

LATEX & THE MANAGEMENT OF SENSITIVITY/ ALLERGY PROCEDURE

POLICY REFERENCE NUMBER	CLPG81	
VERSION NUMBER	2	
KEY CHANGES FROM PREVIOUS VERSION	3 year review, no significant changes	
AUTHOR	Head of Risk Management	
CONSULTATION GROUPS		
IMPLEMENTATION DATE	February 2018	
AMENDMENT DATE(S)	October 2020	
LAST REVIEW DATE	February 2021	
NEXT REVIEW DATE	February 2024	
APPROVAL BY CLINICAL GOVERNANCE AND QUALITY SUB-COMMITTEE	December 2020	
RATIFICATION BY QUALITY COMMITTEE	February 2021	
COPYRIGHT	© Essex Partnership University NHS Foundation Trust 2018-2021. All rights reserved. Not to be reproduced in whole or part without the permission of the copyright owner	
Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

**The Director responsible for monitoring and reviewing this Procedure is
Chief Executive Officer**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

LATEX & THE MANAGEMENT OF SENSITIVITY/ ALLERGY PROCEDURE

CONTENTS

THIS IS AN INTERACTIVE CONTENTS LIST – PLEASE CLICK ON THE SECTION HEADINGS TO GO TO THE SECTIONS

1.0 INTRODUCTION

2.0 DUTIES

3.0 MANAGEMENT OF PATIENTS WITH KNOWN OR SUSPECTED LATEX ALLERGY

4.0 RISK ASSESSMENT

5.0 ACCIDENT / INCIDENT REPORTING

APPENDICES

APPENDIX 1 - BACKGROUND INFORMATION

APPENDIX 2 - SCREENING TOOL FOR THE IDENTIFICATION OF LATEX ALLERGY TO HIGH RISK LATEX ALLERGY

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
--

LATEX & THE MANAGEMENT OF SENSITIVITY/ ALLERGY PROCEDURE

Assurance Statement

This procedure is required to ensure that when staff are delivering care they consider the risk of allergy to Natural Rubber Latex (NRL) in all areas of activities in particular those involved in patient care

The principles contained within this procedure and the associated documents will ensure that all staff who are involved in delivering patient care have the resources and support systems for the safe management of risk to staff, patients and others from developing a natural rubber latex allergy

1.0 INTRODUCTION

Essex Partnership University NHS Foundation Trust (EPUT) is committed to the provision of high quality services in environments that are safe for patients, staff and visitors.

This Procedure sets out the commitments, organisation and arrangements of EPUT for minimising the risk of allergy to Natural Rubber Latex (NRL) in all areas of its activities and in particular those involved in patient care.

2.0 DUTIES

Employees have a general duty to take reasonable care of their own safety and that of others who may be affected by their actions. All employees must further ensure:

- The use of NRL gloves in EPUT is prohibited.
- Make themselves aware of the risk of NRL sensitivity, particularly where other allergies are present
- If a severe allergic reaction is experienced to seek emergency help immediately or summon an ambulance
- To report to their line manager or directly to the Occupational Health Service (please refer to Occupational Health Procedure,, HRP26C) if it is suspected that they, or any other member of staff, or a patient may have or be developing symptoms of allergy to NRL, e.g. skin rashes, hives, itching, nasal, eye or sinus problems which may have resulted from exposure to NRL. Complete a Datix incident reporting form.
- Staff with proven NRL allergy must take responsibility for their own safe working environment in co-operation with their manager. Staff who have an allergy must advise colleagues and ensure they know how and where to access their adrenaline auto-injector device (it is the individual staff member's responsibility to ensure that it is available and in date). In areas where there

are no clinical staffs on site to diagnosis anaphylaxis, an ambulance needs to be called. Those with confirmed NRL allergy should inform their doctors, dentists or other health professionals of this allergy before any examinations or procedures are conducted

- Staff working in community settings, including community nurses using products in patients own homes, must ensure supplies are checked prior to use and that they satisfy the requirements of this policy and procedure. In the event of any difficulties staff must inform their line manager who will take appropriate action and, where necessary, seek the advice/guidance of a senior manager.

