Maidstone and Tunbridge Wells NHS Trust

Ref: FOI/GS/ID 6633

Please reply to:
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Trust Management
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www.mtw.nhs.uk

13 April 2021

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to latex allergy incidents.

You asked:
1. The number of latex allergy incidents recorded in the trust for Patients and Healthcare Workers within the last 5 years.
2. Were these incidents all recorded on Datix?
3. Type of medical device that caused a latex reaction.
4. Most recent Latex Allergy Policy.

Trust response:
1. Information not available on our system
2. Information not available on our system
3. Information not available on our system
4. Latex policy – 2015 (Has been extended and due for next review 2024)

Management of individuals with suspected or confirmed latex allergy policy and procedure

Target audience: All staff who may be exposed to latex products at work

Author: Head of Occupational Health
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Other contributors: Risk and Compliance Manager
Health and Safety Advisor

Owner: Chief Nurse

Division: Corporate Services

Directorate: Workforce

Specialty: Occupational Health

Supersedes: Management of patients and staff with a suspected latex allergy policy [Version 5.0: July 2015]

Approved by: Health and Safety Committee, 11th May 2015

Ratified by: Policy Ratification Committee, 2nd July 2015

Pro forma review completed: October 2020

Review date: October 2024

This policy has been written for implementation during periods of standard functioning within the Trust. Outside of those periods (such as major incidents or national emergencies) other 'emergency' policies may be written to supersede or run alongside this policy.

Document history

Requirement for document:	• To protect patients and staff from harm caused by latex allergies • Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations • Health and Safety at Work etc. Act 1974
Cross references (external):	1. NHS England Guidance (formerly NPSA guidance) 2. HSE Guidance (HSE Website) 3. Royal College of Physicians. *Latex Allergy – Occupational aspects of management – National Guidance* 4. RCN (2012) *Tools of the Trade – RCN Guidance for Healthcare staff on glove use and the prevention of contact dermatitis* London 5. The Control of Substances Hazardous to Health Regulations 2002
Associated documents (internal):	• Change management policy and procedure [RWF-OPPPCS-NC-WF7] • Confidential work health assessment [RWF-OPF-CS-C-WF2] • COSHH, Control of Substances Hazardous to Health policy and procedure [RWF-OPPPCS-NC-CG16] • Responsibilities for ensuring safe glove use [RWF-OPG-CSS18] • Standard infection control precautions policy and procedure [RWF-OPPPCSS-C-PATH26]

Keywords:	Gloves	Sensitisation	Latex allergy
	Latex-free	Latex sensitivity	Allergies
	Skin condition	Dermatology	NRL
	Natural rubber latex	RAST test	Latex allergy screening

Version control:		
Issue:	**Description of changes:**	**Date:**
5.0	Review of policy and procedure – regular review with minor changes.	July 2015
6.0	Completed the pro forma review process as set out in the ‘Policy and procedure for the production, approval and ratification of Trust-wide policies and procedures ('Policy for policies') - RWF-OPPPCS-NC-CG25.	October 2020

Summary for

Management of individuals with suspected or confirmed latex allergy policy and procedure

1. The overall aim of the Trust is to provide a minimal exposure to latex for all its patients and staff, thereby reducing the risk of sensitisation and allergy.
2. The Trust will reduce the overall risk by working towards reducing and eventually eliminating products made from or containing latex. Latex-free consumables and equipment will be considered in all areas.
3. All patients should be screened at their first clinic appointment for allergies including those related to latex sensitivity (Latex allergy screening form: **Appendix 4**). Non-elective patients should be asked a simple question of 'any known allergies'. For patients demonstrating increased risk, latex-free equipment should be used.
4. Operating theatres will set up a trolley consisting of latex-free products, which can be used for patients with identified allergy. Other departments may access this supply on a cross charge basis whenever they require it. A latex-free trolley will also be made available in all delivery suites.
5. Staff showing signs of sensitisation should report such to their line manager for referral to Occupational Health, who will, following assessment make any necessary referral to a dermatologist. Confirmed sensitivity will entitle staff to work in a latex-free environment, Occupational Health monitoring and special risk assessments of duties which may include contact with latex. Staff with confirmed latex allergy should be notified to the Medicines and Healthcare products Regulatory Agency (MHRA), to allow national monitoring of the problem among healthcare workers. Staff may be redeployed if necessary in line with the Trust's 'Change management policy and procedure'.
6. Use of gloves – The Trust will source non-latex gloves wherever possible. The Trust will standardise the range of gloves, as agreed through the Trust Product Standardisation Group, to include:
    - Sterile
    - Non-sterile
    - Surgeons
    - Extra large

    Staff requesting alternatives must state the clinical requirement for their request, and reasonable requests will not be refused.
7. It is the responsibility of individual staff to comply with the measures set out in the policy and to report any deterioration of their skin conditions, new respiratory symptoms or allergies to their line manager who will refer them to the OH department.

