County Durham and Darlington NHS
NHS Foundation Trust

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Contents

Version control table

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Table of revisions

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July 2013		Review	Mark Hughes Louise Nelson Delcy Wells Rhona Beecham Christine Kelly Graeme Kirkpatrick
July 2015	Full Policy review	Review	Delcy Wells and all members of the Trust Safety Committee
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1. Introduction

Many countries have experienced an increase in the incidence of Natural Rubber Latex (NRL) sensitisation due to associated exposure to latex proteins. During the 1980's and 1990's the use of Universal Infection Control Precautions in health care led to an increased use of NRL gloves. This increasing demand for NRL products has led to changes in the manufacturing process, resulting in materials which allowed a higher level of NRL proteins to be released during use (particularly when combined with powder in gloves). The repeated exposure of patients to certain treatments e.g. repeated catheterisation or surgery has also led to increased exposure and an increasing risk of developing allergy (a process referred to as sensitisation).

Latex allergy is an allergic reaction to one or more of the components of natural rubber latex. The Brasiliensis tree produces natural latex tapping the tree collects the cloudy white liquid. This liquid latex contains natural proteins. During manufacturing processes the natural latex is subjected to a number of treatments, to strengthen, provide elasticity and stability which are the main features of rubber products and manufactured into many health care materials.

There are 2 main types of latex allergy. The more common type is an Immediate or Type 1 reaction, and much less commonly a Delayed or Type 4 reaction. This should be distinguished from the much more usual Type 4 'rubber allergy', which is due to sensitivity to the chemicals used in the manufacture of rubber products.

Type 1 Allergy (Immediate Hypersensitivity)

This is an immediate hypersensitivity, triggered by latex protein antigens, which penetrate the skin, respiratory tract or gastrointestinal tract. Symptoms usually appear immediately, i.e. up to 30 minutes after latex exposure. There may be local or generalised urticaria and oedema. If mucous membranes are affected, rhinitis, conjunctivitis or wheezing may result. Respiratory compromise and anaphylaxis can occur in extreme cases. Potentially fatal anaphylactic shock is possible, particularly when the skin barrier is broken or the rubber latex device comes into contact with mucous membranes. Apart from circumstances where anaphylactic shock has occurred, immediate hypersensitivity reactions usually subside within two hours of removal of the allergen.

Type 4 Allergy (Delayed Hypersensitivity)

An acute often blistering dermatitis occurs 24 hours after exposure and may take up to a week to settle. The severity of the reaction varies, and once someone is sensitised to an allergen, the slightest contact may produce recurrence. Type 4 latex allergy does not lead to anaphylaxis.

Patients that are allergic to latex may manifest only one type of allergy (Type 1 or 4) or both.

Both Type 1 and Type 4 allergies have a sensitisation period, which may last from weeks to years. This is the period during which exposure takes place and no symptoms appear. During this time, the immune system learns to recognise the allergen. In allergic individuals, once sensitised, subsequent exposure will lead to a hypersensitive response and the appearance of symptoms.

2. Purpose

The purpose of this policy is to ensure that the risks to health associated with the use of latex products is controlled and reduced as far as is reasonably practicable throughout the Trust.

To ensure that procedures are in place to protect the well being of staff and patients against natural rubber latex (NRL) and latex sensitisation.

This policy applies to all staff employed by the Trust. There is no cure for latex allergy and the only effective approaches to the problem are avoidance, prevention, training and symptomatic treatment.

County Durham and Darlington NHS Foundation Trust defines the means by which the Trust will plan and execute the assessment and control of health and safety risks, and monitor and review progress to that end.

This policy defines the specific organisational arrangement through which the Trust will reduce the risk of staff or patients developing NRL allergy, and ensure safe employment or treatment for those who become sensitised. The policy is supported by specific protocols relating to the management of staff or patients with known or suspected latex allergy, and for the management of patients considered to be at increased risk.

