable to be, exposed to substances hazardous to health and where there is a valid and suitable technique for measuring the adverse effects on health
Occupational Dermatitis	Is a skin disorder caused by coming into contact with certain substances in the workplace. It is therefore termed contact dermatitis. The symptoms and seriousness of the condition vary widely.
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

The Due regard assessment template is Appendix K of this document

1. Introduction and Background

Latex is recognised as a 'sensitiser' and a substance 'hazardous to health' as defined by the Control of Substances Hazardous to Health 2002 (as amended) (COSHH) Regulations. Associated health problems include Immediate Type 1 Latex Allergy and allergic contact dermatitis (see section 4 for definitions).

The Health and Safety Executive (HSE) consider that work related dermatitis is a significant cause of work related ill health, particularly in the NHS. This can include dermatitis due to known sensitisers such as latex, as well as irritant dermatitis which can be caused by frequent hand washing and frequent contact with soaps and other irritants.

Work-related dermatitis (also known as eczema) can cause serious problems. Many people live with pain and discomfort because of it and have had to give up work. It also results in millions of pounds being paid out to victims in compensation. However, by taking a sensible, positive approach to looking after health and safety, work-related dermatitis could be prevented and the associated problems in our workplace.

The glove of first choice in the Trust is non-latex. In circumstances where there is a clinical requirement to use latex gloves, this must be justified with a risk assessment. Latex use and dermatitis risk must both be assessed as part of regular COSHH task based assessments and risk assessments. Appropriate health surveillance is required.

2. PURPOSE

Raise awareness and provide guidance on issues relating to the use of latex and the problems of dermatitis of the hands in health care workers (HCW); encourage adoption of a proactive approach to prevent and minimise latex allergy and dermatitis in HCW; reduce the risk of HCW developing latex allergy and dermatitis and ensuring safe employment of those who become affected.

LPT will ensure that suitable and sufficient risk assessments will be undertaken to effectively manage work activities that may present an ill health risk to our employees. Any risks identified will be managed effectively through the arrangements set out within this policy.

3 SCOPE

This policy applies to all patients (i.e. both in-patient and out-patients) and all staff employed by or within LPT. This includes medical, nursing or other students. It is intended to assist in the identification and management of individuals with a suspected or confirmed latex allergy. To minimise the risk to healthcare workers of developing occupational dermatitis so far as is reasonably practicable and support those who develop skin conditions LPT and to meet the outcomes identified in Care Quality Commission (CQC):

This policy is supported by several procedures and guidance attached as appendices.

'In the event of an infection outbreak, flu pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety'

4 DEFINITIONS

Immediate Type 1 Latex Allergy: allergy to the latex protein which occurs quickly after exposure, usually within 15 minutes. Symptoms include: itchy skin with urticarial rash ('hives'); lip and tongue swelling; shortness of breath or wheeze. Anaphylactic reactions are rare. Allergy may also occur with other latex containing products e.g. balloons and condoms and reactions can occur to other substances with cross-reacting antigens, e.g. avocados, kiwi fruits and bananas. Powdered gloves are particularly problematic as the powder is coated with latex and on removal of gloves forms a cloud of latex particles, which can be inhaled. Blood radioallergosorbent (RAST) test for latex specific IgE may assist in confirming the diagnosis, but is not always positive.

The chemicals used to change the properties of NRL (ie to make it stronger or more flexible) are able to produce skin reactions. They produce a contact dermatitis (eczema) but do not cause anaphylaxis. Individuals with this problem need to avoid protracted exposure to rubber but do not need to avoid latex completely. Although strictly speaking these reactions are allergic, the term allergy is reserved for IgE mediated responses (immediate hypersensitivity). **Patients with a contact dermatitis to rubber should not be regarded as being at risk of anaphylaxis when exposed to NRL.**

For the purpose of this document the term latex refers to natural rubber latex and latex allergy refers to type 1 or immediate hypersensitivity to natural rubber latex.

Allergic Contact Dermatitis:

An allergic reaction (Type IV, Delayed) to chemical additives used in the latex manufacturing process (e.g. thiurams and dithiocarbamates) rather than to the latex protein itself, although this does occur in rare cases. Presentation is with an eczema-like rash (dry, itchy, cracked skin) on the back of the hand and wrist where gloves may be tightest. The reaction occurs 4-6 hours after wearing latex gloves. There is no urticaria, lip swelling or breathing difficulties. Skin patch- testing will aid diagnosis.

Irritant dermatitis:

This is a common problem affecting the skin of the hands in Health Care Workers (HCW). It is caused by prolonged or frequent contact with water, incomplete hand drying and frequent contact with soaps and other irritant substances e.g. solvents and oils. It presents as dry, itchy, cracked skin between the fingers, which spreads to involve the rest of the hand. Treatment is by avoidance of irritants on the hands, careful hand drying and the use of emollients. It is advisable to avoid latex gloves, since there is an increased risk of developing allergies in hands already affected with irritant dermatitis.

An allergen:

A substance that causes the immune system to respond in a way that effects the skin. Allergic contact dermatitis can be caused by everyday products such as gloves, detergents, hair products and food; and /or

Urticaria (Hives):

A raised itchy rash that appears on the skin. Urticaria is caused when high levels of histamine and other chemical messengers are released in the skin and this can be triggered by latex, cold or heat exposure and non-steroidal anti-inflammatory drugs (NSAIDs).

