Mid Essex Hospital Services NHS Trust

PREVENTION AND MANAGEMENT OF LATEX ALLERGY IN HEALTHCARE WORKERS	**Policy** **Register No: 04089** **Status: Public**

Developed in response to:	Best Practice, COSHH Regulations (2002), Health and Safety Executive (2005), Personal Protective Equipment Regulations (1992)
CQC Fundamental Standards:	17

Consulted With:	**Post/Committee/Group:**	**Date:**
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1.0 Purpose

1.1 The purpose of this policy is to provide guidance on the avoidance, minimising the risk and management of latex sensitivity in the health care worker (HCW).

1.2 This purpose of this document is to:

- Document the steps, which are to be taken to protect employees from the risk of Natural Rubber Latex (NRL) allergy arising from health care activities in the Trust, and, where practicable, actively encourage the deployment of a latex light working environment.

- Ensure that all risks to health associated with exposure to NRL are assessed and adequate controls are in place.

- Acknowledge that NRL is a hazard to both HCWs' and patients in hospital environments, and that it is a potent sensitiser which may cause serious allergic reactions.

- The Trust complies with the Health & Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1999 and the Control of Substances Hazardous to Health Regulations (COSHH) 2002

1.3 To achieve this, the Trust's priority objectives are to:

- Promote and actively support a consistent approach to the management of those at risk from NRL across the Trust

- Ensure that staff are aware of their responsibilities by working in such a way that actively embraces those responsibilities

2.0 Introduction

2.1 The Trust has a statutory responsibility to protect staff and service users who are allergic to NRL.

2.2 Latex is used in the manufacture of many of medical products commonly used in the healthcare setting, such as gloves, catheters, tubing, tourniquets, bandages, and anaesthetic and resuscitation equipment. Allergy to Latex protein has emerged as a significant health problem to hospital staff and patients since the early 1980s.

2.3 Latex is recognised as a 'sensitiser' and a substance 'hazardous to health' as defined by the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. Adverse health effects include immediate Type 1 Latex allergy and Allergic contact dermatitis (see section 6).

2.4 The Health and Safety Executive (HSE) consider that work-related dermatitis is a significant cause of work-related ill-health - particularly in the NHS. An independent survey, conducted by the HSE suggested that up to 100,000 nurses consider themselves to have work-related skin damage. 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, detergents and other irritants.

2.5 The glove of first choice in the Trust will be non-latex. In exceptional circumstances, where there is a clinical requirement to use latex gloves, the use of these gloves must be justified through the risk assessment process; the risk of contracting dermatitis must also be assessed as part of this COSHH risk assessment process. Any latex gloves used must be low protein and un-powdered. Staff at risk must be identified and must be under appropriate health surveillance as outlined in this policy.

2.6 The National Patient Safety Agency (NPSA) and the HSE require employers and healthcare Trusts to protect the health of their staff and patients with respect to exposure to NRL and other hazardous substances in the workplace.

2.7 The use of low protein latex gloves will therefore be strictly limited to those procedures specifically requiring latex gloves as a measure of precision and dexterity. Once a need has been established, a risk assessment must document the need, and a process put in place to comply with the requirement that all staff are monitored whilst using Latex gloves and receive appropriate health screening annually.

2.8 Non-latex gloves can offer a suitable alternative to Latex gloves in most situations. However, an assessment must take place to check suitability, as other types of allergy can also be forthcoming from other products.

2.9 This policy sets out the Trusts' approach to the prevention of latex allergy and dermatitis amongst its staff and details the responsibilities of all staff in ensuring the effective management of risks associated with NRL, and good hand hygiene.

3.0 Scope

3.1 This policy applies to all employees of the Trust, including all volunteers and staff employed on temporary or honorary contacts.

4.0 Definitions

TERM	DEFINITION
The Trust	Mid Essex Hospital Services NHS Trust
NRL	Natural Rubber Latex
Latex-Free	This term relates to products that are not manufactured from NRL
Latex-Safe	This term is used to describe an environment that minimises the risk of a reaction occurring in sensitised or allergic individuals. This is achieved by removing the NRL products that are most likely to cause a reaction
Latex-Allergy	This is an allergic reaction to one or more of the components of latex rubber products
COSHH	Control of Substances Hazardous to Health Regulations 2002
HCW	A person employed in health care services who provides direct care to patients
Health Surveillance	This is a process involving a range of strategies and methods to systematically detect and assess the early signs of adverse effects on the health of workers exposed to certain health hazards and subsequently acting upon the results
OHD	Occupational Health Department

5.0 Responsibilities

5.1 Responsibilities within the Trust (Committees)

5.1.1 The Health & Safety Group

5.1.2 The Health & Safety Group is responsible for monitoring implementation of this policy and to receive and review instances of Latex allergy.