3. Duties

THE TRUST: Employers have a duty under the 'Health and Safety at Work Act, etc. 1974' to ensure, so far as is reasonably practicable, the health, safety and welfare of employees'.

The Trust will ensure that, the risk of latex sensitisation to both staff and patients is minimised by ensuring that appropriate procedures are in place in accordance with the COSHH Regulations 2002.

The Trust recognises the hazard to both health care worker and patients; it is the policy of the Trust to work towards the gradual replacement of latex products with non-latex alternatives.

Where this is not possible then the risks associated with latex both to staff and patients should be assessed and arrangements put in place to eliminate or reduce them to the lowest level possible.

Managers/Heads Of Departments: are responsible to the Chief Executive for the implementation and monitoring of this policy. The Board vests in the Chief Executive responsibility for ensuring the development of and compliance with this policy. The Trust Board are detailed in the Trust Health and Safety Policy regarding general responsibilities.

Care Groups/Corporate Departments have responsibility for ensuring that risks associated with NRL allergy to patient and staff are managed in accordance with this policy and the associated protocols and procedures.

Care Groups or Departments have a responsibility under the Control of Substances Hazardous to Health (1995) to reduce latex gloves (sensitizers) as low as practicable in not totally eliminated.

A list of the types of gloves available can be ordered on Cardea.

Managers will make available suitable alternatives as directed by Occupational Health for anyone identified with a latex allergy.

Reactions to latex must be reported using the Trusts Safeguard system.

The Procurement Department will aim to purchase latex free items as instructed through Trust Policies/Procedures and advice from clinical staff.

Employees: are responsible for safeguarding their own health and the health of others by following the policy and procedures. Having been provided with information, instruction and training, staff will comply with this policy and follow the associated protocols/procedures/safe systems of work for their area(s) of work and responsibility.

Staff are strongly advised to report possible NRL allergy symptoms to their Manager.

Staff with known hypersensitivity to latex that have suitable medication prescribed by their Immunologist should ensure they carry it with them whilst at work.

Line Managers (Including Consultants): Managers are responsible for ensuring that general NRL risk assessment is undertaken with regard to work and clinical activities within their areas of responsibility. Specific individual risk assessment will be required where patients or staff are identified as allergic to NRL.

Identifying and implementing any action/control required following the NRL risk assessment, using the NRL Allergy protocols, but adapting these if necessary for their areas of responsibility (further advice may be sought from Patient Safety, or Occupational Health).

Ensuring that staff are given the necessary information, on commencement of employment into the organisation, with the necessary instruction and training to enable them to manage NRL allergy and comply with this policy, including the need for reporting.

NRL allergic reactions suffered by patients must be reported via the incident reporting system. Anyone with symptoms suggestive of NRL allergy in staff should be referred to the Occupational Health Service in writing.

Managers in clinical areas will ensure that alternatives to latex based devices are available, if possible.

Latex free emergency boxes should be held in appropriate areas, as in an emergency situation it would take too long to obtain the appropriate equipment. The designated areas where the latex emergency boxes must be known to all employees are located in:

- A&E UHND
- A&E DMH
- AMU DMH
- Ward 3 UHND
- Theatres UHND/DMH
- Maternity UHND/DMH (Labour Ward)
- Intensive Care Units
- Paediatrics

Pharmacy

The Pharmacy department will;

- ensure that all medicines contained within cardiac arrest and anaphylaxis emergency boxes are latex-free,
- ensure that all standard IV fluids (FreeFlex® brand) are latex-free,
- advise on the possible latex content of all medicines that will / may be used during a patient's hospital stay on an individual basis as lists of latex-free medicines are difficult to maintain and update.

Cardiac Arrest Prevention Team

The Cardiac Arrest Prevention Team will ensure and monitor that resuscitation equipment are free from latex.

Procurement Department

They are responsible for monitoring all products available to the organisation with or without latex. Products will be available to all users via the Cardea system.