Health Care Worker:

Includes all staff working within hospitals, health centres, patients own homes, clinics, and other facilities delivering and providing provision for healthcare e.g. prisons, cleaners on wards, some catering staff, community staff ambulance staff, some reception and clerical staff, as well as medical and nursing staff.

Occupational Dermatitis

Occupational dermatitis can be caused by exposure to chemical agents and wet work (it means having hands repeatedly wet for long periods during the working day). Other agents causing work-related dermatitis can be biological (e.g. plants and/or bacteria), physical (e.g. vibration and/or radiation) and mechanical (e.g. abrasion). Dermatitis accounts for about 80% of work-related skin disease. Hands are most at risk but other parts of the body can be affected. For this reason within Leicester Partnership Trust (LPT) the glove of choice is a non-latex glove.

This policy informs staff about occupational dermatitis and prevention and its management. It covers:

- risk assessment process
- how to identify staff who may be at risk of developing occupational dermatitis
- how to minimise the risk of staff developing occupational dermatitis whilst at work and involve them in the undertaking of the risk assessment
- how to reduce the risk of new cases (sensitisation & or irritation)
- advise and support to those staff who develop skin problems to minimise its impact on health at work and work on health
- monitoring and reviewing the effectiveness of our arrangements on an annual basis, or sooner, unless the results of health surveillance or a confirmed case of dermatitis or latex allergy or change in work practices.

This policy also enables the Trust to comply with the following:

- The Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended)
- Personal Protective Equipment Regulations 2002
- Reporting of Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR)
- Department of Health and Health and Safety Executive Guidelines

5 Roles and Responsibilities

5.1 Managers

On behalf of LPT, Managers are charged with the responsibility to:

- Assist in the introduction of the Policy for reducing the incident of occupational dermatitis and latex allergy.
- Receive, investigate and initiate appropriate action in the management of occupational dermatitis and latex allergy
- Will be familiar with the signs and symptoms of dermatitis
- Follow a pro-active approach to recognising symptoms of dermatitis or/and latex issues with staff members and directly refer them to the Occupational Health Department.
- Notify confirmed cases of latex allergy in staff, (following receipt of confirmation from an occupational health physician) within 10 days of receiving the written diagnosis to the Health and Safety Compliance Team who will inform the Health & Safety Executive under RIDDOR
- Disseminate the policy and provide any additional information with regards to occupational dermatitis and latex allergy awareness.
- Through work activity risk assessments, identify activities that may result in staff being exposed to agents and wet work. An assessment of any risks to health, associated with dermatitis or latex by their staff and control measures put in place in accordance with this policy, relevant health and safety legislation and Department of Health (DH) and NHS Guidance
- Ensure that all employees receive instruction, training and information to assist them in correct management of occupational dermatitis, exposure or from the use of latex, hazards, risks and controls associated with their role
- Ensure baseline and then annual skin checks for exposure to frequent hand washing and glove use are initiated where appropriate. This should be done

during the appraisal and recoded on the Performance Appraisal and Development Review Form in line with the Glove Policy.

- Initiate annual health surveillance using form in Appendix 4 of the Glove Policy and forward to the Occupational Health Service for staff using latex gloves (where the risk assessment has identified a clinical need) to ensure these staff hold a current i.e. annual statement of fitness for latex exposure
- Refer staff to Occupational Health Service as soon as symptoms thought to be associated with latex or dermatitis are identified (see Appendix H for contact details)
- Ensure that all necessary precautionary measures are taken as advised including making available appropriate hand care products e.g. hand moisturisers
- Follow Appendix B which outlines the procedures to be followed for the management and identification of a latex allergy to patients

5.2 Occupational Health Service

- Provides appropriate on going health surveillance to employees who have been notified to occupational health by their manager as having an allergic reaction to latex
- Provides relevant information on occupational dermatitis, including latex allergy to staff and encourage the protection and promotion of good skin care
- Provides advice to employees and line managers on the necessary control measures which should be applied to control the health risk associated with dermatitis and latex
- Accepts referrals (self or manager referral) of employees with suspected latex allergy/sensitisation or dermatitis
- Provides confidential advice on adverse health effects of dermatitis and latex and the means of prevention/minimisation for managers and employees
- Provides advice to managers and employees of any necessary adjustments or restrictions to their work activities, using evidence based risk assessment approach
- Provides demographic details of cases of confirmed dermatitis and latex allergy amongst staff to the health and safety committee, whilst maintaining staff confidentiality
- Provides post-employment health screening advice on appropriate surveillance and referral for any further Occupational Health assessment.
- Completes hand checks on staff presenting for any reason to the service.
- Provides on-going support for any staff who may develop an occupational hypersensitivity or allergy whilst working for LPT.

5.3 Procurement

- All products should be purchased via the NHS Supplies Chain unless advised otherwise by the Procurement Team. Clinical areas will not be able to order latex gloves and these will be masked from ordering in these areas by Procurement Team. Where non-compliance is recognised the appropriate line manager will be informed.
- Advise on the availability of alternative products in conjunction with the Infection Prevention and Control Team and Occupational Health Service and Health and Safety Compliance Team
- Incorporate in relevant tender documentation issued by LPT, questions relating to the latex content of products and their application.