5.2 Responsibilities of Individuals within the Trust

5.2.1 Managing Director

5.2.2 The Managing Director has the overall responsibility to provide a safe working environment, ensuring compliance with the requirements of all health and safety legislation, and has overall responsibility for the safety of any patients, visitors or contractors whilst they are on Trust premises.

5.3 Trust Managers

5.3.1 All Trust Managers are responsible for:

- Ensuring that the risk associated with NRL allergy to patients and HCWs is managed in accordance with this policy and associated protocols and procedures
- Ensuring that this policy is brought to the attention of all staff within their areas
- Ensuring that NRL Risk Assessments are undertaken regarding the use of low protein latex powder free gloves for work and clinical activities
- Ensuring HCWs are provided with appropriate information instruction and training to enable them to manage NRL allergy including the need to report allergic reactions to NRL or symptoms suggestive of NRL
- Ensuring any NRL allergic reactions are reported to the Trust via Datix incident form
- Referring any HCW with symptoms suggestive of a latex allergy to the Occupational Health Department (OHD)
- Identifying all staff members who are exposed to Latex ensuring they comply with annual health surveillance.

5.4 Staff

5.4.1 All staff are responsible for:

- Adhering to the Latex Policy (04089) and associated Health and Safety Polices to protect themselves and patients from the risks associated with exposure to latex
- Being aware of the signs and symptoms of latex allergy

- Report symptoms/problems associated with the use of latex promptly to their manager as they arise. Staff who suspect they may be suffering from symptoms associated with latex, e.g. skin irritation, must inform their manager and may either self-refer or be referred formally by their manager to Occupational Health

- Knowing where to source latex-alternative products and in the case that no alternatives are available; knowing what steps to take to minimise contact/exposure to latex

- Documenting the patient's allergy status (including latex) in their medical notes and report severe allergic reactions to patients from latex gloves/equipment on Datix incident form

- Complying with the Trust's health surveillance programme

- Reporting severe allergic reactions to patients from latex gloves/equipment on a Datix incident form

5.5 **Occupational Health Department**

5.5.1 The Occupational Health Department are responsible:

5.5.2 To undertake pre-employment assessment and inform the manager of any prospective employee that has or may have sensitivity to Latex

5.5.3 To undertake assessment of any staff presenting with any symptoms that could be suggestive of a Latex allergy

5.5.4 To undertake annual health surveillance of staff that use NRL products at work. HSE guidance requires annual health surveillance of all HCWs using latex gloves

5.5.5 To advise prospective and existing employees with regards to signs and symptoms of latex sensitisation and the reporting procedure

5.5.6 To ensure that all new members of staff receive a copy of the leaflet "Latex & You"

5.5.7 To refer to the Occupational Health Physician for assessment and advice on all cases where potential exposure to latex may prove to be a risk to an employee's health

5.5.8 To ensure cases of latex sensitivity are reported to Managers and Health and Safety Manager for reporting to the HSE under the RIDDOR Regulations

5.5.9 To provide, in conjunction with Infection Prevention and Health and Safety Management authorisation for the use of latex gloves for wards and departments where risk assessment has proven them to be the "glove of choice"

5.6 **Human Resources**

5.6.1 Human Resources are responsible for:

- Supporting HCWs' who may have developed a latex allergy by facilitating discussion to look at arranging temporary relocations

- Working with Management and Occupational Health to facilitate discussions to redeploy staff with confirmed allergies to alternative safe working environments

5.7 **Infection Prevention Team**

5.7.1 The Infection Prevention Team are responsible for:

- Providing current advice and education on infection prevention indications for glove usage based on current knowledge that supports good infection prevention practice
- Assisting in the risk assessment process for glove use within the Trust
- Liaising with Occupational Health and Procurement relating to the purchasing of gloves
- Educating employees about basic hand hygiene and appropriate glove use
- Ensuring infection prevention guidelines for glove usage are followed
- To provide, in conjunction with Occupational Health and Risk Management, authorisation for the use of latex gloves for wards and departments where risk assessment has proven them to be 'the glove of choice'**.**

5.8 **Procurement Department**

5.8.1 The Procurement Department is responsible for:

- That where reasonably possible, equipment, materials and substances purchased for Trust use are latex free
- That a record of all products that do or do not contain latex within the Trust is maintained
- That all latex gloves purchased are low protein and non-powdered
- That when products containing significant amounts of latex are identified that further information is obtained from suppliers, manufacturers, clinicians or the person requiring the product to ascertain its suitability for use in the Trust
- Appropriate review and monitoring of glove purchasing and usage