Staff Health And Wellbeing

To ensure staff (or prospective staff) with NRL allergy and their managers, are advised of any necessary adjustments or restrictions to their work activities, using evidence and risk assessment based approach.

Staff Health and Wellbeing to raise awareness to managers to identify, under COSHH assessments, where surveillance has been highlighted. Staff Health will liaise with managers of clinical staff who regularly use latex gloves to carry out annual health surveillance (skin).

Staff Health and Wellbeing will inform risk management of any incident they are made aware of regarding possible latex allergy within the organisation.

Provide guidance to staff and managers on suitable and safe working environments for NRL sensitised employees.

Facilitate investigation of staff suspected of having NRL allergy.

The Staff Health and Wellbeing Department routinely will give at pre-employment stage to all clinical staff a latex questionnaire. Line managers will be provided with information on all staff at time of employment to ensure awareness of latex allergies and the importance of reporting any adverse reactions.

Patient Safety Managers/Health And Safety Leads

The risk managers will provide anonymised summaries of all patient incidents related to NRL allergy incidents to safety committee as requested.

Check and collate incident forms and forward to third parties for action (e.g. the Health and Safety Executive under 'RIDDOR 1995, NPSA, and MHRA).

Reports will be available for health and safety meetings if any incidents have occurred related to staff. Safety Committee will review any incidents related to patients using the Safeguard system.

If any machinery/equipment that is about to be worked on contains latex; and if the area to be worked in contains latex. A full risk assessment must be carried out and discussion with line manager must take place prior to commencement of the work. If individual identified as having

a latex allergy or sensitivity adaptation must be considered prior to working in designated areas.

Infection Control

Infection control shall provide advice on the selection of gloves and appropriate glove usage throughout the Trust, and together with Staff Health and Wellbeing, recommend suitable latex free alternatives.

Responsibilities Of Safety Committee

To co-ordinate and monitor the implementation of this policy. Identifying with managers, the resources required for staff training and other aspects of the implementation of this policy.

Providing advice to managers with regard to developing protocols/procedures/safe systems of work relating to NRL allergic patients.

4. Patient Care

Patients coming into our care with known or possible latex allergy will be identified at preadmission assessment or on admission assessment. Any allergy should be documented in the medical and nursing records and patient's notes should be clearly marked '**LATEX ALLERGY'.**

Any allergic reaction to latex devices will be recorded in the patient's medical/nursing records and on hospital IT systems. Any serious incidents must be reported on the Safeguard system.

The Clinician responsible for their care will inform the patient of their allergic reaction to latex, it will also be indicated on the discharge information/letter so that the GP/community staff are informed.

5. Identification Of Individuals Suspected Of Latex Sensitisation

5.1 Individuals Who Are Considered As High Risk Of Developing Latex Allergy:

a) History of allergies resulting in eczema, atopic dermatitis and asthma.
b) Multiple allergies especially to fruit, e.g. bananas, kiwi, avocado, nuts (people with these allergies have an increased risk of developing latex allergy).
c) A history of multiple surgical procedures particularly in childhood, e.g. Spina Bifida or patients with multiple instrumentation, e.g. catheterisation.
d) Previous reaction to latex household items such as rubber gloves, condoms, rubber bands, foot wear.

5.2 Signs And Symptoms Of Allergic Reaction To Latex

There are a range of signs and symptoms that individuals may suffer one or more of:

a) urticaria/skin conditions
b) itchy eyes
c) generalised itching

d) shortness of breath, wheezing
e) feeling of faintness
f) feeling of nausea or nausea/vomiting or abdominal cramps and/or diarrhoea
g) tachycardia
h) hypotension
i) bronchospasm
j) facial and peripheral oedema
k) cardio-respiratory arrest.