- Work with agencies including NHS Supply Chain to obtain information on latex free products
- Monitor and audit the procurement of all types of gloves

5.4 Employees must:

- Follow the instructions, information and training provided and comply with principles of this policy applying a safe system of work
- Take part in health surveillance by the completion of an annual screening questionnaire (if appropriate to role) where any positive symptoms will be reported by the line manager to the Occupational Health Service (see Appendix H for contact details)
- Inform their line manager and report the incident in accordance with the Trust Incident Reporting Policy any allergic reactions and symptoms suggestive of latex allergy or occupational dermatitis
- Ensure that they take care of their hands and moisturise them as in line with Trust Infection Prevention and Control Hand Hygiene Policy.

5.5 Health and Safety Compliance Team

- Assists in carrying out appropriate risk assessments where the organisation may have a significant risk of ill health under the COSHH regulations e.g. exposure or sensitisation to latex, wet works, wearing of gloves giving rise to potential occupational dermatitis
- Will assist in the training and education of staff
- Maintains a working knowledge of health and safety legislation and industry guidance pertinent to occupational ill health
- Liaise with Line Managers and the Occupational Health Service to ensure that incidents of occupational illness are investigated in accordance with Trust policy and notify confirmed cases of latex allergy in staff, (following receipt of confirmation from an occupational health physician) to the Health and Safety Executive (HSE) under RIDDOR
- Ensure that the health surveillance process is monitored and reported
- Act as the formal point of contact between the Trust and relevant enforcing authorities including the HSE

5.6 Infection Prevention and Control Team

- Provide a source of specialist advice to the Trust and its employees on glove use and selection in a clinical environment
- Provide advice that all gloves are suitable for their purpose in maintaining protection against micro-organisms and viruses including Blood Borne Viruses
- Hand Hygiene Audit results and action plans are reported via the Lead Nurses and monitored quarterly to the Infection Prevention and Control Committee.

6 Training and Education

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory. Training and education on the use of gloves will be provided as part of the Trust's mandatory induction and clinical

mandatory update training contained within the Infection Prevention and Control Hand Hygiene element.

- All staff will be made aware of the potential for occupational latex exposure to result in sensitisation and development of latex allergy at mandatory induction.
- All qualified clinical staff will be aware of the potential risks and consequences of latex exposure for patients who are latex allergic which is included as part of their qualification process.
- Prevalent staff group / disciplines at risk of occupational dermatitis will receive hand hygiene training via infection prevention and control link nurses or attendance at core mandatory training at least every two years and hand integrity will be assessed at personal development reviews

A record of the event will be recorded on the electronic staff record and locally held database.

The governance group responsible for monitoring the training is the Health and Safety Committee and Infection Prevention and Control Committee.

7 Incident Reporting and Investigation

- Incident reporting provides valuable information to the Trust on the underlying factors that contribute to patient or staff incidents relating to latex allergy or staff occupational dermatitis.
- All incidents/near misses must be reported using the Trust electronic incident reporting system (e-irf).
- All incidents of occupational illness will be investigated in accordance with the Trusts policy and findings will be reported to the line manager for appropriate action to be taken and included within a quarterly report to the Health and Safety Committee and Infection Prevention and Control Committee for any wider action or learning to be addressed.

8 Monitoring and Audit

It is the intention of the Trust to ensure, so far as is reasonably practicable, every step is taken to ensure the health, safety and welfare of its employees and others in accordance with the Health and Safety at Work etc Act 1974.

It is recognised also that working practices should conform and be subject to risk assessment in accordance with the Management of Health and Safety at Work Regulations 1999.

The Health and Safety Committee and Infection Prevention and Control will monitor the following indicators from the Directorates Health & Safety Action Groups by receipt of quarterly reports.

9 Review

This policy was originally developed and is reviewed by specialist advisors, whose members include representation from:

Consultant Allergist

Infection Prevention and Control Team
Occupational Health Service
Health and Safety Compliance Team
Procurement Team
Pharmacy
Medical and Clinical staff from all Directorates
Please see Appendix H for contact details

10 Dissemination and Implementation

The policy is agreed by the Leicestershire Partnership NHS Trust Health and Safety Committee and approved by the Quality Assurance Committee as a Trust wide policy. This policy will be disseminated immediately throughout the Trust following ratification.

The dissemination and implementation process is:

- Line-Managers will convey the contents of this policy to their staff
- Staff will be made aware of this policy using existing staff newsletters and team briefings
- The policy will be published and made available on the Intranet

11 Review

The Health and Safety Committee will review the policy every three years or sooner where a change to legislation, national policy or guidance occurs.