5.9 **The Health and Safety Department**

5.9.1 The Health and Safety Department are responsible for ensuring**:**

- That there are policies with associated procedures in place to identify, prevent and control risks that may lead to dermatitis amongst staff
- That all risk assessment processes are adequate and are annually audited
- That the DATIX incident reporting system is monitored for dermatitis, latex and COSHH related incidents
- That RIDDOR cases (relating to latex and dermatitis) are reported (F2508) and investigated

- That reports are provided to the Health & Safety Committee that these actions are being undertaken

6.0 Adverse Health Effects

6.0.1 There are three types of allergic adverse reactions from exposure to latex. These are Latex Allergy (Type 1, Allergic Contact Dermatitis (Type IV) and Irritant Contact Dermatitis.

6.1 Latex Allergy (Type 1 reaction – Immediate hypersensitivity)

6.1.1 Latex allergy is a reaction to the natural proteins found in latex. This type of reaction produces symptoms within 5-30 minutes of latex exposure. A variety of symptoms may occur including:

- Local or generalised erythema (redness)
- Angioedema (swelling)
- Conjunctivitis (eye inflammation)
- Laryngeal oedema (throat swelling)
- Collapse
- Urticaria (rash)
- Rhinitis (runny nose)
- Asthma (breathing difficulties)
- Hypotension (low blood pressure)

6.1.2 The severity of symptoms varies. In rare cases, it can lead to life-threatening respiratory difficulties and anaphylactic shock.

6.1.3 Type 1 latex allergy is diagnosed from the employees or patient's history, combined with demonstrating the presence of specific IgE (immunoglobulin E) antibodies to latex, either by 'skin prick testing' or a blood test for latex specific IgE (RAST).

6.2 Allergic Contact Dermatitis (Type IV reaction – delayed hypersensitivity

6.2.1 Allergic contact dermatitis is a reaction to the chemicals used in the production of latex, mostly the accelerators. It causes an eczematous rash at the site of contact with latex, usually on the hands. The reaction requires longer exposure than Type 1 reactions and is delayed in onset, beginning several hours after contact, reaching a maximum after 6-48 hours and then subsiding. With repeated exposure to the chemicals in the latex product a persistent rash may occur. Although the severity of the rash can vary, this reaction is usually mild and is not potentially dangerous.

6.2.2 Type IV contact dermatitis is diagnosed from the history combined with confirmation by 'patch testing' showing an allergic response to the chemicals in latex.

6.3 Irritant Contact Dermatitis

6.3.1 Staff may also suffer from irritation from exposure to latex, however this is a non-allergic condition, and symptoms usually resolve once contact with latex ceases. Irritation is usually characterised with a rash which is normally dry and itchy. It is important to note however that skin irritation may be caused by a wide range of substances (e.g. skin cleansing and disinfecting agents) and therefore caution must be taken not to assume

straight away it is from exposure to latex. Although not an allergy, it still requires follow-up with the occupational health department.

6.3.2 Irritant contact dermatitis is diagnosed from the history and a trial of treatment of good hand care. Irritant dermatitis is a common cause of hand eczema. If hand eczema is persistent, latex allergy (allergic contact dermatitis) should be excluded by patch testing.

7.0 Reducing the Risk of Exposure to Latex

7.1 Protective Gloves

7.1.1 Protective gloves are an essential item in healthcare today to protect HCWs against blood borne viruses and other microorganisms. There are four main types of gloves in use at MEHT, and those are listed below. The MEHT glove algorithm (refer to Appendix 1) provides a simple way for staff to identify whether gloves are needed and if so, which glove is the most appropriate to wear.

7.2 Latex Gloves

7.2.1 In principle, latex gloves should only be used for sterile task e.g. surgery, dressings, and where the patient or member of staff does not have a latex allergy this is because these gloves have excellent elasticity durability and tactile properties for these types of tasks.

7.2.2 However, if in clinical opinion, there is a clinical need for latex gloves to be used in non-sterile tasks, a risk assessment will need to be completed and sent to the Occupational Health Department. The risk assessment will need to detail the reasons why there is a clinical need for non-sterile latex gloves i.e. dexterity and tactility reasons, and the consequences of not having them. Once received the Occupational Health Department will discuss the risk assessment with the manager for the department and a decision will be made as to whether non-sterile latex gloves are allowed.

