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<td><strong>Policy Author</strong></td>
<td>Joint Heads of Occupational Therapy</td>
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This policy will be reviewed in line with the Document Control Policy, please read the policy in conjunction with any updates provided by National Guidance.
**DOCUMENT HISTORY**

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

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NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust
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Executive Summary

Natural Rubber Latex (NRL) ["latex"] allergy came to prominence in the United Kingdom in the 1980s and has subsequently become a problem, both for health care workers themselves and for patients. This policy outlines the key principles for the organisation to follow in order to minimise this risk by:

Raising awareness and providing guidance on issues relating to latex and health care workers (HCW) and reduce the use of latex within the Health Care setting.

Encourage adoption of a proactive approach to prevent and minimise latex allergy amongst HCW and patients.

Reduce the risk of HCW developing latex allergy and ensuring safe employment of those who do become sensitised by removing Latex products from the clinical environment, as far as reasonably practicable.

1 Introduction

Latex is the sap of the tree Hevea Brasiliensis. Latex products are widespread within the medical and social environments. The increase in sensitivity to latex appears to be due to the adoption of Universal Infection Control Precautions, such as using gloves to prevent infection with blood borne viruses and changes in the manufacturing processes for the production of latex due to increased demand. Research (Royal College of Physicians 2008) identifies this as predominantly due to high protein, powdered gloves. However, Latex is recognised as a sensitiser and a substance hazardous to health as defined by the Control of Substances Hazardous to Health 2002 (COSHH) Regulations.

Health problems associated with latex include:

Allergic Contact Dermatitis: this is an allergic reaction (Type IV, Delayed) to chemical additives used in the latex manufacturing process, e.g. thiurams, dithiocarbamates and mercaptobenzothiazoles (rarely, there can be an allergic reaction to the latex protein itself). Presentation is with eczema-like rash (dry, itchy, cracked skin) on the back of the hand and wrist where gloves may be tightest. The reaction occurs 4-6 hours after wearing gloves. There is no urticaria, lip swelling or breathing difficulties. Skin patch-testing will aid diagnosis.

Immediate Latex Allergy (Type 1): This is a true allergy to the latex protein and occurs quickly after exposure, usually within 15 minutes. The skin becomes itchy with urticaria (‘hives’ or ‘nettle rash’), there may be lip and tongue swelling, shortness of breath, wheezing and eventually collapse. Anaphylactic reactions are rare. Reactions to other latex articles are common e.g. balloons and condoms and reactions can occur to other substances with cross-reacting antigens, e.g. avocados, kiwi fruits and bananas. Powdered gloves are particularly problematic as the powder is coated with latex and on removal of gloves forms a cloud of latex particles, which can be inhaled. Blood (RAST) testing for latex specific IgE may assist in confirming the diagnosis but is not always positive.

Irritant Dermatitis: This is a common problem affecting the skin of the hands in health care workers. It is caused by frequent hand washing, poor care with hand drying and frequent contact with soaps and other irritant substances. It presents as dry, itchy cracked skin between the fingers, which spreads to involve the rest of the hand. Treatment is by avoidance of irritants on the hands and careful drying after hand washing. In some cases it may be advisable to avoid latex gloves, since there is an increased risk of developing allergies in hands already affected with irritant dermatitis.
2 Definitions

NRL: Natural Rubber Latex

OHD: Occupational Health Department

HCW: Health Care Worker

IgE: Immunoglobulin E is a method used to qualify Type I hypersensitivity by measuring the amount of serum IgE contained within the patient’s serum. This can be determined through the use of radiometric and colormetric immunoassays. Even the levels the amount of IgE specific to certain allergens can be measured through use of the radioallergosorbent test (RAST).


3 Scope

This policy applies to all levels of employees within the Trust and in all areas within the Trust.

4 Purpose

The purpose of this policy is to:

4.1 Raise awareness and provide guidance on issues relating to latex and health care workers (HCW) and reduce the use of latex within the Health Care setting.

4.2 Encourage adoption of a proactive approach to prevent and minimise latex allergy amongst HCW and patients.

4.3 Reduce the risk of HCW developing latex allergy and ensuring safe employment of those who do become sensitised by removing Latex products from the clinical environment, as far as reasonably practicable.

