

Safe Use of Latex Policy

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Responsible Director:	Jointly by: Director of Human Resources Medical Director
Approved by:	Jointly by: Health & Safety Forum Clinical Governance Implementation Group
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1. INTRODUCTION

- 1.1. NHS Greater Glasgow and Clyde recognises its duties under the Health and Safety at Work Act, the Control of Substances Hazardous to Health (COSHH) Regulations, and the Management of Health and Safety at Work Regulations (1999). These require the Board to provide a safe environment for both its staff and patients and to protect them from hazards, which may arise in the course of health care activities.
- 1.2. It is not known what percentage of the UK population is sensitised to latex although studies have found that about one per cent of the population may be affected. Sensitisation in health care workers is usually higher than the general population, and among UK occupational exposure related sensitisation 60% occurred in health care workers. True allergy to latex, that is a clinical syndrome associated with sensitisation, will be significantly less prevalent. Under the Regulations the organisation has a duty to control exposure to 'hazardous substances'. Latex is regarded as a hazardous substance under the definition within the Regulations. The organisation also has a duty to attempt to control exposure by elimination, substitution or by limiting exposure to the hazardous substance. This is known as the hierarchy of control. The NHS GGC Policy on COSHH is available on StaffNet.
- 1.3. It is the policy of the Board to work towards the 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 as low as reasonably practical.
- 1.4. This policy document sets out the steps, which are to be taken to protect both patients and staff from the risks of NRL allergy arising from health care activities in the Board.
- 1.5. This policy has the following aims:
 - To improve awareness about latex sensitivity amongst patients and staff;
 - To provide a framework for all Board staff on minimising and managing latex allergy problems;
 - To minimise latex exposure where appropriate and possible through elimination, substitution and control;
 - To reduce the risks associated with latex, ensuring all areas develop a local working policy on the use and purchasing of products to promote a latex safe environment and on identifying and protecting sensitised patients.
 - To ensure staff are aware of, and have access to, safe and effective latex-free alternatives;
 - To be mindful of potential risks arising from higher use of latex-free alternatives i.e. NHS GG&C does not replace the risk of reaction to latex with another equivalent risk.

2. SCOPE

- 2.1. This policy applies to all NHS Greater Glasgow and Clyde activities carried out by its staff that involve the use of equipment/materials, which contain latex, and forms part of the Board's Risk Management and Health & Safety procedures. The policy will be supported by a suitable glove selection procedure (See PIN Guideline: Management of Health at Work, Chapter 10).

3. RESPONSIBILITIES

3.1. Chief Executive

The Chief Executive will have overall responsibility for the effective implementation of this policy and for ensuring that where necessary, agreed programmes of investment in achieving the prevention and minimisation of risks associated with latex allergy are properly accounted for in the Board's Annual Business Plans. The Director of HR has executive responsibilities for all Occupational Health and Safety Policies and is directly accountable to the Chief Executive.

3.2. Chief Operating Officer and Partnership Directors

To assist the Chief Executive in discharging his/her responsibilities, the COO and all Directors will have the nominated responsibility for:

- the operational implementation and monitoring of this policy, and for bringing to his/her attention details of incident trends and matters of concern requiring attention;
- providing support and information to managers and lead clinicians to enable this policy and local procedures to be implemented effectively; and
- in conjunction with the managers and lead clinicians, meet training needs, which ensures that staff are aware of the potential latex allergy, its prevention and management.

3.3. Directors must ensure that:

- this policy is implemented and that any necessary local procedures are developed
- training for staff is provided
- support and assistance is provided to line managers in the assessment and management of the potential risk of latex allergy
- staff receive and initiate appropriate action in the management of latex allergy; arrangements are in place, to monitor that the requirements of this procedure are being implemented and adhered to.

3.4. Managers, Heads of Department and Lead Clinicians

All managers and lead clinicians must ensure that:

- a. This policy is brought to the attention of all staff
- b. All items must be purchased in line with Standing Financial Instructions, and via the Procurement Department.
- c. Information from manufacturers or procurement on products containing latex is known by staff and includes where required affixing warning labels to them.
- d. Risk assessments are carried out and, where possible, measures put in place to prevent exposure to latex, e.g. by replacing products containing latex with non-latex alternatives. This includes clinical devices but also extends to non-medical equipment.
- e. Where the above is not possible safe systems of work are developed to minimise exposure, e.g. do not wear gloves when not required