7.2.3 The Trust only purchases low protein, non-powdered latex gloves to reduce the risk of exposure further. Powdered gloves are banned at MEHT as the powder can attach to the proteins in the latex gloves which become airborne when the gloves are removed. Inhaling the powder may lead to respiratory sensitisation. In addition, the powder may be introduced into a patient's body or come into contact with mucosal surfaces.

7.3 Nitrile Gloves

7.3.1 Nitrile gloves should be used for all non-sterile tasks that involve prolonged glove use for more than ten minutes, stretching, pulling and twisting of the glove and fine or precise movement e.g. venepuncture, unless a risk assessment indicates the use of latex gloves. Nitrile gloves are also an alternative to latex gloves in sterile tasks where a patient or member of staff has a latex allergy.

7.4 Neoprene/Polyisoprene Gloves

7.4.1 These are an alternative to latex gloves in sterile tasks where a patient or member of staff has a latex allergy. They should be used if nitrile gloves do not allow sufficient dexterity.

7.5 **Vinyl Gloves**

7.5.1 These should be used for non-sterile tasks that involve brief glove use, for less than 10 minutes, no stretching, pulling and twisting of the glove and no fine or precise movements e.g. emptying catheter bags.

7.5.2 Staff who are identified as having Type 1 latex allergy will be advised not to use latex gloves, but to use the alternatives available. For members of staff who are diagnosed as having Type IV latex allergy an alternative glove will be provided that does not contain the chemical to which they are allergic. This may require supplying alternative gloves to those listed above (outside of the procurement contract) on a named staff member basis as advised by the Occupational Health Department.

8.0 Purchasing of Latex Products

8.1 The Procurement department will attempt to procure latex-free gloves and devices at the contracting stage where possible. However, they will always be guided by clinical opinion and preference and therefore if a non-latex product is deemed to be unsuitable, they will procure the latex alternative. Appendix 2 should be submitted to Procurement following a risk assessment advising of staff member's use of glove choice which is deemed the most appropriate for the task carried out.

8.2 Any latex products will be clearly labelled as containing latex and staff will need to undertake appropriate checks prior to using latex products on patients. Where staff members are allergic to latex, they must avoid using the product and where possible, seek an alternative or take steps to minimise contact/exposure to latex.

8.3 Procurement will only purchase non-powdered low-protein latex gloves and will continue to review and monitor glove purchasing (including latex alternatives) and usage.

9.0 Identifying Staff who may be at Risk from Exposure to Latex

9.1 All new staff will undergo pre-appointment health screening prior to commencement in a post. For new staff working in clinical roles, or who work in a clinical environment or with clinical specimens, it will involve completing a Health at Work questionnaire to include a Latex Glove /Allergy Questionnaire (refer to Appendix 3) which is assessed by the occupational health team.

9.2 Staff members with a confirmed diagnosis of latex allergy will be seen during pre-appointment screening.

9.3 Staff members are encouraged to report symptoms as they arise. Staff who suspect they may be suffering from symptoms associated with latex must inform their manager and may either self-refer or be referred formally by their manager to occupational health.

9.4 All staff at risk of latex allergy or with a known latex allergy are assessed by occupational health and advice is given on precautions to be taken to reduce the risk of exposure. Staff with symptoms suspicious of latex allergy will be referred to the appropriate specialist clinic, e.g. dermatology or allergy clinic to establish an accurate diagnosis. In cases of irritation, occupational health will advise on hand care and on the appropriate

use of gloves in accordance with the Trust's glove algorithm and will review staff members as necessary.

10.0 Health Surveillance

10.1 For staff members with a confirmed diagnosis of latex allergy, occupational health will perform annual health surveillance. This will be undertaken by means of a questionnaire issued by the Occupational Health Department to all individuals directly (refer to Appendix 4)

10.2 Managers will be informed that the staff member is under health surveillance and if the individual remains fit to work or if any additional restrictions are required. All members of staff surveyed by the occupational health department will be advised if any additional restrictions are necessary.

10.3 Annual health surveillance must also be undertaken on all staff that uses latex gloves. This must be performed by the member of staff's manager and can either be done as part of their appraisal or as a stand-alone exercise on an annual basis. This will also be undertaken by means of a questionnaire (refer to Appendix 4).

10.4 If any questions indicate symptoms associated with latex (indicated by the shaded boxes of the questionnaire) the staff member should be referred to the Occupational Health Department for further assessment.

10.5 Copies of all questionnaires should be sent to the Occupational Health Department.

11.0 Management of Staff with Latex Allergy / Sensitivity

11.1 The key to reducing latex allergy amongst healthcare staff is in the reduction of latex exposure. The main source of exposure in the NHS is latex gloves. Risk assessments should be undertaken to underpin the choice of glove selection this should be undertaken in advance and not at point of glove use. All risk assessments should be reviewed on a regular basis. If, following risk assessment latex is identified as the best form of protection for a particular ward or department then all persons exposed to latex will be provided with information on latex health risks, how to report symptoms and will be subject to annual health surveillance.