4.4 Draw attention to the Trust Clinical Policy addressing the management of patients with latex allergy

5 Roles and Responsibilities

Directorate Management responsibilities: ensure that risks associated with latex allergy are managed in accordance with this policy.

Line Managers responsibilities: provide information and training about latex allergy to new and existing employees, perform risk assessments where appropriate and identify and implement actions or controls that are subsequently identified, refer suspected cases of latex allergy to the Occupational Health Department.

Occupational Health Division responsibilities: see Section 8.6

Individual staff responsibilities: comply with information provided about latex allergy and with the Trusts Latex Policy, report symptoms suggestive of latex allergy to their manager and/or the Occupational Health Department
6 Policy detail/Course of Action

High risk groups include the following with particular reference to:

- Staff who wear gloves frequently and for extended periods of time - Staff with a history of frequent exposure to latex
- Workers with a history of atopy (asthma, hay fever or eczema) - Atopic individuals, particularly those with plant or food allergy (individuals sensitive to avocado, banana, kiwi fruit, chestnut and other nuts or fruit demonstrate an increased likelihood of sensitisation to rubber latex)
- Individuals with neural defects e.g. Spina bifida
- Individuals with genito-urinary abnormalities
- Individuals with a history of multiple invasive surgery & repeated examination procedure

Routes of Exposure

There are five known routes of exposure to latex allergens:

- Skin e.g. via gloves, dressings, masks, urinary or colostomy bag
- Mucous membranes e.g. products used in dentistry and anaesthesia, rectal and vaginal examinations, eye droppers
- Inhalation, via aerolisation of latex particles
- Internal tissue e.g. latex products used in surgery
- Intravascular e.g. latex ports in IV devices, medicines

Reactions to Latex

Latex allergy is an allergic reaction to one or more of the components of natural rubber latex products. There are three recognised types of reactions

Irritation This is a non-allergic condition, the effects of which are usually reversible. When latex gloves are used, a rash may occur on the back of the hands that is characteristically dry and itchy. These symptoms usually resolve once contact with the latex product is discontinued. However, it is important to note that skin irritation may be caused by a wide range of substances. For example, skin cleansing and disinfecting agents may induce skin reactions that may be confused with latex sensitisation. Where necessary, advice should be sought on a differential diagnosis, precautions or treatment from an occupational physician.

Delayed hypersensitivity (Type 4 Reaction)

This reaction is predominantly caused by an allergy to the residues of accelerating agents used in the manufacturing process of gloves. Also known as allergic contact dermatitis, the severity of this type of allergy varies greatly. It is characterised by a red rash on the back of the hands and between the fingers. The skin may become leathery and express papules or blisters. The reaction is delayed, occurring several hours after contact, reaching a maximum after 24 - 48 hours and then subsides. Repeated exposure to rubber latex may cause the skin condition to extend beyond the area of contact with the gloves or other medical device. In some cases of latex sensitisation this may result in the individual becoming sensitised to unrelated latex containing devices.

Immediate Hypersensitivity (Type 1 Reaction)

This reaction is predominantly a response to the natural protein residue found in natural rubber latex. The type of reaction, sometimes referred to as an Immunoglobulin E (IgE) response, generally produces symptoms within 5-30 minutes of latex exposure. Such a reaction is almost immediate in effect but usually diminishes rapidly once the contact with the rubber material has ceased. The symptoms are characterised by local or generalised urticaria and oedema. If mucous
membranes are affected rhinitis, conjunctivitis or asthma may result. Respiratory difficulties and anaphylaxis may occur in extreme cases.

Management of Latex Sensitisation in Staff

Managers must ensure that if a member of staff reports symptoms as identified above following exposure to latex products so that an audit assessment is carried out. Appendix C contains the Latex Audit Form that should be used for this purpose. The manager should discuss any activities that may result in contact with latex products and document these using this form. The risk assessment highlights any controls that are already in place and any additional controls required. The assessment can be undertaken with assistance from the Health and Safety Managers and/or Occupational Health nursing staff if required. Health surveillance should be provided where appropriate.

Management of Type 1 reaction:

Requires a total Latex Free Environment.