12 References

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Infection Control Nurses Associations (2002a) Protective Clothing: Principles and Guidance. ICNA. c/o Fitwise, Bathgate UK

Medical Devices Agency Bulletin 9601, 2003. Latex sensitisation in a health care setting. DH

Department of Health, 2001, Latex Sensitisation, London DH

Royal College of Physicians 2008 Latex Allergy Occupational Health Aspects of Management

Waste Policy

Control of Substances Hazardous to Health Regulations 2002 (as amended)

Personal Protective Equipment at Work (Amendment) Regulations 2022

Health and Safety Executive website information pertaining to Dermatitis and Wet Works

Procedures for the Identification, Investigation and Management of Health Care Workers (HCW) with Natural Rubber Latex (NRL) Allergy

Identification of a suspected latex allergy in staff

- NRL is recognised as a “sensitiser or substance hazardous to health” as defined by the COSHH regulations 2002 (as amended). Employers therefore have a legal obligation to comply with regulations to ensure the safety of employees.
- All HCW must complete a medical questionnaire on commencement with the Trust. This requires any known allergies to be declared.
- A HCW must self-refer or be referred to the Occupational Health Department if there is any suspicion of NRL allergy. Symptoms that may be exhibited after contact with latex include nettle rash (hives), eczema, swelling of the hands and face, sneezing and itching eyes and nose and wheeze. The advice of Occupational Health **must** be sought if these develop related to the use of rubber or latex in the workplace.
- When there is a suspicion of latex allergy a suitable alternative glove e.g. nitrile glove or latex free surgeons gloves should be made readily available until the diagnosis is refuted.

Investigation of a suspected Latex Allergy in Staff

- Staff with suspected latex allergy should be initially assessed by Occupational Health. They should then specifically be asked if they have a problem with NRL-containing products (balloons, elastic bands, male condoms and work related items e.g. NRL gloves) or if they have a history suggestive of the presence of cross-reacting IgE antibodies reactions between latex and fruits (including bananas, kiwi, avocado, peach, chestnuts, pineapple, papaya and/or mango). This list is not exhaustive; if in doubt contact the Asthma and Allergy nurses (see Appendix I for contact details).
- An onward referral to the Allergy Service, based at Glenfield Hospital or the Immunology Service at Leicester Royal Infirmary, must be made if the Occupational Health Physician/Nurse supports the suspicion of latex allergy.
- Staff must be referred to the Dermatology Service if allergic contact dermatitis to natural rubber latex or rubber additives is suspected.

Management of confirmed latex allergy in staff

- If NRL allergy is confirmed in a member of staff then his or her working environment within the hospital will be investigated. Appropriate management advice will then be given on an individual basis by the Occupational Health Service. This will depend on the nature and severity of the allergy and the current work environment of the HCW.
- Everything reasonably practicable will be done to ensure a safe working environment. However, if symptoms continue then an opinion as to whether it is

safe for the healthcare worker to continue will be given by the Consultant Occupational Physician.

- It is possible that the HCW may not be reacting to latex but reacting to other chemicals within the gloves. In this case advice would be given for safe alternative options.
- If a HCW is latex allergic it is essential their department manager is informed.

Reducing the risk of sensitisation to latex in HCWs

The Trust has moved from latex gloves to nitrile as the glove of choice for the protection of staff and patients.

This action has been taken to reduce exposure to all staff, visitors and patients of latex by ensuring latex gloves are **NOT** used unless there is a justifiable clinical need identified by the risk assessment.

NB: The exception will be when a task or activity is risk assessed and it is identified that the use of a NRL/Latex glove will offer greater protection for the user. In these circumstances a greater health surveillance will be included in the controls of the risk assessment.

The use of gloves

- For appropriate procedures (see Appendix A) latex free surgeons gloves should be used e.g. Ansell's dermaprene or Biogel Skinsence PI.
- When using gloves, they must be worn for that procedure only, discarded into clinical waste and hands washed and dried thoroughly.
- Wearing of gloves is not necessary for all procedures, but good hand washing technique is essential before and after such procedures. To reduce the risk of contact dermatitis, soap, moisturises and sanitiser provided by LPT must be used.
- If dealing with patients with infections, unsterile examination gloves should be worn for all procedures unless the procedure indicates that sterile gloves are required.
- When a risk assessment identifies the use of latex gloves, these must be worn for a minimum length of time and only for appropriate activities.
- A risk assessment must be carried out prior to commencing any procedure to assess the presence of body fluids and appropriate gloves must be worn.

Procedures for the Identification, Investigation and Management of Patients with Natural Rubber Latex allergy

Identification of patients with latex allergy

- Patients must routinely and specifically be asked about a history of latex allergy when attending outpatient clinics, pre-assessment clinics and on admission to wards and departments. In particular they should be asked if they have itching/wheezing, or rash with latex exposure (e.g condoms, blowing up balloons, rubber washing up gloves), or if they have a history suggestive of the presence of cross reacting IgE antibodies between latex and fruits (including bananas, kiwi, avocado, peach, chestnuts, pineapple, papaya and/or mango). (This list is not exhaustive, if in doubt contact the Asthma/Immunology Nurses (see appendix I for contact details).
- If the response to these questions is positive, and previous latex allergy has not been confirmed by a specialist, the patient must be referred for further assessment by the Allergy Service based at Glenfield Hospital or the Immunology Service at Leicester Royal Infirmary. This must be in advance of any planned elective operation or procedure where latex exposure is likely.
- **Where latex allergy is suspected or has previously been confirmed the hospital notes should be marked using the red triangle warning system; the hazards alerts identification list should be completed.**
- **Children under the age of 16 years should be referred to the Children's Allergy Clinic at the Leicester Royal Infirmary.**
- Referral to the Allergy/Immunology/Paediatric services, should include details of any planned surgery so that an appointment can be prioritised appropriately.