11.2 The main points related to the management of staff with known or suspected latex allergies are:

- Recognition and identification of staff members who may be allergic to Latex
- Confirmation of diagnosis
- Referral to the Dermatology department by the Occupational Health Department for further assessment and treatment
- Provision of appropriate latex-free gloves and equipment for sensitised staff members
- Provision of appropriate healthcare advice
- Introduction of appropriate preventative measures

11.3 It is the Managers responsibility to ensure that there are alternatives to latex gloves available for use to all healthcare workers who have been identified as being Latex allergic.

11.4 Individuals who are allergic to latex need advice to help protect them at all times. They are particularly at risk if undergoing medical and dental procedure.

12.0 Control Measures for Staff

12.1 To avoid staff becoming sensitised the following measures are advised;

- Remove all latex gloves from clinical areas where risk assessment has shown that reasonable latex-free alternatives are available
- Ensure that latex-free gloves are widely available in all clinical areas
- Ensure that where latex gloves continue to be used that appropriate risk assessments have been undertaken
- Ensure that within those areas where latex continues to be used that only low protein, powder free gloves are purchased
- Ensure that ward managers undertake annual skin checks on staff at the time of their annual appraisal
- Ensure that all new members of staff have completed a Latex allergy questionnaire, and have been provided with information regarding latex allergy and if they have a history of allergic conditions are advised to wear latex-free gloves
- Ensure that all new members of staff receive a copy of the leaflet “Latex & You”
- Ensure that good hand care is promoted, and that consideration is given regarding the type of soap purchased, use of alcoholic hand gels, and quality of paper hand towels and provision of emollients
- Managers are responsible for appropriate staff training, to ensure correct gloves are used for the appropriate tasks
- The glove selection wall chart will be laminated and placed within all clinical areas

12.2 HSE guidance requires annual health surveillance of all healthcare workers using latex gloves. This surveillance should include an assessment of the individual’s respiratory health and skin condition. This should be undertaken within the healthcare workers department at the time of their annual appraisal.

12.3 The skin check questionnaire is located on the Trusts intranet site with accompanying appraisal documentation.

12.4 All staff with positive symptoms must be reported to the Occupational Health department and the use of latex cease immediately pending investigation.

12.5 Completed skin check questionnaires should be returned to the Occupational Health department and stored within the individuals Occupational Health record. All health surveillance records are required t be kept for at least 40 years as required by the COSHH Regulations 2002.

13.0 Glove Guidance

13.1 Gloves used for infection prevention purposes must be suitable for the task being performed and not cause harm to the worker or patient.

13.2 It is recommended that gloves be worn only whenever direct contact with body fluids is likely, or where there is a potential of skin damage from chemicals, detergents etc. Unnecessary and inappropriate use of gloves should be avoided in order to protect the well-being of both patients and staff.

13.3 Inappropriate use of gloves may result in:

- Sensitivity to latex in a small percentage of people
- Increased exposure to the chemicals and accelerants in the glove material can result in skin sensitisation in a small percentage of people
- Exposure to hazardous substances if the glove fails to protect the hands.

14.0 Staff Risk Assessment for Latex

14.1 The use of latex gloves at work is the single most important risk factor for latex allergy. This will be the main factor in determining the high-risk staff group for careful screening for latex allergy, regular skin checks and initial and on-going health surveillance. The use of latex gloves will be permitted in particular areas, only for specific groups of staff who carry out clinical procedures (surgical or interventional or invasive procedures) which requires superior tactile sensitivity.

14.2 A group risk assessment will be facilitated by a nominated local manager (responsible for, or in control of the group of clinical staff) in consultation with the Health and Safety Department, the Occupational Health Department and the Infection Control Team. The risk assessment will be reviewed and audited annually, or as and when

- An incidence of dermatitis is reported in a specified work area
- If it is assessed that the control measures are inadequate
- There are other significant changes in the work activity, work environment or the numbers and skill mix of the specified users

14.3 A risk assessment of working practice will help to determine the type of glove to be used and should consider:

- The nature of the task
- A consideration of whether gloves are necessary
- The risk of contamination from blood or body fluids
- Whether sterile or non-sterile gloves are required
- Whether latex or non-latex gloves are required for the task
- Frequency and duration of contact with the substance or chemical
- Durability of the glove for the activity being undertaken including glove strain or risk of tearing

- The need for manual dexterity with the glove on
- The extent of the protection i.e. hands only, full length to the elbow

NB: Only use Latex where risk assessment indicates that there is no suitable alternative.