Management of irritation:

Use NRL Free Gloves and Maintain a High Degree of Suspicion In the case of irritation or delayed reaction:

Immediately stop using latex products. Refer the patient to a medical practitioner for treatment or the Occupational Health Department if a member of staff. The consultant caring for the patient / staff should consider whether a dermatological assessment is required.

Complete a Datix incident report form, filling in all sections and including as much information as possible, the signs and symptoms experienced by the patient, the product name, manufacturer, batch number if known etc.

Inform the sister / senior nurse and in the community, the team leader / senior nurse and the general practitioner. In the case of immediate sensitivity (anaphylactic reaction): For a mild anaphylactic reaction - Steroids or rarely intramuscular adrenaline may be all that is necessary if the condition is progressing slowly and not life threatening. For a severe anaphylactic reaction, the Trusts Anaphylaxis Policy should be followed.

Measures to prevent development of latex allergy in health care workers.

New starter screening for employees, specifically enquiring if employees have an allergy to Latex.

Avoidance of all glove use if contact with blood or body fluids is not anticipated. Unless risk assessed, and agreed with OHD, H&S or Infection Prevention and Control, only non-latex (vinyl or nitrile) non-sterile gloves may be used in the Trust. Unless risk assessed, and agreed with OHD, H&S or Infection Prevention and Control, only non-latex sterile gloves may be used in the Trust.

Powdered gloves must not be used at all in the Trust.

Staff with latex allergy will be provided with suitable alternative gloves, e.g. vinyl, nitrile or non-latex sterile gloves as appropriate.

Where risk assessment has identified that Latex gloves must be worn: All gloves must comply with British Standards and Department of Health specifications, e.g. powder-free, low-protein NRL gloves and hands should be washed after removal of latex gloves. Wherever possible NRL-free equipment and products should be purchased.
Regular skin checks should be performed as part of each department Practical Hand Hygiene Training and if any problems are identified staff should be referred directly to Occupational Health.

Management of latex allergy in patients

Each clinical area must take responsibility for developing local procedures and protocols for identification and management of patients with latex sensitivities/allergies for risk factors by routine questioning about previous reactions to latex based products i.e. swelling or itching following dental treatment or blowing up balloons.

Ensure that all of the relevant sections in the patient’s records are completed to clearly show that the individual has a latex allergy. This is the responsibility of the admitting nurse or doctor who must make sure that this information is communicated to all relevant staff/areas as soon as possible e.g. ward, theatre, X-ray and Pharmacy. Red identity bracelets must be used to alert staff to potential risks and prompt further enquiry.

Undertaking a suitable and sufficient risk assessment.

Identification of all items and equipment that contain latex (unless already known) this can only be done by contacting manufacturers. Making available latex free alternatives.

Ensuring that all staff know how to obtain non-latex items when necessary.

Making available emergency resuscitation measures for the treatment of anaphylaxis using latex free equipment including the relevant drugs (see Resuscitation Officer if further advice is required).

Management of latex sensitive patients whilst receiving treatment or care.
When purchasing new equipment (where practical) replace with latex free alternatives.

When administering drugs to affected patients, staff should be aware that drug vials may contain latex rubber bungs and should obtain glass ampoules of the medication and latex-free syringes for administering drugs to these patients.

All clinical areas must carry out an audit of latex items and have access to a supply of latex free items and equipment for latex sensitive patients as required. The audit should be conducted on an annual basis, as part of their COSHH risk assessment, with any new products introduced during the year assessed on an individual bases. In the unlikely event that a risk assessment shows they are unable to accommodate the safety of a patient, referral to an appropriate alternative will be necessary.

Role of OHD in the management of latex allergy (see Appendix C for referral process):

New starter screening for employees, specifically enquiring if employees have an allergy to Latex.

Establish/confirm diagnosis of irritant/allergic contact dermatitis or Type 1 immediate hypersensitivity in cases referred to OHD.

Referral to dermatology or allergy specialist will be required for confirmation of diagnosis by patch testing, prick testing or RAST blood test unless these results are already available.

Liaise with employees, line managers and Health & Safety personnel to ensure a safe working environment for those with latex allergy. Rarely, it may be necessary to recommend redeployment of an individual health care worker.

Advise and assist in performance of relevant risk assessments and health surveillance.
Follow-up employees with latex allergy.

Advise on use of Medic-Alert bracelets and Epipen (self-administered adrenalin) for staff with confirmed Type 1 latex allergy.

