

# **Safety Management Standard**

## **Natural Rubber Latex (NRL)**

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## 1. Introduction

University Hospitals of Derby and Burton NHS Foundation Trust recognises its duty under the *Health and Safety at Work Act, (1974)*, the *Control of Substances Hazardous to Health Regulations (2002)*, and the *Management of Health and Safety at Work Regulations, (1999)*, to provide a safe environment for both its employees and patients and to protect them from hazards, which may arise in the course of health care activities.

Natural Rubber Latex (NRL) is a hazard to both health care workers and patients, and that it is a potent sensitizer, which may give rise to serious allergic reactions and imposes on the Trust the obligation to minimise exposure as far as is reasonably practicable.

## 2. Purpose and Aims

This Standard Management Standard (SMS) supplements the Health and Safety Policy and aims to improve awareness of prevention of latex allergy.

## 3. Definitions

For the purposes of this SMS the following definitions apply:

**Natural rubber latex (NRL)** is a milky fluid obtained from the *Hevea brasiliensis* tree, which is widely grown in south-east Asia. As with many other natural products, NRL contains proteins to which some individuals may develop an allergy.

**Latex Allergy** is an immune system response to one or more of the components of natural rubber latex products. The immune system develops antibodies during a sensitisation period, which may last just a few weeks to years. Once the body learns to recognise the foreign substance or allergen, exposure will always cause a response by the immune system and the symptoms of allergy. Reactions are divided into two categories:

**Type 1:** Reaction is usually immediate, that is within 2-3 minutes after exposure. Symptoms include localised weal and flare reaction, asthma, rhinitis, conjunctivitis and anaphylaxis

**Type 4:** Delayed reaction occurring up to 48 hours after exposure and causes localised reddening of skin and itching

**Low protein** means manufactured to the standards in EN420

## 4. The Law

The law requires employers to adequately control exposure to materials in the workplace that cause ill health. This includes controlling exposure to materials that cause skin diseases and to materials that enter the body through the skin and cause problems elsewhere.

Employers and employees need to comply with the Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH). They require employers to:

- assess risks;
- provide adequate control measures and ensure their use and maintenance;
- provide information, instruction and training;
- provide health surveillance in appropriate cases.

## 5. Standards

The following are the standards that must be adhered to.

### 5.1 Risk assessment

Latex and latex allergy are covered by the Control of Substances Hazardous to Health Regulations 2002 (as amended). Whilst these regulations impose a duty on employers to assess the risks to health caused by the exposure to NRL proteins, the Trust has taken a general view of the control measures to manage the risks associated with latex gloves (see Table 1).

Gloves are not the only source of latex within the workplace and risk assessments should be undertaken to identify the risks of other sources of latex.

A list of common items likely to contain latex can be found in **appendix 1**.

### 5.2 Glove usage

Gloves should only be worn where infection control and safety concerns dictate and are selected on the basis of end usage and appropriate protection.

Latex gloves will not be available through the procurement department routinely and these will need to be requested via the Health and Safety Department support by a suitable and sufficient risk assessment.

Where possible alternatives to latex gloves will be made available, if latex gloves are the most suitable glove type these should be low-protein and powder-free.

Using low-protein, powder-free, single-use latex gloves in the workplace is unlikely to lead to new cases of latex allergy.

*NB: Not all skin reactions are allergies. A large number of skin reactions among staff are irritant responses due to localised damage to the skin from physical or chemical agents. These are confined to the area of contact (glove).*

Based on the specific tasks/ procedures the following type of gloves can be used.

Table 1.

	Sterile Powder free Latex free	Sterile low-protein Powder free Latex	Non Sterile Powder free Latex free	Non Sterile low-protein Powder free Latex
Surgical Procedures	YES	YES	NO	NO
Invasive Procedures (ANTT not touched)	NO	NO	YES	NO
Non-Invasive Procedures	NO	NO	YES	NO
Contact with Body Fluids	NO	NO	YES	NO
Contact with Chemicals (Including Cleaning)	NO	NO	YES	NO
Sterile Pharmaceutical Preparations	YES	YES	NO	NO

### 5.3 Health Surveillance

NRL is identified as a substance hazardous to health both a respiratory and skin sensitiser which produces a risk of asthma and dermatitis and therefore staff at risk of exposure to latex should be subject to health surveillance.

Depending on the level of exposure identified, so does the type of health surveillance.

Staff with Type 1 and Type 4 reactions need to be seen by an Occupational Health Physician. Once an allergy develops to latex it is a serious and irreversible condition, posing a threat to health and work for patients and staff.

## 5.4 Local health surveillance

Managers who have identified or have been notified of staff who are at risk of exposure to NRL should issue that member of staff with a respiratory and skin health check questionnaire and a periodic annual review.

Health check questionnaires can be obtained from the Occupational Health Department.

**Telephone:** 01332 254747

**Email:** [DHFT.derbyoccupationalhealth@nhs.net](mailto:DHFT.derbyoccupationalhealth@nhs.net)

Should any cause of concern be identified through local health surveillance then that member of staff must be referred to the Occupational Health Department.

## 5.5 Incident reporting

All untoward incidents involving staff latex allergy must be investigated and recorded on DATIX and reported to the Occupational Health Department.