5.3 When Will A Person Be Classed As Allergic To Latex?

a) A person will be considered sensitised to latex if the history and one confirmatory test is positive.
b) Information from the person regarding allergies should be obtained and recorded before admission to hospital. This would ensure early identification of latex sensitisation and referral to a Dermatologist if necessary prior to hospital admission.
c) When the person is only suspected of latex allergy and is admitted to the hospital, the clinician will decide on the level of latex precautions to be implemented and record this in the patient's medical/nursing record.
d) If Type 4 allergy is suspected – delayed/worsening of eczema – refer to Dermatology for diagnosis and patch testing for rubber chemicals.
e) If Type 1 allergy : anaphylaxis/collapse or history of immediate urticarial rash/swelling on contact with latex – Clinician to request IgE RAST test to latex (send serum to immunology in CDDFT) – if this test is strongly positive it can confirm latex allergy.
If IgE RAST is inconclusive or negative – refer to Immunology in RVI for consideration of Intradermal testing to latex or latex use test. Please give all details of the allergic reaction and history of other allergies including food allergies in the referral letter.

5.4 Tests To Determine Latex Sensitivity

a) Skin prick testing for immediate wheal and flare response, patch testing for delayed-type hypersensitivity responses.
b) Serological tests for latex specific IgE (RAST).
c) Latex glove 'use' tests.

5.5 Latex In The Home

Balloons
Plaster
Glue
Baby bottle, teats
Boots
Stocking/tights
Handles on racquets/bats
Carpet backing
Toys
Chewing gum
Clothes with elastic
Bands
Crepe sole shoes
Foam rubber pillows
Balls
Rainwear
Handles on tools, e.g. screwdriver
Rubber band
Condoms/diaphragms
Tippex
Kitchen gloves
Water toys, e.g. swimming cap
Pacifiers (dummies)
Paddles
Wheelchair tyres

5.6 Equipment With A Latex Content

(The Trust is working towards being latex free however many of these products still have latex in them so caution must be undertaken when being used).

Airway Equipment
Nasopharyngeal airway, Ventilation bellows, Ventilator valves, straps for masks, Masks, High pressure, Gas tubing Anaesthesia/ventilation bag.

Catheters
Indwelling bladder/gastrostomy, Condom/continence aids. Bag straps, rectal catheters, balloon catheters.

Colostomy Care Products
Pouches, etc.

Intravenous Equipment
Tubing, injection ports, IV bags, Syringe-plungers, valves/heparin lock devices.
Tubing
Chest drains and stethoscopes,

Other
Gloves both sterile and non-sterile. Tourniquets, medication vial tops, rubber bands, electrode pads, operating room clothing, e.g. aprons.

This is not a complete or exhaustive list; the supplies department are developing a full product list of all products, which contain latex.

6. Procedure For The Management Of Health Care Workers Suspected Of Latex Sensitisation

Aim

To ensure that staff suspected of suffering from latex sensitisation are diagnosed correctly and receive appropriate treatment. Staff Health and Wellbeing to notify their Managers once a member of staff has been identified as having a sensitivity to latex and to ensure appropriate actions are in place to reduce the risk as far as reasonably practicable.

Scope

This procedure applies to all personnel employed by the Trust.

Introduction

Latex is ubiquitous in medical and home environments. All Health Care workers have been encouraged to wear latex gloves to prevent skin contact with blood and body fluids (Standard precautions), this has resulted in the regular use of protective gloves which in combination with frequent hand washing increases the risk of contact or inhalation sensitisation to latex.

Health Care workers who are more at risk are those who have a history of allergies resulting in eczema, atopic dermatitis and asthma; allergic to fruit. Categorised as High: bananas, kiwi, avocado and chestnuts. Moderate: Apple, Carrot, Celery, Melons, Papaya, Potato and Tomatoes. Low: Apricot, Cherry, Citrus fruits, Fig, Grape, Lychee, Mango, Nectarine, Passion fruit, Peach, Pear, Persimmon, Pineapple, Strawberry, Buckwheat, Rye, Wheat, Coconut,

Hazelnut, Walnut, Castor bean, Chick pea, Peanut, Soybean, Dill, Oregano, Safe, Peppers (Cayenne, Sweet.bell pepper), Shellfish, Sunflower seeds. A history of multiple surgical procedures with multiple instrumentation e.g. catheterisation or a previous reaction to latex household items such as rubber gloves, condoms, rubber bands, foot wear.