14.4 The completed risk assessment will be kept locally and made available to those staff to which it applies; a copy will be kept by the Health & Safety Department.

15.0 Glove Selection in General Clinical Settings

15.1 Gloves must be worn when in direct contact with blood or body fluids and contact with non-intact skin or mucous membranes.

15.2 Only specified gloves are to be used by Trust staff. Any changes to the agreed gloves must be authorised by Occupational Health, Infection Prevention or Risk Management.

- **Non-sterile Vinyl and Nitrile gloves** are the gloves of choice for general clinical procedures where there is a risk of exposure to blood or body fluids. Staff may prefer low protein powder free latex gloves when they need to perform tasks requiring fine manual dexterity or good tactile sensitivity. For example, palpating a vein to take a blood sample
- **Sterile Nitrile Gloves** can be used in sterile clinical procedures when the member of staff has an allergy or sensitivity to latex

15.3 Glove Selection in Theatre Settings

15.3.1 Several factors influence glove selection in the Theatre setting, for example;

- High barrier protection from blood borne viruses
- High manual dexterity
- Hand fatigue
- High tensile strength; and
- Tear and puncture resistance

15.3.2 Glove selection will depend on risk assessment of the task and people involved.

15.4 Glove Types

15.4.1 Pigmented Stretch Vinyl Examination

- Suitable for users with a sensitivity to latex
- For use as listed on the glove selection chart

15.4.2 Nitrile – Acrylonitrile butadiene – A synthetic rubber

- An alternative to latex as an examination glove
- Provides an excellent barrier to micro-organisms

- Provides good fit, comfort and flexibility to users and reduces hand fatigue
- High abrasion and puncture resistance properties

15.4.3 **Natural Rubber Latex**

- Provides high tensile strength
- Excellent barrier protection against blood borne viruses
- Hard to detect puncture holes
- Can cause or trigger latex allergies
- Requires risk assessment to identify reason used above latex-free products
- All users required to undergo annual health surveillance

15.4.4 Use of disposable low protein non-powdered latex gloves is permitted provided that the reason for its selection is documented in a risk assessment and their use has been authorised by the Occupational Health, Infection Prevention or Risk Management department.

16.0 Safe Practice in using Gloves

- Prior to wearing gloves staff who have skin lesions, abrasions or lacerations must cover these with an occlusive waterproof dressing
- Gloves should be selected which are the correct fit for the wearer
- Clinical gloves are manufactured as “single use” items and should be changed between each patient to prevent the risk of cross infection. Household type gloves may be reused providing they are not damaged
- Gloves should be regularly inspected during use for punctures, tears etc. and where damaged should be replaced
- Gloves should not be worn for periods of time longer than actually necessary to complete the task, and always wash and dry hands before putting gloves on and immediately after their removal
- Jewellery which is likely to damage gloves or harbour micro-organisms should not be worn
- Finger nails should be kept short so as not to damage gloves. Nail varnish and false nails should not be worn
- Gloves which may have been contaminated with body fluids should be disposed of as clinical waste
- Do not wear latex gloves if you have a rash or chapped area on your hands; use a suitable alternative latex free glove

17.0 Glove Storage and Disposal

17.1 Latex and non-latex products should be stored in separate areas. A rack containing all sizes of latex-free gloves must be available at all times in all wards and departments.

17.2 All gloves that are contaminated with blood or body fluids are disposed of as clinical waste regardless of the material from which they are made. Vinyl gloves used for non-clinical tasks should be disposed of in household waste.

18.0 Monitoring and Review

18.1 Local Managers will be responsible for bringing any implementation issues to the attention of the Occupational Health and Risk Management Departments who will inform the Trusts Health and Safety Group of any unresolved issues.

18.2 Auditing of the policy will be undertaken by the Occupational Health and Health and Safety teams on an annual basis. Results of the policy audit will be disseminated to the Health and Safety Group. Audit will include the following:

- Compliance with the policy
- Compliance with risk assessment
- Compliance with reduction of Latex products
- Compliance with good hand hygiene and skin care practices in liaison with the Infection Prevention team.

18.3 Results from this audit will be reviewed at the Health and Safety Group and Infection Prevention Group.

18.4 This policy will be reviewed 3 yearly or following any significant change to work practices, legislation, national guidelines or recommendations.