3.0 MANAGEMENT OF PATIENTS WITH KNOWN OR SUSPECTED LATEX ALLERGY

3.1 Screening

- 3.1.1 Ask patients about known allergies and sensitivities as part of the routine clinical assessment.
- 3.1.2 Latex-allergic and high-risk patients (see below) and those with unexplained allergic/anaphylactic reactions must be identified upon admission or upon attendance at clinic/unit for any procedure or treatment. The Patient Screening Tool (Appendix 2) must be used for all patients admitted to hospital and outpatient clinics, day-clinics (e.g. podiatry) and any other clinical setting, including patients own home homes, where a latex-containing product may be used in their treatment management.
- 3.1.3 Patients with known latex allergy may have been identified as such by the referring GP in the referral letter, however this is not guaranteed.
- 3.1.4 Ensure that patients are asked and provided with relevant information regarding possible allergy before using NRL containing products. Swelling or itching of lips when blowing up balloons, or after dental or internal examinations; swelling or itching of hands following contact with household gloves, or reactions following the use of condoms or diaphragms are all suggestive of NRL sensitisation
- 3.1.5 Identify those with related food allergies, e.g. bananas, papaya, avocado, chestnuts and kiwi fruit as they are at higher risk of sensitisation.

3.2 Management

- 3.2.1 Patients who have had multiple operations particularly those with *spina bifida* should be carefully monitored
- 3.2.2 Health care workers presenting as patients are also at increased risk of NRL sensitivity

- 3.2.3 Ensure patients with NRL sensitivity / allergy are clearly identified on admission to a service and their records annotated. Ensure they are treated with NRL free products including resuscitation equipment. For cases of extreme allergy a separate NRL free room may need to be prepared for the individual.
- 3.2.4 Ensure NRL allergy is recorded on medicine documentation, especially prescription and administration charts as NRL may be present in some injectable medicines.
- 3.2.5 Mattresses should be latex free, but if a mattress containing latex is used it must be covered with a cotton sheet to ensure the patient's skin does not come into contact with the latex
- 3.2.6 Ensure that you have washed your hands prior to touching the patient as allergens may remain on the hands from previous contact with NRL
- 3.2.7 If using injectable medicines for an individual with NRL sensitivity seek immediate advice from the a Trust pharmacist as part of procedure planning. Do not pierce the bungs on medicines vials unless assurance has been provided that the medicine is latex free.
- 3.2.8 Clinical services using injectable medicines must routinely establish and regularly update information on the NRL content of those medicines used. Ensure that latex free injectable medicines are available for use in patients that are known to be NRL sensitive. An example is shown in Appendix 2.
- 3.2.9 Ensure ECG, blood pressure monitor and saturation cables are covered with NRL free bandages/ stockinette secured with Micropore, a NRL free tape. Stethoscope and sphygmomanometer tubing may also contain latex and must be covered in the same way.
- 3.2.10 Where a patient with NRL allergy is being transferred between areas, ensure the staff in the new area are aware of the patient's allergy. Where possible the NRL free products in use should accompany the patient.
- 3.2.11 When a Latex-allergic patient is discharged into the care of their GP or other hospital, a detailed note of any adverse reactions which occurred during the patient's stay/episode of care must be included in the discharge summary or letter to GP and sent promptly. Such details must also be included in any communication with District Nurses, physiotherapists, Health Visitors and any other relevant health care professional, including care home staff.

4.0 RISK ASSESSMENT

Managers will be responsible for ensuring that risk assessments are appropriately conducted to identify the risks to staff and others who may be affected by their actions. The risk assessment process is set out in the RM11 General Workplace Risk Assessment Policy and Procedure and should be read in conjunction with this policy.

5.0 ACCIDENT/INCIDENT REPORTING

All accidents/incidents involving NRL whether relating to exposure or allergy must be reported using the Datix web-based Incident reporting system in accordance with CP3 Adverse Incident including Serious Incident Policy.

Managers should be aware that any exposure attributable to latex resulting in occupational dermatitis or asthma must be reported to the Health and Safety Executive under RIDDOR. Managers should follow the instructions in the Adverse Incident Reporting Procedure following such an incident.

It is the Manager's responsibility to investigate any incidents and act on the findings and update the Datix incident report.

END