NB: Early identification of allergies allows appropriate management and treatment

ACTION	RATIONALE
1. Staff who suspect they may have a skin condition or symptoms of latex allergy MUST report to Occupational Health Department and their manager.	To allow early identification of latex allergy and provide appropriate occupational advice to the manager and client.
2. Staff who are suspected to be latex sensitised will be referred by their manager into the OH service, seen initially by the OHD staff who will carry out an assessment.	To assess the situation and take history to obtain the information required to identify latex allergy as soon as possible.
3. If the OH staff suspects latex sensitisation the member of staff will be referred to the OH Physician for appropriate occupational advice and removed from the work place if considered necessary.	To confirm diagnosis and arrange further investigations.
4. If thought necessary an appointment to see a Dermatologist (type IV) or Immunologist (type I) will be made by the OH Physician.	To confirm diagnosis and obtain appropriate advice and treatment.
5. Following completion of Investigation and confirmation of diagnosis, the OH Physician will advise the Manager and Health Care worker accordingly.	To facilitate relocation if necessary, alterations to work schedules or advise re treatment.
6. Staff who have been identified with latex allergy will be reviewed by the OHD upon request if any change of circumstances.	To ensure continuity of health care.

7. Procedure For Patients With Known Or Suspected Latex Sensitisation

Aim

To provide consistent and safe care to patients allergic to latex and to prevent anaphylactic shock.

Scope

This applies to Health care Professionals who have the responsibility for the care of patients with known or suspected latex allergy. **MANAGEMENT OF LATEX SENSITISED PATIENT**

ACTION	RATIONALE
1. In patients known to have latex sensitisation admission will be admitted into a single room if possible. All latex equipment in the room should be removed or adapted.	To minimise the risk of exposure to latex products or airborne particles.
2. On admission to hospital patients will be issued with a red ID bracelet. Any allergy must be noted in the medical and nursing records.	To ensure appropriate measures are implemented during hospital stay.
3. Effective communication must take place between all staff.	To ensure that all Health Care workers are aware that latex precautions must be used.
4. All staff coming into contact with the patient will wear latex free gloves. If they have been using latex gloves for other patients they must wash their hands and face and change apron before attending to a latex sensitised patient.	To ensure that patient is not exposed unnecessarily to latex.
5. Inform other departments such as Theatre, X-ray, community clinics ASAP prior to patient visiting or having procedures performed in any other area. They should be scheduled for the first case of the day.	To ensure that specialist equipment and area has been assessed regarding latex content To ensure that non latex products are available if necessary. To ensure there is no build up of airborne particles.
6. The Hospital and community pharmacy should be informed and all prescriptions should indicate 'Latex allergy'.	Some medications include latex additives.
7. Latex products should be avoided. See section 5.6 for the commonly used products which contain latex.	To prevent exposure to latex.

8. If latex products are used measures should be implemented to minimise the risk.	There may be no alternative product therefore actions may need to be taken to minimise exposure to latex.
9. Emergency anaphylaxis treatment should be available with the patient.	To ensure prompt response to anaphylactic shock.
10. Any allergic reaction to latex must be reported by the doctor/nurse in charge, on the Safeguard system.	This allows risk management to monitor the incidence rate.
11. The patient and family should be informed about latex allergy	To ensure that the patient and family are aware and understand actions that they may need to take at home.

8. Procedure For The Management Of Patients In Operating Theatre

Aim

To provide patients with a safe environment in the operating theatre to prevent allergic reactions to latex and anaphylactic shock.