Contents

1.0 Introduction, purpose and scope

The exposure to latex protein has risen significantly due to the increased usage of gloves for standard/universal infection control precautions. These were introduced following the rise in numbers of various pathogens such as HIV, other blood-borne viruses and Meticillin Resistant *Staphylococcus aureus.*

Natural rubber latex (NRL) is also used in a wide range of other medical and surgical devices, for example catheters, elastic bandages and wound drains. Some devices may contain less obvious amounts of latex.

As the frequency and duration of the use of latex products has increased, the emergence of latex sensitisation has been identified as a problem for some individuals, leading to a variety of allergic reactions ranging from urticaria to rare occurrences of anaphylactic shock.

This document aims to provide ways to reduce, if not eliminate, exposure to latex, thereby reducing the potential for sensitisation and allergic reaction.

The Trust has already taken steps towards reducing latex in the clinical environment by purchasing latex-free equipment in most areas, eliminating routine use of latex gloves, and making latex-free consumables the first choice for many products.

Further information is given in the 'Standard infection control precautions policy and procedure' (RWF-OPPPCSS-CPATH26):

- Section 5.2 identifies the process for choosing the appropriate personal protective equipment (PPE). This includes the correct choice of gloves as identified by the 'Pyramid of glove choice' also available in this section.
- In addition, **Appendix 6** – identifies 'The responsibilities of safe use of gloves' (RWF-OPG-CSS18).

These are based on the RCN (2012) 'Tools of the Trade' guidelines.

- Section 6 – advises about Health Surveillance (allergy to latex)

2.0 Definitions/glossary

Term	Definition
Latex allergy	A physiological reaction to NRL. This is usually categorised one of two ways: • Type 1 allergy - an immediate allergic reaction. This can consist of skin reactions such as blistering or urticaria, hay fever type symptoms, asthma, and although rare, more severe symptoms such as anaphylaxis. This reaction is often immediate, and is often a result of sensitisation through repeated exposure to NRL proteins. • Type 4 allergy - Red itchy scaly rash, often localised to the area of use. This is often a delayed reaction, with the affected individual noticing symptoms six to 48 hours after exposure. This is sometimes related to some of the chemicals used in the latex manufacturing process rather than the latex itself.

Term	Definition
	There are also reactions related to the use of latex gloves that are commonly confused with an allergic reaction, such as dry skin or irritation caused by repeated washing and insufficient rinsing or drying when using latex gloves.
NRL	Natural rubber latex. This is a naturally occurring rubber refined from the bark of rubber trees.
RAST test	Radioallergosorbent test. A blood test to determine allergy by examining antibodies.

3.0 Duties

Person/Group	Duties
Managers	• Ensure that their staff are familiar with the contents of this Policy on protecting themselves and their patients against latex allergy. • Ensure that their staff are aware of the risks associated with latex and that appropriate action is taken to minimise these risks. • Ensure that their staff are familiar with the Trust's advice on appropriate glove usage. To be aware of the responsibilities of glove choice and use and apply this appropriately. • Ensure that the Trust-wide risk assessment (including COSHH) in relation to the use of latex and staff is known and complied with within their area of responsibility (see **Appendix 5**). • Know which of their staff and patients are allergic to latex and for ensuring that appropriate control measures are in place to reduce likelihood of exposure. • Ensure that all new employees have completed a *Confidential work health assessment* and any advice given by Occupational Health Department is put into place on commencement in post. • Managers, where appropriate, will ensure that skin surveillance is undertaken and records kept locally. • Refer staff to Occupational Health as soon as symptoms thought to be associated with latex manifest themselves, and ensuring that all necessary precautionary measures are taken. Should a member of staff be advised by Occupational Health to have time off work, managers should liaise with the employee and Occupational Health to ensure that any action plan to assist the individual in a return to normal working duties is achieved. Most latex allergic healthcare workers can continue with their normal working duties. Rarely this may involve providing suitable