Investigation of patients with suspected latex allergy

- Evaluation of possible latex allergy will include a focussed history, skin prick testing and IgE blood testing as necessary.
- Patients identified as being latex allergic will be provided with personalised self-management plans including written information, comprehensive avoidance advice and self-injectable adrenaline (where appropriate) They will be advised on the wearing of Medic Alert bracelets (or similar) and given guidance on the importance of communicating to other health care professionals (including dentists) about the problem.
- Patients will be provided with information leaflets and website addresses giving guidance about managing their lives outside of hospital as patients must take responsibility for their own safety and latex avoidance in the community. The Allergy service through the Asthma and Allergy Specialist Nurses will act as a reference point for concerns or queries that may arise.
- Patients with a history suggestive of contact dermatitis due to rubber will be referred to the Dermatology Department for consideration of patch testing.

Management of Latex Allergic Patients in the Ward

Maintaining a safe environment

- Arrangements must be made to ensure that the patient is wearing a red identi-band indicating that they have an allergy.
- An alert sticker must be placed on the front cover of the patient record, the proforma on the inside cover completed, and the drug chart and an alert added to the electronic patient record (SystmOne) to reflect patient has suspected/actual latex allergy. (Appendix G)
- Patients should be nursed in a side room where possible and precaution notices should be in place and clearly visible. (See Appendix J).
- A latex free environment is the single most important component of the patients care. All latex containing items should be removed from the immediate area.
- Nitrile gloves must be used for patients with suspected or confirmed Natural Rubber Latex allergy. A box of latex free gloves (Nitrile) should be kept by the patient.

Direct patient care

- Staff must wash their hands before touching the patient.
- Ward staff must communicate with relevant departments (eg physio, OT) when they have a known or suspected latex allergic patient who is to undergo a procedure in that department. This communication must take place as soon as possible prior to the commencement of the procedure.
- If patients report reactions to the fruit implicated in latex allergy they should be referred to the ward Dietician for assessment and provision of a safe therapeutic diet during their hospital stay.

Drugs and equipment

- Senior Nurses/Ward Sisters/Head of departments have a responsibility to compile an inventory of latex free products/equipment for their clinical area and to ensure it is updated regularly.
- The latex status of drugs to be administered should be determined whenever possible in advance of admission (see appendix D)
- Remember to check oxygen masks (especially strap), gloves, blood pressure cuffs and connecting tubes (use velband and stockinette sleeve to prevent patient contact if not latex free).
- ECG Leads (if not latex free) should have wires covered with non-latex tape
- Pulse oximeter probes (if not latex free): Wrap finger in plastic bag, **NOT** in a latex free glove as this reduces the sensitivity of the probe by 30%.

- **All areas admitting patients with known or suspected latex allergy must have latex safe care cart available for use; the suggested contents are:**
 - Latex free sterile and examination gloves
 - Latex free sphygmomanometer cuff
 - Latex free giving set
 - Latex free oxygen mask
 - Latex free syringes
 - Latex free products specific to the specialist area
 - Copy of this policy

Management of Latex Allergic Patients in Outpatient areas

- A latex free environment is the single most important aspect of the patient's care. All latex containing items should be removed from the immediate area.
- An alert sticker should be placed on the front of the patients notes and the proforma for the inside cover completed and attached (appendix G).
- Nitrile gloves must be used for patients with suspected or confirmed latex allergy.
- There should be effective communication about the latex allergy to other departments visited during the outpatients episode e.g. X Ray, Blood Room.

Pre-operative Management of a Patient with Latex Allergy to include Day Case and Out Patient Procedures

Pre-operative Management

Known or suspected latex allergy should be identified in outpatients, pre-assessment or upon admission to hospital. If the patient's responses to questions on latex allergy are positive, the patient's GP or consultant caring for the patient should be informed.

The GP, Clinician, Practitioner or Consultant can contact the Allergy or Immunology Services who may be able to test at short notice. Patients with known or suspected latex allergy must be referred to an Acute Trust.