Scope

This procedure applies to health care workers who provide care for patients in the operating theatre.

Introduction

Latex is used in a variety of medical devices used in the operating theatre. Latex sensitisation may be a problem to some patients with reactions ranging from minor skin irritations to anaphylactic shock.

It is the responsibility of the Theatre Manager to ensure that appropriate alternatives to latex are available.

It is the responsibility of ward doctors/nurses to liaise and inform theatre staff as soon as possible that a latex sensitive patient will be attending theatre. Ideally at pre-op assessment this information is cascaded to all parties to ensure the correct process takes place.

ACTION	RATIONALE
1. Theatre should be prepared, wash surfaces, and remove latex products. Ideally theatre should be unoccupied for at least one hour prior to use.	To ensure that latex particles have not built up within theatre.

Latex alert notices should be placed on each theatre door and all staff aware that patient has a latex allergy.	To prevent unauthorised personnel entering the theatre and minimising the risk.
2. A latex sensitised patient should be placed first on the list.	Minimising the risk of an allergic reaction.
3. The surgeon/doctor/nurse in charge will notify the anaesthetist if a patient is known or suspected of a latex allergy.	To ensure that the appropriate equipment and care can be initiated.
4. Remove all latex gloves from the operating room and immediate areas.	To minimise the risk of staff wearing latex gloves.
5. Ensure that all personnel to be involved in the case are informed and aware of the latex precautions.	To ensure that they understand the need for latex free products or latex precautions.
6. Ensure that the patient has an allergy ID red bracelet.	To aid communication by identifying an allergic patient.
7. The anaesthetic nurse should ensure that appropriate non-latex products are available and the contact with latex products is avoided during the operation	To minimise the risk of a reaction to latex.
8. The patient should be recovered in theatre or a designated area and returned to the ward.	To minimise the risk of contact with latex aerosols in the recovery area.

9. Latex Free Emergency Boxes

9.1 Positioning Of Boxes

Latex free emergency boxes will be held in strategic places across the Trust. All staff should be aware of where a 'latex free' emergency box is kept.

Latex free emergency boxes are held and maintained in the following areas.

- A&E UHND
- A&E DMH
- AMU DMH
- Ward 3 UHND
- Theatres UHND/DMH
- Maternity UHND/DMH (Labour Ward)
- Intensive Care Units
- Paediatrics

9.2 Contents Of 'Latex Free Box'

- Guidelines for patients with latex allergy
- List of latex free equipment contained in the box.
- Equipment specific to the area as agreed by the nurse in charge

9.3 Maintenance Of The Box

The 'Latex free box' must be clearly marked and regularly checked by the departmental manager.

10. Measures To Protect Patients From Latex Products

If non latex products are not available the following are some practical measures to minimise the risk.

- TOURNIQUET a non-latex glove could be used or cover the patients' skin with a cotton bandage or stockinet to prevent contact with a latex tourniquet. A glove should not be used as an alternative due to tissue viability issues. Latex free tourniquets should be sourced for use.
- BLOOD PRESSURE CUFF if you are unable to obtain a latex free cuff cover the cuff area of the arm with a cotton bandage or stockinet, ensuring that the tubing does not come into contact with the patient's skin.
- MEDICATION VIALS (with rubber stopper) Care must be taken if this is the only alternative to provide care. In the first instance an alternative treatment to using a medication vial with rubber stopper should be considered aiming to use a glass ampoule without any rubber.
- IV TUBING use without latex ports or covers the ports with micropore and write on 'DO NOT INJECT OR WITHDRAW FLUID THROUGH LATEX PORT' a three way stopcock or a bacterial/particulate filter could be used.
- MEDICATION
  The Pharmacy department will advise on the possible latex content of medicines that will/may be used during the hospital stay on an individualised basis. Contact the ward pharmacy team or the pharmacy department.
- GAS STERILISED PRODUCTS Ethylene oxide sterilisation has been associated with latex allergy; it may be prudent before using these items rinse with sterile water (check on the packaging).
- THERMOMETER PROBE COVERS check the covers for latex or use a disposable thermometer.
- DRESSINGS – latex free dressings needs to be used.
- ECG LEADS cover wires with a non-latex tape.
- PULSE OXIMETER PROBES cover fingers in Tegaderm or alternative.