Report confirmed cases of latex allergy to the Health and Safety Executive under RIDDOR scheme.

Report cases of latex allergy to Medicines and Healthcare Products Regulatory Agency (MHPRA), to allow national monitoring of the problem among Health Care workers.

7 Consultation

No changes have been made to this policy since its original publication in May 2012. This policy has now been reviewed and the revised policy has been circulated in draft format to:

The Health and Safety and Security Department
The Infection Prevention and Control Department

Any significant dissent against a Policy that is flagged during the consultation process should be highlighted to the Author and the Lead Director and documented in the meeting’s minutes.

The policy will be ratified by the Clinical Standards Group.

8 Training

No mandatory training is required as part of this policy but the following is recommended to increase staff awareness. Information contained within this policy will be made available to employees at new starter health assessments, general staff inductions, junior doctor inductions and through health promotion activities.

9 Monitoring Compliance and Effectiveness

Health and Safety will include Latex monitoring as part of its COSHH assessments.

Occupational Health will compile an annual report (based on the number of employees and areas in which they work) on employees seen for skin assessment in order to look for any trends/areas of concern. This will be done at the end of each financial year and reviewed at the Health and Safety committee.

10 Links to other Organisational Documents

- COSHH Policy
- Health & Safety Policy
- IPC: Hand Hygiene
- IPC: Use of Personal Protective Equipment – Standard (Universal) Infection Control Precautions
11 References


Health Service Circular (1999) Latex medical gloves and powdered latex medical gloves: reducing the risk of allergic reaction to latex and powdered medical gloves.

HSE website on latex allergy at http://www.hse.gov.uk/skin/employ/latex.htm

12 Appendices
Health & Safety Legislation

The Health & Safety at Work Act (1974)
The provisions of this Act include maintaining or improving standards of health and safety at work and protecting other people against risks.

Employers are required to institute systems of work, which are safe and without risks to health “so far as is reasonably practicable”. Specific implementation of general duties can be ascertained from Guidance and Approved Codes of Practice documents produced by the Health & Safety Commission (HSC) or the Health and Safety Executive (HSE) and from the Management Regulations.

Management of Health & Safety at Work Regulations (1999)
The regulations are aimed at improving health and safety management and can be used to consider if an employer has done all that is reasonably practicable regarding latex allergy to reduce or eliminate the risk to the minimum. For example replacing powdered gloves with powder-free or latex free ones.

Employer led risk assessment is central to these regulations, balanced by the employee’s duty to use protective equipment in accordance with the training provided by the employer and to report any perceived shortcomings in health and safety systems.

Undertaking risk assessment is a mandatory part of the employer’s legal obligation to employees and the general public and the HSE recommends a five step approach:

1. Assess the task
2. Identify the hazards
3. Define safe methods
4. Implement a safe system
5. Monitor the system

The 1992 Management Regulations states that employers have to consult union safety representatives on safety measures, information, training and the potential effects of new technology.

Personal Protective Equipment at Work Regulations (1992)
Employers must assess risks to employees and “where health and safety risks cannot be adequately controlled by other means…provide employees with suitable personal protective equipment” (PPE) (regulation 4).

These regulations enable activists to insist that proper risk assessments are carried out and appropriate equipment provided.

‘Appropriate’ means:

Equipment is adequate for the risks and conditions in a particular workplace.

Equipment takes into account the ergonomic needs of users and the state of health of users.

Equipment is well fitting, comfortable and does not hinder normal working practices – a range of sizes and types of protective equipment might be required.

Prevents or adequately controls the risk of exposure without creating an overall risk.

No new risks should be added by the use of PPE – all PPE should comply with European Standards where they exist (see paragraph on CE markings).

Different sorts of equipment should be compatible.

Re-assessment and review of risk assessment must occur when and if a previous assessment becomes invalid, e.g. if there have been changes in staff, risks, working conditions, or research findings and as a result of monitoring the risk.
CE Markings and current recommended standards for surgical and examination gloves in the UK
All medical devices including gloves are required to carry a CE mark. Currently CE markings alone are an unreliable criterion for glove selection, because the CE marking standard under PPE is lower than that applied under the Medical Devices Directive (93/42/EEC), which came into force in January 1995. Furthermore neither standard refers to acceptable protein residue levels, focusing instead on physical properties such as potential for developing holes.