All incidents involving patient latex allergy must be investigated and recorded on DATIX and reported to the Health and Safety Team.

Under the requirements of the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995 (RIDDOR), incidents of occupational dermatitis and asthma attributable to latex must be reported to the appropriate enforcing authority and a record of such incidents kept.

## 5.6 Staff with Latex allergy

In the event of a member of staff having a reaction to NRL exposure, adequate first aid provision must be provided.

The health of individuals with existing latex allergy is not put at significant risk if colleagues use low-protein, powder-free latex gloves or latex-free gloves. An exception might be if the affected employee has anaphylaxis. However, in all cases where employees have work related medical conditions then occupational health advice should be sought.

## 5.7 Patients with Latex Allergy

Patients who are considered high-risk, suspect or symptomatic can be identified through the use of the admissions history screening or asked directly about allergy to rubber. Groups known to be at risk include:

- People with spina bifida, a birth defect where there is an opening in the spine
- Health care workers who frequently wear latex gloves
- People who have had many medical procedures or surgeries
- People who work in the rubber industry
- People who are allergic to bananas, avocados, passion fruit, kiwi fruits, melon, tomato, celery, and European chestnuts. These food allergies are thought to be related to latex allergy.

Where latex allergy is indicated, a risk assessment of all medical equipment should be undertaken to identify other sources of latex and a local procedure should be put in place and implemented to reduce the risk as far as is reasonably practicable.

## 6. Managers' responsibilities

- Ensure the identification, assessment, and removal or control of latex allergy risks.
- Review risks and verify that significant risks are controlled so far as reasonably practicable.
- Arrange for suitable health surveillance for employees exposed or likely to be exposed to NRL proteins
- Ensure incidents are investigated and regular workplace inspections are conducted to identify tasks and situations where staff, patients and others may be exposed to latex.
- Review controls following incidents and ensure day to day adherence to safe working practices.
- Provide information, instruction and training for staff that may be exposed to NRL proteins as required.

## 7. Employees' duties

- Report to their manager, situations where latex exposure arises and is likely to require control.
- Ensure they are aware of procedures of reporting of latex allergies.
- Ensure that a latex-safe environment is maintained and ensure suitable alternative equipment is used that will not cause another risk.
- Undergo health surveillance as required.

## 8. Occupational Health Department

- Ensure staff with latex allergy and their managers, are advised of any necessary adjustments or restrictions to their work activities.
- Provide guidance to staff and managers on suitable and safe working environments for latex sensitised employees.
- Provide statistical and other relevant information concerning latex allergy.
- Identify at risk individuals through health surveillance.

## 9. Information, Instruction, Training and Supervision

Information and training should be provided to all staff who are in contact with NRL to ensure they have a full understanding of the risks created by the exposure to this substance, and the precautions they should take in accordance with the control measures contained within the COSHH risk assessment.

Managers are responsible for ensuring that information, instruction and training is provided when a new member of staff is employed, when a new latex product is being used or there has been a change in work practice.

COSHH awareness training and advice will be provided by the Health and Safety Team and advice may also be sought from Occupational Health, Infection Control, Procurement and other competent person(s).

Glove selection and usage is also covered in Aseptic Non-Touch Technique (ANTT) training and skin checks are undertaken as part of Hand Hygiene Assessments.

The management of anaphylaxis is covered in Basis Life Support and Hospital Life Support training delivered by the Trust Resuscitation Team to all clinical staff.

## 10. Monitoring & Review

Managers will carry out an annual workplace health and safety inspection including compliance of the implementation of this Safety Management Standard.

The Health and Safety Team will carry out auditing and monitoring of compliance with this Safety Management Standard.

## 11. Further information

The Health and Safety Executive (HSE) has a range of information on Latex, for general information: <http://www.hse.gov.uk/healthservices/latex/> .

For other specific risks you can consult one of our Safety Management Standards of which are available on the Trust intranet, contact the Health and Safety Team or for further information see <http://www.hse.gov.uk/> .

We hope you find this SMS useful; if you require further information please contact the health and safety team:



01332 789559 or 789530



[dhft.healthandsafety@nhs.net](mailto:dhft.healthandsafety@nhs.net)

## APPENDIX 1: COMMON PRODUCTS CONTAINING LATEX

- Adhesive Tape Adhesive plasters
- Blood pressure Cuffs Bile Bags
- Neonatal Incubators Cheat Drainage Units
- PCA Syringes Colostomy Pouches
- Penrose Tubing Condom/Sheath Urinary Collection
- Protective Sheets Dental Cofferdams
- Rectal Catheters Diaphragms
- Rubber Suction Catheters Elastic Bandages
- Rubber Breathing Circuits Enema Tubing Kits
- Epidural Catheter Injection Adaptors. Rubber Tourniquets
- Eye Shields Stethoscope Tubing
- Stomach and GI Tubes Fluid Warming Blankets
- Syringes
- Gloves
- Teeth Protectors & Bite Blocks Haemodialysis Equipment
- Tourniquets Head Straps
- Urinary Catheters Vial Stoppers
- Laparoscopy Insufflation Hoses Wound Drains

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