11. Guidelines On The Use Of Gloves

Staff should consider using non latex gloves as far as possible to minimise risk to themselves and patients.
Latex proteins found in gloves are thought to cause the allergy and powder used in the gloves, transports the proteins allowing airborne transmission and inhalation sensitisation.

It is now widely accepted that powder-free, low latex content (below 50mg/ml) gloves reduces the development of latex allergy. An alternative to latex gloves should be available in all areas.

WHAT IS THE CRITERIA FOR GLOVES

All gloves have to meet special Department of Health specifications and meet British standards.

The Department of Health HSC specification regarding gloves:
- No irritant, i.e. no powder, lubricating materials, to hands or tissues
- Allow optimum sensitivity
- Resistant to perforation during routine medical procedures
- Range of sizes to allow for a good fit
- Low cost so as not to prohibit routine use.

HOW IS THE PROTEIN MEASURED IN GLOVES?

There are various tests available, e.g. Modified lowerly, leap assay etc. but it is difficult to compare the results of the glove protein content.

Leap assay antigenic protein concentration measurements:

0-10ug/ml	**Low antigenic protein content**
11-199ug/ml	**Medium antigenic protein content**
200+ug/ml	**`High antigenic protein content**

In order to minimise the risk of latex allergy all gloves ordered should be below 50 mg/ml and powder free.

WHEN DO GLOVES NEED TO BE USED?

Procedures for which sterile gloves are recommended

- Invasive procedures
- Direct contact (no forceps) with non intact skin/open wounds
- Strict Aseptic techniques.

PROCEDURES FOR WHICH NON STERILE GLOVES ARE RECOMMENDED
- Potential contact with blood and body fluids
- Contact with mucous membranes, e.g. mouth care
- Cleaning up spillages of body fluids
- Contact with disinfectants/chemicals
- When personal protective equipment is required for care management of infected patients.

DOMESTIC SERVICES
- Handling cleaning/disinfectant agents
- Cleaning toilets/bidets.

PROCDUERES WHERE GLOVES ARE NOT NECESSARY
- Procedures where there is no contact with blood or body fluids
- Contact with intact skin, washing or turning a patient unless they are incontinent.

WHAT TYPES OF GLOVES ARE AVAILABLE?

LATEX Are recommended where there is a risk of contamination with blood and for handling cytotoxic drugs. They are close fitting, do not usually impair dexterity and have been shown to have less leaks and hand contamination.

VINYL Loose fitting gloves, which are not usually associated with skin reactions, but have demonstrated more leaks and hand contamination.

NITRILE Provides adequate resistance against organic chemicals.

RUBBER Household gloves e.g. Marigold used for domestic purposes, they are quite robust and may be washed and dried after use.

PLASTIC Poorly fitting, seamed gloves which are not suitable for patient care areas where there may be contact with blood and body fluids. They may be used in the catering department.

12. Key Performance Indicators

Monitoring

The effective monitoring of this policy will be a review of the Trusts procurement of gloves (through Cardea usage reports) and working practises/procedures/policies when latex sensitisation has been identified.

The manager for each department is the responsible person for ensuring all monitoring is carried out in relation to all products and ensure the effectiveness of the policy within Trust areas. The manager for each department is the responsible person for ensuring all monitoring is carried out in relation to all products and ensure the effectiveness of the policy within Trust areas. The manager must carry out annual below elbow skin checks on staff that use latex gloves and refer to Staff Health and Wellbeing if any concerns. Individual staff members that use latex have a role to self refer to Staff Health and Wellbeing and inform their line manager if any concerns, so appropriate care can be provided.