- f. Clinical procedures are developed to ensure that patients who may be prone to latex allergy e.g. spina bifida or urology patients, are identified and those who develop or have an existing latex allergy can be managed safely. This may extend to ensuring early identification of such patients, preparation of pre-admission documents including risk assessment or planning with pre-admission liaison to clarify and reassure needs can be met, establishment of latex safe environments in which assessment and treatment can occur. Rarely clinical circumstances will dictate that latex exposure to latex sensitive individuals is deemed necessary. In those circumstances exposure will only take place with the informed consent of the subject where this is possible and with appropriate resuscitation equipment available.
- g. Staff are sufficiently aware of and trained to implement the above procedures
- h. All 'new' (new to Board employment) staff complete a pre-employment health questionnaire which requires potential staff to declare any known allergies
- i. Current staff with symptoms suggestive of latex allergy must be referred to Occupational Health and an Incident Report Form completed in accordance with the Incident Reporting Policy. Occupational Health will assess and give appropriate advice, facilitate referral on to a specialist where necessary and liaise with line managers and H.R if latex allergy is confirmed.
- j. Any action that may be necessary as a result of the above investigation is taken and documented, with a report sent to the appropriate Director/Head of Service with a copy to the Health and Safety Practitioner
- k. Affected staff are to be given support and are informed of any action taken
- l. Staff are given adequate information, instruction, training and supervision in the health risks involved with working with latex, how to recognise symptoms and how to care for a patient when a problem arises
- m. Risk assessments, safe systems of work and written protocols are evaluated and reviewed at least annually, or when circumstances dictate, e.g. when there is a change in working practices, equipment, adverse incidents, etc.

3.5. Procurement Manager

The Procurement Manager must:

- a. obtain from manufacturers and suppliers information on the latex content (and maximum extractable protein levels) of the goods and any other relevant information that may be useful
- b. where possible, ensure that equipment and supplies purchased are latex free
- c. produce a list of products with declared latex content on a Staffnet web page accessible by staff
- d. Any undeclared latex content in a product should be notified to the Procurement Department to allow web content to be updated and issue to be raised with supplier. Any adverse incidents should be reported to Occupational Health. Occupation Health should liaise with Procurement to consider changes to product sourcing, specification or use protocols.
- e. obtain from glove manufacturers details of non-latex protein containing gloves and the maximum extractable protein levels for different latex glove types, which would enable the purchase of non-latex protein containing gloves and gloves with a low level of extractable [or leachable] protein.
- f. ensure that no powdered latex gloves are purchased or used

3.6. Pharmacy Managers

The Pharmacy Managers must ensure that they work with the Boards Resuscitation Committee to ensure all drugs included in first and second line emergency trays are, where possible, free from latex. Pharmacy will also provide near patient clinical staff with timely information on the latex content of medicines to facilitate the management of individual patients with latex allergy.

3.7. Resuscitation Teams/Committees

The Resuscitation Team/Committee will work with procurement to ensure that all resuscitation equipment is free from Latex. Where this is not possible, e.g. due to supply problems, a risk assessment should be completed to ensure decisions are maximising benefit whilst minimising the potential for harm.

3.8. Contract Administration

The Contract Administrator (any person in the Board that employs contractors) **must** ensure that contractors are informed:

- if any machinery/equipment that is about to be worked on contains latex; and/or
- if the area to be worked in contains latex.

The Contract Administrator ensures that Board staff are informed of any equipment used by Contractors that contains Latex.

3.9. Occupational Health Service

The Occupational Health Service (OHS) will assist NHS Greater Glasgow and Clyde by:

- a. assessing staff referred to OHS with potential latex allergy
- b. providing advice to managers/staff on an appropriate working environment for staff who have a possible latex allergy
- c. arranging/facilitating referral to an appropriate specialist to investigate possible latex allergy where clinically indicated
- d. providing advice to managers/staff/human resources on an appropriate working environment (duties, gloves, equipment etc.) for those staff who are found to be allergic to latex
- e. assessing staff who are referred by their managers as part of GG&C's health surveillance programme for those staff who regularly continue to use latex containing work equipment
- f. assess, and if necessary, issue guidance on adverse health issues associated with non-latex alternatives
- g. maintain a data set to support provision of routine reports.

3.10. Director of Human Resources.

The HR Director will ensure that in circumstances where an employee develops a latex allergy that necessitates redeployment, arrangements exist for his/her staff to support the redeployment process by co-ordinating with the employee, manager and Occupational Health Service.

3.11. Clinical Governance and Health and Safety Departments

It will be the responsibility of the Clinical Governance and Health and Safety Departments to:

- a. check and collate incident forms and forward to third parties for action (e.g. the Health and Safety Executive under 'RIDDOR 1995', NHS QIS, SHS)
- b. produce reports on issues of latex allergy to the Health and Safety Forum and Clinical Governance Committee as required;
- c. provide advice and training on methods for eliminating or reducing the risks associated with latex allergy
- d. advise the Medical Director on the progress of the management programme and matters of clinical risk or patient safety requiring attention.

3.12. Employee Responsibility

It is the responsibility of employees to:

- a. co-operate with Board management in achieving compliance with this policy;
- b. staff who regularly continue to use latex containing work equipment should liaise with their manager to ensure that they are included in the annual health surveillance programme
- c. adopt the necessary precautions when working with latex or patients with known latex allergies;
- d. report any symptoms that may be due to latex allergy to their Manager and attend Occupational Health;
- e. co-operate with any incident investigations.