Appendix D

Drugs

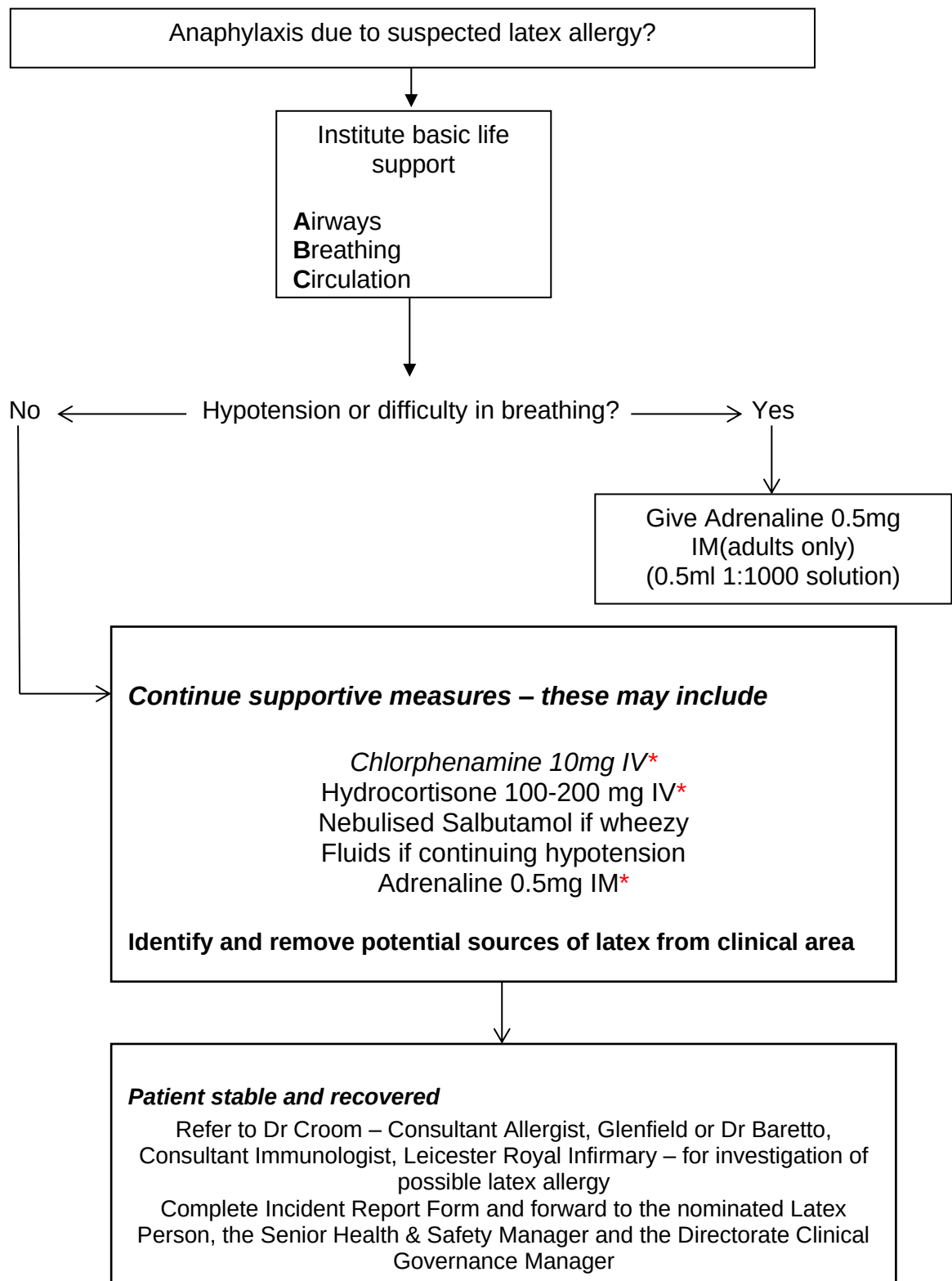
- Ideally the latex status of drugs should be determined in advance of the admission / procedure (refer to the latex database). It may be necessary to alter the choice of drug within a therapeutic class on the basis of its latex status. For drugs not on the database contact the pharmacist for the clinical area or Medicines Information direct.
- NB Even if the product itself is latex free most manufacturers will state that their products may have been in contact with latex during their production.
- In an emergency drugs from glass ampoules should be used in preference to other presentations.
- If the drug required has no latex free alternative and comes in a vial with a rubber bung, this should be removed before adding diluents or drawing up the drug.
- BUNGS SHOULD NOT BE REMOVED FROM ANTIBIOTIC PREPARATIONS. The vial should be kept upright, not shaken and the drug should be drawn up into a latex free syringe as quickly as possible. This will minimise the risk but not eliminate it completely.

NB: Intravenous infusions and irrigation solutions

- Baxter Healthcare infusions in viaflex containers with batch numbers 99 onwards do not contain natural latex.
- Latex status should be checked for other manufacturers. If in doubt avoid adding drugs to the bag via the rubber additive port.
- Baxter pour bottle irrigation solutions supplied in high-density polyethylene pour bottles are also latex free.

Management of an Allergic Reaction due to Natural Rubber Latex Hypersensitivity

The standard anaphylaxis guideline below must be followed, this can also be accessed via the Trust Document Management System (DMS) 10431: *Guidelines for the Management of a Patient with Suspected Anaphylaxis during Anaesthesia*.