Person/Group	Duties
	alternative employment.
Occupational Health Department	• Provide confidential health advice to individual staff members experiencing adverse health effects due to latex, including advice on prevention and minimisation of symptoms. • Undertake an assessment of staff health on commencement of post via questionnaire to identify staff at risk of latex allergy or with pre-existing symptoms related to latex use. *Confidential* w*ork health assessment* questionnaires provide this information. • Assess new staff at risk of latex allergy or with known latex allergy as soon after the start of employment as possible. • Accept and assess referrals (self or from management) of employees with suspected latex allergy; these staff will be advised on referral by their GP to specialist services. • Investigate symptoms of staff identified by health surveillance performed locally and advising both managers and employees accordingly if suspected/known latex allergy. • Maintain a database of known latex allergic staff members and recalling them for health surveillance and advising managers accordingly on their fitness status. • Head of Occupational Health is responsible for reporting under RIDDOR and advising the Safety Department of new confirmed cases of latex allergy. • Report RIDDOR statistics, including latex related dermatitis and allergic reactions, to the Health & Safety Committee. • Provide advice on control measures to reduce the risk of latex allergy.
Risk and Compliance Manager **and** **Head of Fire & Safety**	• Ensure that there is a Trust-wide risk assessment (including COSHH) in place on the use of latex and the risks posed to staff (see **Appendix 5**). • Make recommendations to ensure that the Trust has adequate measures in place to manage the risks associated with latex and the protection of staff • Co-ordinate the implementation of recommendations in national and other guidance in relation to latex e.g. NHS England (formerly NPSA guidance). • Monitor any adverse incidents reported relating to

Person/Group	Duties
	the use of latex and ensuring Occupational Health are informed where necessary.
Procurement Department	• Ensure that both sterile and non-sterile latex-free gloves are available as stock items. • Ensure that any non-stock requisition requests for latex gloves are accompanied by a valid reason for purchase. • Ensure that latex-free products and equipment are sourced and identified at the contracting stage where possible. • Review and monitor glove purchasing and usage as appropriate.
All staff	• Adhere to Trust policies in relation to latex to protect themselves and patients from the potential risks associated with exposure to latex. • Adhere to the Trust's infection prevention and control policies. • To be aware of the responsibilities of glove choice and use and apply this appropriately. • Know whether equipment/products locally contain latex and what latex-free alternatives are available. • Know what steps to take to minimise contact/exposure to latex. • Comply with the Trust's health surveillance as required. • Report problems/symptoms of latex allergy, including skin problems, to their manager and Occupational Health promptly. • Report adverse incidents involving reactions to latex in accordance with Trust incident reporting procedures.

4.0 Training / competency requirements

- Occupational Health will provide general information on their services at part of Trust Induction training.
- Information for managers and staff on latex allergy will be provided on request from Occupational Health.
- Training for staff who will be admitting patients should be included in local induction procedures.

5.0 Procedure

5.1 Identification and management of patients with NRL allergy

5.1.1 Patients need to be encouraged to disclose if they have a natural rubber latex allergy by being questioned about allergies

and rashes related to contact with rubber and possible food allergies (specifically avocado, banana, kiwi or chestnuts).

Patients on admission or at pre-admission clinics will be asked to complete a questionnaire (Latex rubber allergy screening form **Appendix 4**).

A doctor or nurse practitioner must then review the completed questionnaire, and patients identified with allergies that may indicate latex allergy should have a blood sample sent to immunology with a request for a RAST test. When blood is sent for a RAST test an allergen specific IgE request form must be completed. This form asks questions about previous reactions and their severity, symptoms at the time of testing and previous known allergies. Forms are available the Biochemistry department:
Link: http://www.mtw.nhs.uk/pathology/collection-techniques.asp

5.1.2 If the RAST test is positive the allergy is confirmed. Where the result is negative, patients should be advised to ask their GP for referral to a Dermatologist.

5.1.3 The diagnosis of latex allergy relies on the history and clinical suspicion. Laboratory or skin tests are only confirmatory and if negative cannot refute a diagnosis of latex allergy. Patients who give a history suggesting latex allergy must be treated as being latex-allergic.

5.1.4 Patients identified as having a latex allergy should be provided with a latex-free hospital environment wherever possible. Consideration should be given to dietary needs, staff should contact the dieticians and catering department to notify them of known or suspected allergy.

5.2 Management of staff with confirmed NRL allergy

5.2.1 All potential new staff members are assessed for their fitness to work by Occupational Health prior to commencement of employment; this will include identifying any known allergies.

5.2.2 The Occupational Health Department will assess any skin problems reported by staff, which may be caused by, or affecting their work. This may include:

- Assessment of the cause which will be carried out by the Occupational Health Practitioner.
- RAST test where sensitisation or type 1 allergy is suspected.
- Advice on hand/skin care.
- Recommendation of the appropriate use of gloves.
- Referral to a Dermatologist if required via the normal channels.
- Counselling and support to any sensitised staff member.
- Recommendations to management on working environments and exposure to NRL in the workplace.
- Recommendations to management on job restrictions, redeployment or ill-health retirement if appropriate.