A structured approach will be adopted for the monitoring of the policy. This will be achieved by reviewing all incidents reported via Safeguard system which will be monitored by Safety Committee. The policy will be reviewed on a 2 yearly basis.

Archiving Arrangements

The Policy is held on the Trust Intranet on the Nursing & Governance web page. All archived policies & the current hard copy will be held centrally on each site.

13. References

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14. Associated Documentation

Resuscitation and DNACPR Policy

Staff Health and Wellbeing Policy

Health & Safety Policy

Appendix 1

Equality Analysis / Impact Assessment

EAIA Assessment Form	v3/2013

Division/Department:	Nursing/Corporate
Title of policy, procedure, decision, project, function or service:	Latex Policy, to protect the public and staff whilst in our care or employment
Lead person responsible:	Delcy Wells – Patient Safety Lead
People involved with completing this:	Consultation with all consultants, matrons, procurement, health and safety staff.

Type of policy, procedure, decision, project, function or service:

Existing	x
New/proposed	☐
Changed	☐

Date Completed:	July 2015

Step 1 – Scoping your analysis

What is the aim of your policy, procedure, project, decision, function or service and how does it relate to equality?

The aim of the policy is to identify any patient or staff member who may be allergic to latex and ensure remedial action is in place to prevent harm to them.

Who is the policy, procedure, project, decision, function or service going to benefit and how?

All staff and patients in our care who have a latex allergy or sensitive to latex.

What barriers are there to achieving these outcomes?

Staff not following the policy – behavioural issues

How will you put your policy, procedure, project, decision, function or service into practice?

This policy has been in place for a number of years, there are no major changes within the document to what has been taking place for a number of years.

Does this policy link, align or conflict with any other policy, procedure, project, decision, function or service?

No

Step 2 – Collecting your information

What existing information / data do you have?

This policy is research based and has been updated with knowledge from Consultants, procurement and clinical staff across the organisation

Who have you consulted with?

Consultants, Matrons, clinical staff and procurement in areas of the organisation.

What are the gaps and how do you plan to collect what is missing?

No gaps identified

Step 3 – What is the impact?

Using the information from Step 2 explain if there is an impact or potential for impact on staff or people in the community with characteristics protected under the Equality Act 2010?

Ethnicity or Race

No impact – good practice if individual has a latex allergy to protect them

Sex/Gender

No impact – anyone can become sensitive to latex

Age

No impact all ages can be affected.

Disability

NO

Religion or Belief

NO

Sexual Orientation

Not applicabe

Marriage and Civil Partnership (applies to workforce issues only)

Not applicable

Pregnancy and Maternity

Not applicable

Gender Reassignment

Not applicable

Other socially excluded groups or communities e.g. rural community, socially excluded, carers, areas of deprivation, low literacy skills etc.

Not appropriate

Step 4 – What are the differences?

Are any groups affected in a different way to others as a result of the policy, procedure, project, decision, function or service?

No applicable only to latex allergy individuals.

Does your policy, procedure, project, decision, function or service discriminate against anyone with characteristics protected under the Equality Act 2010?

Yes ☐ **No x**

If yes, explain the justification for this. If it cannot be justified, how are you going to change it to remove or mitigate the affect?

Step 5 – Make a decision based on steps 2 - 4

If you are in a position to introduce the policy, procedure, project, decision, function or service? Clearly show how this has been decided.

Policy – in place already just an update

If you are in a position to introduce the policy, procedure, project, decision, function or service, but still have information to collect, changes to make or actions to complete to ensure all people affected have been covered please list:

All collected information

How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?

Safeguard risk management system

Step 6 – Completion and central collation

Once completed this Equality Analysis form must be forwarded to Jillian Wilkins, Equality and Diversity Lead. jillian.wilkins@cddft.nhs.uk and must be attached to any documentation to which it relates.