19.0 References

Control of Substances Hazardous to Health (COSHH) Regulations 2002

The Health and Safety at Work etc. Act 1974. HMSO; London

The Medicines and Healthcare Products Regulatory Agency (MHRA) 1996. Latex sensitisation in the healthcare setting (use of latex gloves)

Health Service Circular 1999. Latex medical gloves and powdered latex medical gloves; reducing the risk of allergic reaction to latex and powdered medical gloves 1999/186. DOH

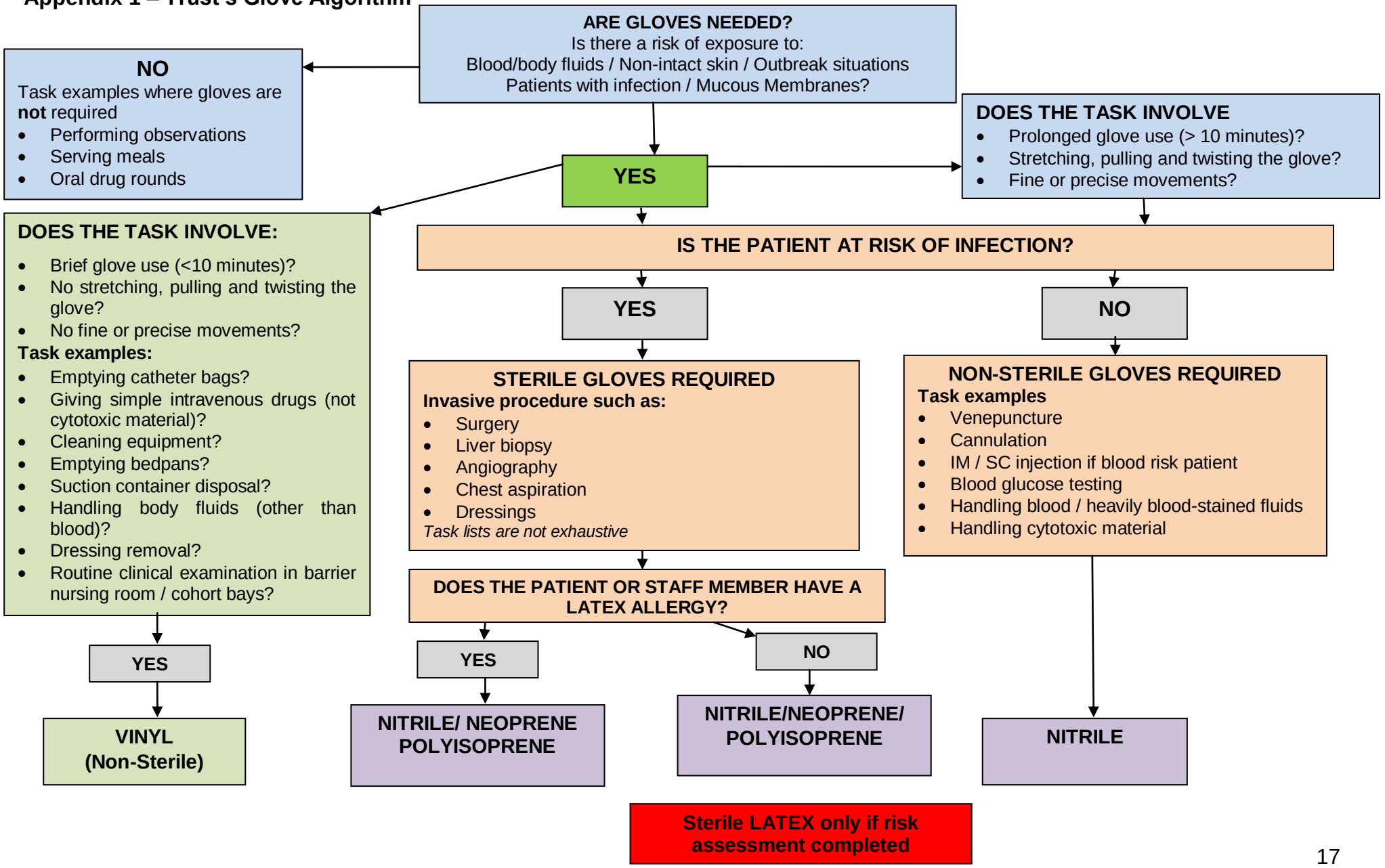
Health and Safety Executive 2005. Latex Allergies www.hse.gov.ukLatex2002

Occupational aspects of management – A national guideline Latex Allergy: Royal College of Physicians 2008

The Personal Protective Equipment Regulations (1992). HMSO; London

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. HMSO; London

Appendix 1 – Trust's Glove Algorithm



Appendix 2

Mid Essex Hospital Services NHS Trust

LATEX GLOVES REQUEST FORM

Ward / Department: ……

Request Made By: ……

Job Title: ……

Please authorise the supply of low protein latex powder free gloves for use by the following personnel:

…… ……

…… ……

…….. ……

…… ……

Continue on a separate sheet if necessary

For use under the following conditions & tasks:

……

……

……

- **I can confirm there are no patients with latex allergy in this area.**
- **I can confirm that all latex gloves will be stored separately away from all latex-free alternatives.**
- All the above-named staff will be subject to annual health surveillance via questionnaire from the Occupational Health department, and all glove users subject to annual skin checks undertaken by senior ward / department manager at time of appraisal.