- ***Doses for paediatric patients must be appropriately adjusted for weight (see Appendix F)**

PAEDIATRIC DOSES FOR MANAGEMENT OF ANAPHYLAXIS

Oral Antihistamine	Chlorpheniramine	Cetirizine or Loratadine	Cetirizine or Loratadine	Cetirizine or Loratadine
Age (years)	<2	2-6	6-12	>12
Formulation	2mg/5ml	5mg/5ml	5mg/5ml	5mg/5ml
Dose	1mg (1ml)	5mg (5ml)	10mg (10ml)	10mg (10ml)
Route	Oral	Oral	oral	Oral
Frequency	12 hourly			

Adrenaline				
Age (years)	<2	2-6	6-12	>12
Formulation	1:1000	1:1000	1:1000	1:1000
Dose	50µg (0.05ml)	120µg (0.12ml)	250µg (0.25ml)	500µg (0.5ml)
Route	IM	IM	IM	IM
Frequency	Deep IM injection repeated every 5-10 minutes according to response			

Hydrocortisone			
Age (years)	1-6	6-12	>12
Formulation	100mg/ml	100mg/ml	100mg/ml
Dose	50mg	100mg	100-500mg
Route	IM/slow IV	IM/slow IV	IM/slow IV
Frequency	Up to 4 doses in 24 hours		

Salbutamol		
Age (years)	<2	>2
Formulation	2.5mg/ml	5 mg/ml
Dose	2.5mg	5mg
Route	Nebulised	Nebulised
Frequency	Half hourly max. initially then 4-6 hourly	

Doses based on:

1. *BNF for Children* (BNFC 2007)
2. Muraro A et al. The management of anaphylaxis in childhood: position paper of the European academy of allergology and immunology. *Allergy* 2007; 62: 857-871.

Matrix showing when and what gloves should be worn for clinical procedures

Procedure	No gloves	Unsterile non latex examination gloves	Sterile non latex examination gloves	Sized sterile procedure gloves	If body fluids are involved
1. Basic Hygiene					
1a Mouthcare	✓				✓
1b Eyecare		✓			
1c Bedbathing	✓				✓
2. Elimination					
2a Inserting urinary catheter			✓		
2b Routine catheter care			✓		
2c Emptying catheter drainage bag		✓			
2d Rectal Examination		✓			
2e Giving enema/suppositories		✓			
2f Taking / giving bedpan / urinal / vomit bowel	✓	✓			✓
2g Dealing with urinary / faecal incontinence		✓			
2h Changing stoma bag		✓			
3. Specimen Collection					
3a Venepuncture (taking blood specimen)		✓			✓
3b Arterial blood gas (ITU)		✓			
3c Taking blood sugar (autolet)		✓			
3d Obtaining faecal specimen		✓			
3e Obtaining urine specimen		✓			
3f Obtaining sputum specimen		✓			
4. Waste Disposal					
4a Disposal of waste	✓				✓
4b Emptying suction jars		✓			
5. Environment					
5a Ward cleaning	✓				✓
5b Bed making	✓				✓
5c Handling soiled linen		✓			
6. Miscellaneous					
6a Handling cytotoxic materials		If unsterile procedure	If sterile procedures		
6b Handling disinfectants		If COSHH assessment accepts latex			
6c Handling chemicals including high level disinfectant /sterilants		If COSHH assessment accepts latex			
6d Dealing with patient with known infection, eg MRSA		For unsterile procedures	For sterile procedures		
7. Wound Care					
7a Removing clips/sutures			Normally in the dressing pack		
7b Changing, removing surgical drain			Normally in the dressing pack		
7c Acute wound changing dressing			Normally in the dressing pack		
7d Changing dressing on chronic wounds eg leg ulcer			✓		

Matrix showing when and what gloves should be worn for clinical procedures

Procedure	No gloves	Unsterile non latex examination gloves	Sterile nitrile examination gloves	Sized sterile procedure gloves	If body fluids are involved
7e Packing perianal abscess			Normally in the dressing pack		
7f Changing wound drainage bags			Normally in the dressing pack		
7g Changing stoma bags		✓			
8. Respiratory					
8a Tracheal suction including tracheostomy		Closed system	Open system		
8b Tracheostomy care		Chronic	Acute		
8c Insertion of chest drain				✓	
8d Performing a pleural tap				✓	
9. Emergency Care					
9a Routine examination of trauma victim		✓			
9b Cardiac arrest	✓				✓
9c Examination of head injury	Closed wounds		Open wounds		
10. Administration of lines, including medication / therapy					
10a Maintaining a CVC line	If at non wound end	If giving drugs	If at the wound end	Insertion, manipulation and breaking circuit	
10b Maintaining an Arterial line	If at non wound end		If at the wound end	Insertion, manipulation and breaking circuit	
10c Changing giving sets		Blood/Fluid	TPN		
10d Giving I/M injection	✓				
10e Giving I/V drugs		✓			
10f Insertion of I/V cannula		✓			
10g Changing cannula dressing		✓			
10h Removing cannula		✓			
11. Procedures/Investigations					
11a Applying treatments/creams		✓			
11b Insertion of NG tube		✓			
11c Changing gastrostomy tube dressing		Chronic	Acute		
11d Vaginal examinations		✓	If membranes ruptured		
11e Vaginal delivery (of foetus)		✓			
11f Dealing with blood spillage		✓			
11g Cleaning endoscopy equipment		If no disinfectant /sterilant			
11h Performing sigmoidoscopy		✓			
11i Performing gastroscopy		✓			
11j performing bronchoscopy		✓			
11k performing lumbar puncture				✓	
11l procedures for immunocompromised patients		For unsterile procedures	For sterile procedures		
11m biopsies at ward level eg liver biopsy				✓	