Control of Substances Hazardous to Health Regulations (COSHH) (2002)
Undertaking risk assessment is the key provision of COSHH and should determine the risks to employees’ health due to exposure to hazardous substances and the steps required to prevent or control exposure to a substance.

The risk should where possible be eliminated, if not possible then reduced to the lowest practicable level, in the case of gloves this means use of non-latex gloves as the first choice, if latex gloves are used then they must be non-powdered with the lowest level of extractable proteins and residual accelerators.

Ongoing health surveillance should include visual skin inspection and the reporting of any problems to Occupational Health.

The Isle of Wight NHS Trust will therefore promote the use of non-latex gloves whenever possible.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (1995)
Incidents of exposures to a hazardous substance resulting in occupational dermatitis or occupational asthma must be reported under RIDDOR to the HSE.

An employer is required to make ‘reasonable adjustments’ to working conditions of employees who develop a disability and of job applicants with a disability.
Staff reporting of skin problems whilst at work

What to report?
Signs of redness, itching, rash, irritation or swelling following use of soaps, gels, gloves or other substances.

Who to report to?
Speak to your department skin assessor or contact Occupational Health on (53) 4209.

What to do next?
Avoid use of possible cause until you have been assessed by an Occupational Health nurse and then follow the advice given.

Do I have to do anything else?
Inform your line manager and complete an incident form.
## Making the correct non sterile glove choice

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<tr>
<td>Food handling / preparation / serving.</td>
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<tr>
<td>Non-invasive clinical care, e.g. washing unsoiled genital area, applying lotions etc. ALSO environmental cleaning.</td>
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For further advice phone Occupational Health nurse ext. 4209 or Infection Control nurse ext. 4882
## Latex Audit Form

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<th>Location</th>
<th>Date</th>
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**Hazards Involved:** Staff and/or patient exposure to Latex

**Foreseeable Risks:** Allergic contact dermatitis: immediate Latex allergic (type 1): irritant dermatitis

**Consequences of Incident:** Risk of sensitisation to Latex proteins, in severe cases anaphylactic shock

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<th>Description of Latex Product</th>
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<th>Procedure/Use</th>
<th>Frequency of Exposure</th>
<th>Alternative Latex Free Product Available and Substituted</th>
<th>If No - Risk Assessment Form Completed and Control Measures Put in Place</th>
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### Immediate Actions

### Future Actions

### Review Date

### Signature
Appendix D

CONTACT INFORMATION FOR FURTHER ADVICE:

For specific information on medical supplies please liaise with the manufacturer
For product supplies information please contact stores on (53) 4527
For advice on Personal Protective Equipment for staff please contact Occupational Health on (53) 4209
For Infection Control advice please contact (53) 4882
For advice on Risk Management please contact (53) 4637
For additional advice on completing risk assessment forms please contact Health and Safety on (53) 4891
For advice on medicines which may contain Latex please contact Pharmacy on 02381206908
Appendix E

LATEX RISK ASSESSMENT - OPHTHALMIC MICROSURGERY

Introduction

The Consultant Eye surgeons in this Trust feel that Latex must remain available for certain intraocular microsurgical procedures to lower intraoperative complication rates. We believe this is also the prevailing opinion of the majority of UK Eye surgeons.\textsuperscript{1,2}

This Policy exists to enable Ophthalmic surgeons to continue to use Latex gloves for microsurgery within the context of an otherwise ‘latex free’ theatre. This policy is based on a pre-operative assessment for Latex allergy.

There are several important points which form the basis of this policy.

Vitrectomy microsurgery is considered more difficult with latex free gloves.

Oculoplastics is generally considered safe with latex free gloves.

Uncomplicated Cataract surgery is now considered safe with latex free gloves by some Ophthalmic surgeons. Complex cases can become more challenging without latex.

Ophthalmic microsurgery does not involve touching the patients with the gloves. Only the instrument handles are touched and with good technique these should not have contact with the patient.

We perform 2000 microsurgical procedures each year. According to population stats, less than 1% of these patients will have latex allergy and most of these will be at the mild end of the spectrum.

The vast majority of these allergies are localised dermatitis and not systemic anaphylaxis.