Signature Ward / Department Manager: ……

Date: ……

Authorised By:

Occupational Health: ……..

Infection Prevention: ……

Risk Management: ……..

Date form sent to Commercial Services: ……..

Appendix 3

Mid Essex Hospital Services NHS Trust

This questionnaire MUST be completed by all applicants.

LATEX / GLOVE ALLERGY QUESTIONNAIRE

Name	DOB
Job Title:	Ward / Dept.
Start Date	

1. Do you have a latex allergy?

   ……...

2. How was your condition diagnosed?

   ……..

3. Do you have a history of Asthma, Hay fever or Eczema?

   ……

4. Do you have any food allergies especially to: **Almond, Banana, Egg, Mango, Milk, Peach, Potato, Avocado, Chestnuts, Kiwi, Papaya, Peanuts and Tomato?**
   ……

5. Do you have any other allergies or problems with rubber-based products such as balloons or gloves? If so please give details below

   ……

6. Which of the following would you expect to suffer on contact with latex / rubber products: (PLEASE TICK)

Chapping of hand	Rash or blisters on hands or skin
Itching	Hives
Runny Nose	Sneezing
Itchy / Watery Eyes	Shortness of Breath
Facial Swelling	Anaphylaxis

7. How soon after exposure do your symptoms appear?

   ……

8. Are you currently under the care of your GP or Specialist? Please give details below.

   ……...

9. Have you been advised to carry adrenaline for this allergy?
   ……...

10. Have you ever been admitted to hospital with this condition? If so state, why and when.
    ……..

11. How many days have you been absent from work/ school / college because of your condition in the past 2 years?
……

12. Does your condition affect your ability to carry out any of the duties associated with the job for which you have applied?
……

Signature of employee …….

Date ……..

FOR COMPLETION BY OCCUPATIONAL HEALTH SERVICE

1.	Does employee require referral to OH Physician?	YES	NO
2.	Is further information required from employee's GP?	YES	NO
3.	Has consent form been explained and signed?	YES	NO

Signature OH Screening Nurse / Adviser ……

Date ……

Appendix 4

Mid Essex Hospital Services NHS Trust

Annual Latex Health Surveillance Questionnaire

Annual health surveillance is required under the Control of Substances Hazardous to Health (COSHH) regulations 2002 for all staff that use latex products at work. This surveillance is important to minimise the health problems associated with latex. This questionnaire is designed to identify if you have any symptoms that may be associated with latex use. It will be initially screened by your manager and a record kept on your personnel file and a copy sent to Occupational Health. If you report symptoms your manager should refer you to Occupational Health and you may be asked to attend for further assessment.

Name		Date of Birth	
Job		Department	

Work Ext.		Yes x	No x
1.	Are you required to use latex gloves or other latex products for your work?		
2.	Have you been diagnosed with latex allergy by a doctor?		
3.	Are you undergoing health surveillance by occupational health for latex allergy?		
4.	In the last 12 months have you experienced facial swelling, hives, recurrent blocked or runny nose, eye irritation or difficulty in breathing when working or exposed to latex?		
5.	In the last 12 months have you had any symptoms of asthma? *(e.g. persistent couch, wheeze, breathlessness)*		
6.	In the past 12 months have you had any symptoms of dermatitis / eczema on the hands of forearms?		
7.	If the answer is YES to questions 5 or 6. Are your symptoms exacerbated / made worse by work? If unsure state yes		
8.	Have you seen your doctor about allergy symptoms, eczema or asthma symptoms in the past 12 months?		
9.	Are you allergic to any of the following: banana, peach, pineapple, potato, avocado, kiwi fruit, papaya, egg, tomato, celery, figs, chestnuts or passion fruit?		

Signed:…… Date: ……

Manager Action: (Please tick)

- No symptoms – File copy in personnel file
- Symptoms – Refer to Occupational Health for assessment

Manager Name:……
PLEASE PRINT

Managers Signature: ……