4. TRAINING

All managers are to be trained in the assessment of latex associated risks through the Board Risk Assessment Training programme.

5. INCIDENT REPORTING

1. **All** incidents involving staff latex allergy **must** be investigated and reported on the Incident Report Form or online reporting system.
2. All incidents involving patient latex allergy must be investigated and reported on the Incident Report Form or online reporting system.

6. POLICY IMPLEMENTATION

- 6.1. All staff must be aware of the risks to patients with latex allergy. Managers must ensure that staff are sufficiently aware of risks and procedures to manage their own and their patient's safety.
- 6.2. NHS Greater Glasgow and Clyde will seek to reduce the risk of latex use and exposure by introducing non-latex examination gloves for most clinical uses.
- 6.3. It is recognised a small number of tasks may continue to require latex glove use. In such cases this decision should be underpinned by a risk assessment. Managers must ensure these risks assessment are reviewed at least every 6 months.
- 6.4. For those staff who continue to use latex gloves, or products, health surveillance will be required as per the COSHH Regulations (2002).. Where there are concerns staff should be referred by the Occupational Health Service who will ensure assessment of possible cases of latex sensitivity will follow standard allergy testing procedure.

- 6.5. Routine admission procedures already involve gathering information about a patient's known allergies and this should include specific questions to detect known or possible latex allergy. It is important that latex allergy information is visible and explicitly highlighted where transfer of responsibility for care occurs. As with any clinically relevant allergy, latex sensitivity should be identified clearly in the allergy section of the clinical notes and any hospital information or patient management systems
- 6.6. Local procedures need to be in place in each clinical area for the attendance, admission or operation on a person with latex allergy. The level of provision is to be based on local risk assessment but assumes that care can be provide to such patients with minimal delay and to acceptable standards. Clinical staff should, ensure that, where possible, they seek advice from specialist support e.g. pharmacy, procurement, medical physics, in advance of the patient attending for treatment.
- 6.7. It is recognised that patients with latex allergy can become extremely concerned about appointments or admissions. Every consideration should be given to pre-admission liaison with patients who are known to have a latex allergy.
- 6.8. The GG&C Medicines Information Service is useful source of advice and information on the latex content of medicines for patients with latex allergy. However it is important that this is addressed prior to admission whenever this is possible.
- 6.9. Where it is not possible for a specific operating theatre (or other departments) to be latex-free, any latex sensitive patients should be placed first on the list with the theatre made latex safe for the case.
- 6.10. Where ever possible latex-free equipment should be purchased when buying new or replacing equipment. In particular all standardised resuscitation equipment should be latex-free including drug containers and delivery systems.
- 6.11. If a person reports a severe (anaphylactic) allergy to latex, medicines supplied in vials or syringes that contain natural rubber should not be administered unless the benefit of vaccination outweighs the risk for a potential allergic reaction. For latex allergies other than anaphylactic allergies (e.g., a history of contact allergy to latex gloves), vaccines supplied in vials or syringes that contain dry natural rubber or natural rubber latex can be administered.

7. MONITORING

- 7.1. It will be the responsibility of Managers, Divisional Directors, Clinical Governance and Health and Safety Departments, and the Occupational Health Service to monitor that the requirements of this policy are being adhered too, and that appropriate actions are being taken to prevent and control exposure to risks associated with latex allergy.

8. REVIEW

- 8.1. A latex policy working group will be established as required to review this policy. The creation of the group may also be required as a response changing risk or circumstances and can be instigated at any time by the Occupational Health Department, Head of Health & Safety and/or Head of Clinical Governance.

9. References and Associated NHS GG&C documents

Information on health and safety management including Incident management and Risk Assessment can be accessed in the Health & Safety Management Manual at <http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/Health%20and%20Safety/Management%20Manual/Documents/Section1%20-%20HS%20Management.pdf>

Information on incident reporting and COSHH can be accessed at <http://www.staffnet.ggc.scot.nhs.uk/INFO%20CENTRE/HEALTH%20AND%20SAFETY/CORPORATE%20HEALTH%20AND%20SAFETY/Pages/default.aspx>

A list of products known to contain latex can be accessed at the following link under the tab "Product Information" - "Products Containing Latex"
<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Pages/default.aspx>

The NHSGGC policy Personal Protective Equipment can be accessed at <http://library.nhsggc.org.uk/mediaAssets/Infection%20Control/Microsoft%20Word%20-%20PPE%202008.doc.pdf>

Information on Latex published by the Health & Safety Executive can be accessed at <http://www.hse.gov.uk/latex/index.htm>

Kroger AT, Atkinson WL, Marcuse EK, Pickering LK. General Recommendations on Immunization. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recommendations and Reports December 1, 2006 / 55(RR15);1-48