Latex allergy status is clearly identified during pre-assessment.

Surgeons will now choose latex free gloves in any cases of recorded latex allergy.

To our knowledge there has never been a single case of severe acute anaphylaxis, occurring during Eye Surgery, reported anywhere in the medical literature.

First phase History and assessment. Patients with known latex allergy are highlighted. Given the prevalence of latex in the environment (over 40,000 common household items contain latex) and the average age of our patients, it would be unusual for an adult patient to be unaware of such an allergy.

Paediatric cases are now typically referred to the mainland for surgery. Sensitivity to Natural Rubber Latex (NRL) is rare.

Latex gloves are used commonly in the food processing industry leading to widespread exposure of the population to latex antigen. Identification of known Latex allergy is the key to risk reduction.

This allergic information is currently collected from patients at pre-assessment or on admission as a direct question. Mild, Moderate and Severe allergy is recorded.

Most latex allergy can be classified as Mild – irritant dermatitis (more common in healthcare workers), Moderate - true allergic contact dermatitis, Severe – acute anaphylaxis. Latex Management Policy Page 16 of 21 Version 4.0

Current practice

Most extraocular and many intraocular procedures such as intravitrealtal injections, are now performed with non-latex gloves.

Any latex allergy picked up during pre-op screening is recorded on the care pathway and theatre list. Latex gloves are avoided in all such cases (mild to severe). The patient is made aware of the small risk of reduced surgical dexterity particularly with vitrectomy and macular peel.
Mild

These patients have often developed an ‘allergy’ from many years of latex exposure (often from low quality, cheap powdered disposable gloves). They are not at risk during Ophthalmic microsurgery which is noncontact, however our current policy is that Latex gloves are avoided in all such cases.

Moderate

The Moderate group have a primary latex allergy but have only ever developed localised skin reactions. They are also very low risk but nevertheless should have surgery with an anaesthetist present. They are at very low risk during Ophthalmic microsurgery which is noncontact, however our current policy is that Latex gloves are avoided in all such cases.

Severe

Fortunately, these cases are very rare. An anaesthetist must be present. Approved non-latex gloves should be worn in all cases. In this group the systemic risks outweigh the surgical risks resulting from reduced surgical dexterity.

References


Jonathan Lochhead
Javeed Khan
Phillip Moradi
4th October 2022
Appendix B

Equality Impact Assessment

This Equality Analysis is a written record that demonstrates that you have shown *due regard* to the need to *eliminate unlawful discrimination, advance equality of opportunity* and *foster good relations* with respect to the characteristics protected by the Equality Act 2010.

<table>
<thead>
<tr>
<th>Name of policy/procedure</th>
<th>Latex Management Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of assessment:</td>
<td></td>
</tr>
<tr>
<td>Responsible department:</td>
<td>Occupational Health and Wellbeing</td>
</tr>
<tr>
<td>EIA Author:</td>
<td>Sue Lightfoot, Occupational Health Nurse</td>
</tr>
<tr>
<td>Intended equality outcomes:</td>
<td></td>
</tr>
</tbody>
</table>

Who was involved in the consultation of this document?

<table>
<thead>
<tr>
<th>Date</th>
<th>Forum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical Standards Group</td>
</tr>
</tbody>
</table>

Please describe the positive and any potential negative impact of the policy on service users or staff.

In the case of negative impact, please indicate any actions to mitigate against this by completing stage 2. Supporting Information can be found be following the link: [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Equality Analysis</th>
<th>EIA Impact (Positive/Negative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>Positive</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td>Positive</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td></td>
<td>Positive</td>
</tr>
<tr>
<td>Marriage &amp; civil partnership</td>
<td></td>
<td>Positive</td>
</tr>
<tr>
<td>Pregnancy &amp; maternity</td>
<td></td>
<td>Positive</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td>Positive</td>
</tr>
<tr>
<td>Religion/Belief</td>
<td></td>
<td>Positive</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td>Positive</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
<td>Positive</td>
</tr>
</tbody>
</table>

**Stage 2: Full impact assessment**

<table>
<thead>
<tr>
<th>What is the impact?</th>
<th>Mitigating actions</th>
<th>Monitoring of actions</th>
</tr>
</thead>
</table>