5.3 Use of latex gloves and equipment

Latex gloves or equipment can only be used if there is no alternative, is clinically required and a risk assessment has been completed justifying their use. They should not be used by staff sensitive to latex or on patients with a latex allergy.

In the rare event that a member of staff is allergic to nitrile gloves then they may use latex gloves. They will need their personal supply. This must be risk assessed and they must not care for patients with a latex allergy.

Appendix 1

Process requirements

1.0 Implementation and awareness

- Once ratified, the Chair of the Policy Ratification Committee (PRC) will email this policy and procedure to the Corporate Governance Assistant (CGA) who will upload it to the policy database on the intranet, under 'Policies & guidelines'.
- A monthly publications table is produced by the CGA which is published on the Trust intranet under 'Policies & guidelines'. Notification of the posting is included on the intranet 'News Feed' and in the Chief Executive's newsletter.
- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.
- This policy and procedure will be brought to the attention of:
  - Clinical Governance
  - Occupational Health
  - Procurement Department
  - All Department Managers
  - All staff

2.0 Monitoring compliance with this document

Compliance with this policy will be monitored via Health and Safety Audits, and through Occupational Health reports.

Directorate Risk Leads will be required to provide the Health & Safety Committee with evidence-based assurance of compliance on request.

3.0 Review

This policy and procedure and all its appendices will be reviewed at a minimum of once every four years.

4.0 Archiving

The policy database on the intranet, under 'Policies & guidelines', retains all superseded files in an archive directory in order to maintain document history.

Appendix 2

CONSULTATION ON: Management of individuals with suspected or confirmed latex allergy policy and procedure (Version 5.0)
Please return comments to: Health and Safety Lead
By date: 15th April 2015

Name:	**Date sent**	**Date reply received**	**Modification suggested? Y/N**	**Modification made? Y/N**
Director of Infection Prevention and Control	12-3-15			
Head of Occupational Health	12-3-15			
Head of Procurement	12-3-15			
Principal Biochemist	12-3-15			
Risk Manager	12-3-15			
Associate Director of Quality, Governance and Patient Safety	12-3-15			
Medical Director	12-3-15	16-3-15	Yes	Yes
Those who may comment if they wish				
Members of the health & safety committee	12-3-15			
Other Directors	12-3-15			
Directorate Risk Leads	12-3-15			
Pathology Risk Lead	12-3-15	16-3-15	Yes	Yes
Emergency Planning Officer	12-3-15	16-3-15	No	No
ADO/ ADNS	12-3-15			
General Managers	12-3-15			
Clinical governance assistant	12-3-15			
Lead Infection and Prevention Control Nurse	12-3-15	16-3-15	Yes	Yes
Occupational Health Nurse	12-3-15	1-4-15	No	No
Staff-side Chair	12-3-15			
The following staff have given consent for their personal name to be included in this and any associated documents:				
	18-6-15			

Appendix 3

Equality impact assessment

This policy includes everyone protected by the Equality Act 2010. People who share protected characteristics will not receive less favourable treatment on the grounds of their age, disability, gender, gender identity, marital or civil partnership status, maternity or pregnancy status, race, religion or sexual orientation. The completion of the following table is therefore mandatory and should be undertaken as part of the policy development, approval and ratification process.

Title of document	Management of individuals with suspected or confirmed latex allergy policy and procedure
What are the aims of the policy?	To protect patients and staff from harm caused by latex allergies
Is there any evidence that some groups are affected differently and what is/are the evidence sources?	No
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	**Is there an adverse impact or potential discrimination (yes/no).** **If yes give details.**
Gender identity	No
People of different ages	No
People of different ethnic groups	No
People of different religions and beliefs	No
People who do not speak English as a first language (but excluding Trust staff)	No
People who have a physical or mental disability or care for people with disabilities	No
People who are pregnant or on maternity leave	No
Sexual orientation (LGB)	No
Marriage and civil partnership	No
Gender reassignment	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	n/a
When will you monitor and review your EqIA?	Alongside this document when it is reviewed.
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix 3 of this document.

Further appendices

The following appendices are published as related links to the main policy/procedure on the policy database on the intranet, under 'Policies & guidelines':

No.	Title	Unique ID	Title and unique id of policy that the appendix is primarily linked to
4	Latex (rubber) allergy screening for patients	RWF-OWP-APP473	This policy
5	Trust wide risk assessment	RWF-OPPRA6	This policy
6	Responsibilities for ensuring safe glove use	RWF-OPG-CSS18	Standard infection prevention and control precautions policy and procedure [RWF-OPPPCSS-C-PATH26]