


<b>LATEX</b>		
<b>VERSION No</b>	1	
<b>REVIEWED BY</b>	Clinical Lead (RQ)	
<b>NUMBER OF PAGES</b>	3	









### **Introduction**

*Natural rubber latex (NRL) is a product of the Hevea brasiliensis tree. The cloudy white liquid latex is collected by ‘tapping’ the tree, it then undergoes a complex coagulation process, involving the addition of sulphur and organic chemicals (e.g. accelerators). This process provides the strength and elasticity characteristics of many rubber products. However, as the use of latex devices has increased, particularly the use of gloves, latex allergy is being recognised and reported as a growing problem, particularly within healthcare. The natural proteins found in latex or certain chemical additives used in the manufacturing process, can act as irritants or potential allergens in some Individuals. This can lead to a variety of reactions ranging from localised or generalised skin conditions to life threatening anaphylactic shock.*






*These procedures have been developed in order to provide guidance for the adoption of a proactive approach to the latex allergy. The aim is to prevent sensitisation and to minimise the risk of an adverse reaction so far as is reasonably practicable*

- 1. Reactions to Latex:** There are three recognised types of reactions to latex. An irritant reaction and two types of allergic reaction to various components of natural latex products.
  - a) Irritation:** This does not involve the body’s immune response and is not an allergic response. The effects can be reversible if treated early. However, a persistent reaction can develop if treatment is delayed or the condition is ignored. When the irritant reaction is due to the wearing of latex gloves a rash develops on the back of the hands, fingers and wrists. The rash can start with redness, swelling and blistering, and may develop into dryness, flaking and itching.
  - b) Delayed Hypersensitivity (Type IV):** This occurs in Individuals who have been previously sensitised to the group of chemicals that are added to natural rubber latex as accelerators during the manufacturing process. It is called allergic contact dermatitis. The severity of the allergic reaction varies greatly and can occur at the site of contact and in other distant sites such as around the eyes. Sensitisation can take place at any time but is more likely with prolonged use of latex gloves. The allergic reaction produces dermatitis between 6 – 48 hours after contact.
  - c) Immediate Hypersensitivity (Type I):** This reaction is caused by latex proteins and can give rise to urticaria (weals). It occurs rapidly on contact with intact skin (5-30 minutes). Such a reaction is almost immediate in effect but usually diminishes rapidly once contact with the rubber material has ceased. The symptoms are characterised by local or general hives and swelling. If mucous membranes are affected, rhinitis, conjunctivitis or asthma may result. Respiratory difficulties, hypotension and anaphylaxis may occur in extreme cases.
  - d) Other reactions:** Latex is a known respiratory sensitizer and is one of the eight main causes of work-related asthma
  - e) Glove Policy:** Any staff member who develops a reaction to the wearing of a particular glove should speak to their Manager about alternative products available. It is the responsibility of the manager to carry out the risk assessment. In the pre-employment medical questionnaire all new employees are asked about known allergies including latex. If a latex allergy is identified and confirmed the manager can arrange to provide latex free gloves (such as vinyl).

**2. Responsibilities:** Managers have the following responsibilities:

-  To undertake a COSHH Risk Assessment in conjunction with the Health & Safety Manager. This assessment should take account of the primary duty to prevent exposure to latex containing medical devices (and pharmaceuticals), including gloves and where this is not reasonably practicable; the secondary duty is to adequately control exposure. This will involve taking into account the use of non-latex gloves relevant for the particular work activity such as vinyl, nitrile or neoprene and non-latex containing medical devices and equipment or identifying other suitable control measures. Some synthetic gloves degrade and may disintegrate when in contact with certain solvents, for example acetone. Managers must therefore ensure that personal protective clothing, such as gloves, are appropriate for the work activity
  -  Report incidents of latex allergy in accordance with Anonymous Care Ltd Incident Reporting Policy to the Health & Safety Manager
  -  Follow a pro-active approach to recognising latex allergy issues with staff members.
  -  Disseminate information on the management of latex to all new and existing staff.
  -  To ensure that Individuals and employees with a latex allergy are protected
  -  Managers should take into consideration the risks of buying products containing latex when agreeing contracts with suppliers
-  It is the responsibility of all employees to co-operate with managers, and supervisors in achieving compliance with this Policy, and for reporting all incidents connected with latex allergy
-  Gloves do not replace good hand washing. Staff should always wash and dry their hands after removing their gloves and apply aqueous based hand creams only





**3. Identification of Individuals/Healthcare Workers with Possible Allergy to Latex:** The following factors indicate an increased risk of an individual or healthcare worker developing an allergic reaction:

-  History of allergic reactions (termed atopy) such as hayfever, eczema or asthma, or food allergies to avocado, bananas, kiwi fruits or nuts
-  Occupational exposure to latex
-  Exposure to repeated bladder catheterisation
-  Individuals with Spina bifida
-  History of multiple surgical procedures

Allergy to latex can produce redness and itching of the skin, urticarial lesions (hives), skin swelling, conjunctivitis, rhinitis (hayfever), tightness of the chest, wheezing, swelling of the larynx causing stridor, collapse and in extreme cases, anaphylaxis and death.

Pre-admission questionnaires must also request information on latex allergies.

**4. Management of Latex Allergic Individuals:** Managers must ensure that:

-  They identify latex-free areas within their home
-  The pre-admission assessment highlights latex allergies
-  All care plans be highlighted in a prominent place to state Latex Allergic
-  All staff dealing with the latex allergic Individuals' wears non-latex gloves only

**5. Management of staff with suspected Latex Sensitivity:** If a worker exhibits any sign of latex sensitivity, such as rashes after latex contact, wheezing or swelling of the face and hands, then the advice of the Health & Safety Manager should be sought by the Manager.

The Manager, with assistance from the Health & Safety Manager will then perform a full risk assessment and confirmation of the allergy will be carried out by the staff members own GP. If the symptoms are confirmed to be due to latex allergy, then his or her working environment within the home will be subject to a risk assessment by the Health & Safety Manager, which should be made available to the Manager.

Everything reasonably practicable will be done to ensure a safe working environment. Vinyl gloves will be used as a substitute.

***Further Guidance***

*Further information is available on the Health and Safety Executive website.  
<http://www.hse.gov.uk/healthservices/latex/index.htm>*