- A risk assessment should be carried out prior to the procedure to assess the presence of body fluids
- When not using gloves, good hand washing technique is essential
- If dealing with patients with infections, unsterile examination gloves should be worn for all procedures unless procedure indicates sterile gloves
- All surgical intervention in the operating theatre will be with high grade surgeons' gloves
- When using gloves they should be worn for that procedure only, discarded into clinical waste and hands washed and dried thoroughly

Appendix H

Useful Contacts

Occupational Health Team	:	0116 225 5431
Infection Prevention and Control Team	:	01162951668
Health & Safety Compliance Team	:	01162951662
Allergy Service	:	0116 2583397
Department of Immunology	:	0116 2585468 or 6702
Procurement Team	:	0116 2950431 or 0443
Asthma Nurse	:	0116 258 3557
Medicines Information Department	:	0116 255 5779

Latex Allergy Support Group Details:

Address: -

Latex Allergy Support Group

PO Box 27

Filey

North Yorkshire

YO14 9YH

www.lasg.org.uk



Policy Monitoring Section

Criteria Number & Name: Not applicable

~~Where applicable duties outlined in the policy will be evidenced through monitoring of the other minimum requirements.~~

Reference	Minimum Requirements to be monitored	Evidence for self assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Not applicable	Hand integrity inspection carried out during annual PDRs (where applicable to staff group)	Section 5.1 Section 8	Figures for PDRs undertaken and collated across the Trust by HR Quarterly report to LPT Strategic Workforce Committee	Directorate/ LPT Strategic Workforce Committee	Quarterly
Not applicable	Evidence of hand hygiene audits being undertaken monthly	Section 5.6 Section 8	Quarterly report with compliance and trends to LPT Infection Prevention and Control Assurance Group	LPT Infection Prevention and Control-Assurance Group	Quarterly
Not applicable	Number of reported staff ill-health in relation to skin/respiratory	Section 5.2 Section 8	Analysis of incidents, including themes and trends	Occupational Health Service/LPT Health and Safety Committee/LPT Infection Prevention and Control	Quarterly - minutes from Directorate Health Safety Security Action Groups/LPT Health and Safety

Reference	Minimum Requirements to be monitored	Evidence for self assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
			Quarterly reporting on any staff ill-health in relation to skin/respiratory to LPT Health and Safety Committee and dissemination to Sub Groups thereof.	Assurance Group/ Directorate	Committee/LPT Infection Prevention and Control Assurance Group

Due Regard Screening Template

Section 1			
Name of activity/proposal		This policy sets out the organisational arrangements for the safe management of latex and occupational dermatitis in accordance with legal statute	
Directorate / Service carrying out the assessment		Health and Safety Compliance Team	
Name and role of person undertaking this Due Regard (Equality Analysis)		Samantha Roost	
Give an overview of the aims, objectives and purpose of the proposal To ensure suitable and sufficient arrangements for the safe management of occupational dermatitis and latex by the undertaking of risk assessments. These will detail what is required and the arrangements that are in place			
Section 2			
Protected Characteristic	Could the proposal have a positive impact (Yes or No give details)	Could the proposal have a negative impact (yes or No give details)	
Age	No	No	
Disability	No	No	
Gender reassignment	No	No	
Marriage & Civil Partnership	No	No	
Pregnancy & Maternity	No	No	
Race	No	No	
Religion and Belief	No	No	
Sex	No	No	
Sexual Orientation	No	No	
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT?			
Is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? If yes to any of the above questions please tick box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	✓

Section 4
It this proposal is low risk please give evidence or justification for how you reached this decision:
This policy meets the legal requirements to comply with Health & Safety legislation to minimise all foreseeable risk of occupational dermatitis or latex allergy (ill-health) from work activities and provides welfare for all.

This proposal is low risk and does not require a full Equality Analysis:

Head of Service Signed: Bernadette Keavney

Date: March 2022

Policy Training Requirements.

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	The Management of Latex and Occupational Dermatitis
Type of training:	☒ Mandatory (must be on mandatory training register) ☒ Role specific ☒ Personal development
Division(s) to which the training is applicable:	☒ Learning Disability Services ☒ Mental Health Services ☒ Community Health Services ☒ Enabling Services ☒ Families Young People Children ☒ Hosted Services
Staff groups who require the training:	All staff
Update requirement:	In line with mandatory update training, every 2 years
Who is responsible for delivery of this training?	Learning and Development as part of the Trust's clinical mandatory induction and clinical mandatory update training
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	☒ Trust learning management system ☒ Other (please specify) Local file
How is this training going to be monitored?	Quarterly training report to the Health and Safety Committee Quarterly training report to the Infection Prevention and Control Committee

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	☐
Respond to different needs of different sectors of the population	✓
Work continuously to improve quality services and to minimise errors	✓
Support and value its staff	✓
Work together with others to ensure a seamless service for patients	✓
Help keep people healthy and work to reduce health inequalities	✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment. The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.			
Name of Document:	Occupational Dermatitis and Latex		
Completed by:	Bernadette Keavney		
Job title	Head of Trust Health and Safety Compliance	Date	01/04/2022
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			No
If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, adoption of a procedural document will not take place until approved by the Head of Data Privacy.			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust