



# Policy:

## Latex Sensitisation

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Policy author/ lead	Charlie Stephenson, Health, Safety and Risk Adviser
Feedback on implementation to	

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Dates of consultation period	
Date of ratification	3 Aug 2017
Ratified by	Executive Directors' Group
Date of issue	3 Aug 2017
Date for review	August 2020

Target audience	SHSC Trust Staff, Patients and Visitors
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<b>Policy Version and advice on document history, availability and storage</b>
Version 1

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## 1. Introduction

Sheffield Health and Social Care NHS Foundation Trust recognises its responsibilities under Health and Safety legislation to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees, service users and members of the public.

To this end the Trust will ensure, so far as is reasonably practicable, that the health risks arising from the exposure to latex are eliminated, or reduced to an acceptable level, in order to help protect the health of its staff, service users or members of the public.

Specifically the relevant legal duties are contained within the 'Health and Safety at Work Act 1974', 'The Management of Health and Safety at Work Regulations' (as amended) and the 'Control of Substances to Health Regulations' (as amended) which require employers to assess the health risks arising from exposure to potentially harmful substances (including exposure to latex) and, where necessary, take action to reduce this.

## 2. Scope of this policy

This is a Trust-wide policy which applies to all employees of Sheffield Health and Social Care NHS Foundation Trust, its service users, staff and visitors.

## 3. Definitions

Latex is commonly used in NHS hospitals. It is used in the production of a wide range of medical devices and is hazardous due to its irritant properties.

Latex sensitisation is irreversible and therefore continued exposure may provoke more serious reactions, including anaphylaxis.

Natural rubber latex (NRL) is a potent sensitiser, which may give rise to a range of conditions, including serious allergic reactions in a few individuals.

Skin Irritation - this is a non-allergic condition, the effects of which are usually reversible.

For example, when latex gloves are used, a rash may occur on the back of the hands which is characteristically dry and itchy. These symptoms usually resolve once contact with the latex product is discontinued.

Delayed Hyper-Sensitivity (type IV) - known as allergic contact dermatitis, it is the most common sensitivity reaction to latex. The reaction is delayed, occurring several hours after contact, reaching a maximum after 24-48 hours before it subsides. Repeated exposure may cause the skin condition to extend beyond the actual contact area of latex and it may also lead to sensitisation with other latex products. This type of reaction is often characterised by a red rash on the back of hands and between the fingers. Skin may become leathery and develop papules or blisters.

Immediate Hyper-Sensitivity (type I) - this is the most serious reaction and may occur within 5-30 minutes of latex exposure, causing local generalised urticaria (nettle rash) and oedema (swelling). If mucus membranes are affected, sneezing, rhinitis (runny nose), conjunctivitis or wheezing may occur.

Respiratory difficulties or anaphylaxis - May occur in extreme cases. Such a reaction is almost immediate in effect but respiratory difficulties usually diminish rapidly once contact with the latex material has ceased.

## 4. Purpose

This policy details the organisational arrangements in place to meet the legal and good practice requirements to help prevent staff, visitors or service users experiencing Dermatitis, or other ill health, such as respiratory difficulties, as a result of exposure to latex used within the Trust.

## 5. Duties

### Trust Board

The Trust Board has ultimate responsibility for the implementation and effective management of good health and safety practice within the Trust.

### Clinical and Service Directors

Clinical and Service Directors will ensure that processes are in place to reduce and control latex sensitisation risks and that these processes are monitored for continued effectiveness.

More specifically they will:

- Ensure that departmental managers are aware of this policy.
- Ensure that departmental managers correctly manage the risks from exposure to latex containing products
- Ensure that information on exposure incidents within each directorate is obtained and analysed to detect trends or significant concerns and use this information to help introduce actions to treat the risk of manual handling injury to staff and to monitor improvements.

### Departmental Managers

- Departmental managers are responsible for managing the risks to the health of staff, members of the public and patients from exposure to latex containing products.
- Suitable and sufficient Assessments on the risk of ill health, such as Dermatitis to staff and patients, following exposure to latex should be completed.  
Some individuals will be at greater risk including those who have a history of certain food allergies such as banana, avocado, kiwi or chestnut. Healthcare workers whose work entails multiple exposures to latex may also be at increased risk of experiencing Dermatitis, or other ill health.
- Departmental Managers should ensure that staff known to be sensitised to latex and those considered to be at a high risk of developing sensitisation, i.e. atopic staff receive health screening on a regular basis.
- Departmental Managers should ensure that patients known to be sensitised to latex and those considered to be at a high risk of developing sensitisation, i.e. atopic patients receive treatment which does not expose them to latex, as far as is reasonably practicable.
- Departmental Managers should ensure that a regular (or annual) enquiry for dermatitis and asthma should be undertaken verbally during staff appraisal reviews, etc. Positive results should be referred to an occupational health specialist for assessment.
- Departmental Managers should ensure staff are informed about the health risks associated with using products containing latex and the actions to take following exposure.

## **Staff**

All staff:

- Should be aware of the risks associated with using latex products and take the appropriate measures to prevent Dermatitis, or other ill health. For example, when using gloves;
  - Use non-powdered gloves with low levels of latex proteins and residual chemicals
  - Do not use latex gloves if the skin is cut or cracked
  - Wash hands and dry thoroughly after using latex gloves
- Report any ill health, incident or untoward occurrence in line with the Incident Reporting Policy.

## **Occupational Health**

The Occupational Health Service can advise staff on how best to manage existing Dermatitis, or other ill health and how best to prevent future workplace related occurrences. The Service accepts management referrals or self-referrals from affected staff, through normal referral channels.

## **Procurement Service**

The Procurement Service can liaise with manufacturers on the potential for items to contain latex. They can advise management on the availability of alternative products and the purchase of latex free products.

## **Health and Safety Adviser**

The Health and Safety Adviser can advise the staff on how best to avoid illness through contact with latex containing products.

## **6. Specific details**

As far as reasonably practicable the purchase and use of latex free products should be preferred within the Trust.

If this is not possible Departmental Managers should complete appropriate Risk Assessments to help protect the health of staff, visitors and service users.

Advice on ill health associated with latex exposure can be obtained from the Occupational Health Department.

## **7. Dissemination, storage and archiving (Control)**

Links to an electronic copy of the policy shall be circulated via a trust-wide email.

An electronic copy of the policy shall be accessible via the Trust Intranet.

An archive copy of the previous policy and the new updated policy shall be stored with the Integrated Governance Department for reference.

## **8. Training and other resource implications**

Staff should receive via their managers the necessary information, instruction and training to enable them to manage latex allergy and comply with this policy.

**9. Audit, monitoring and review.**

This Policy will be reviewed in 3 years, or earlier if needed due to changes in national guidance, legislation, lessons learned or significant incidents.

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Completion of current Latex Sensitisation Risk Assessment and implementation of its findings	Audit	Health and Safety Advisor	At least annually	Health and Safety Committee	Health and Safety Committee	Health and Safety Committee
Number and type of reported Latex sensitisation Incidents	Review	Health and Safety Committee	Quarterly	Health and Safety Committee	Health and Safety Committee	Health and Safety Committee

## 10. Implementation plan

<b>Action/Task</b>	<b>Responsible Person</b>	<b>Deadline</b>	<b>Progress update</b>
Advise the Health and Safety Committee that the policy has been ratified	Health and Safety Risk Adviser		
Put revised policy onto intranet and remove old version	Director of Corporate Governance		
Inform all Trust staff of the revised policy via Trust-wide email	Director of Corporate Governance		
Reference revised policy in Risk Management training	Health and Safety Risk Adviser		

## 11. Links to other policies, standards and legislation (associated documents)

Health and Safety Policy  
Incident Reporting & Investigation Policy

## 12. Contact details

<i><b>Title</b></i>	<i><b>Name</b></i>	<i><b>Phone</b></i>	<i><b>Email</b></i>
Health and Safety/Risk Adviser	Charlie Stephenson	271 6208	charlie.stephenson@shsc.nhs.uk
Occupational Health Service, Northern General Hospital	N/A	0114 271 4737	N/A
SHSC Supplies Department	N/A	0114 2716147	nathan.kelly@shsc.nhs.uk

## 13. References

Health and Safety at Work Act 1974  
Management of Health and Safety at Work Regulations  
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations  
Control of Substances Hazardous to Health Regulations, 2002

## Appendix A - Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1	Draft policy creation	Oct 2015	Previous guidance in operation updated to policy status.

## Appendix B – Dissemination Record

<b>Version</b>	<b>Date on website (intranet and internet)</b>	<b>Date of 'All SHSC Staff' email</b>	<b>Any other promotion/ dissemination (include dates)</b>
1	November 2016	November 2016	

# Appendix C – Stage One Equality Impact Assessment Form

## Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

**Stage 1** – Complete draft policy

**Stage 2 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

C Stephenson October 2016

**Stage 3 – Policy Screening** - Public authorities are legally required to have ‘due regard’ to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice this can be found at <http://www.shsc.nhs.uk/about-us/equality--human-rights>

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
<b>AGE</b>			
<b>DISABILITY</b>			
<b>GENDER REASSIGNMENT</b>			
<b>PREGNANCY AND MATERNITY</b>			
<b>RACE</b>			
<b>RELIGION OR BELIEF</b>			
<b>SEX</b>			
<b>SEXUAL ORIENTATION</b>			

**Stage 4 – Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

## Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a persons Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(Relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

**1. Is your policy based on and in line with the current law (including case law) or policy?**

- Yes. No further action needed.**
- No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

**2. On completion of flow diagram – is further action needed?**

- No, no further action needed.**
- Yes, go to question 3**

**3. Complete the table below to provide details of the actions required**

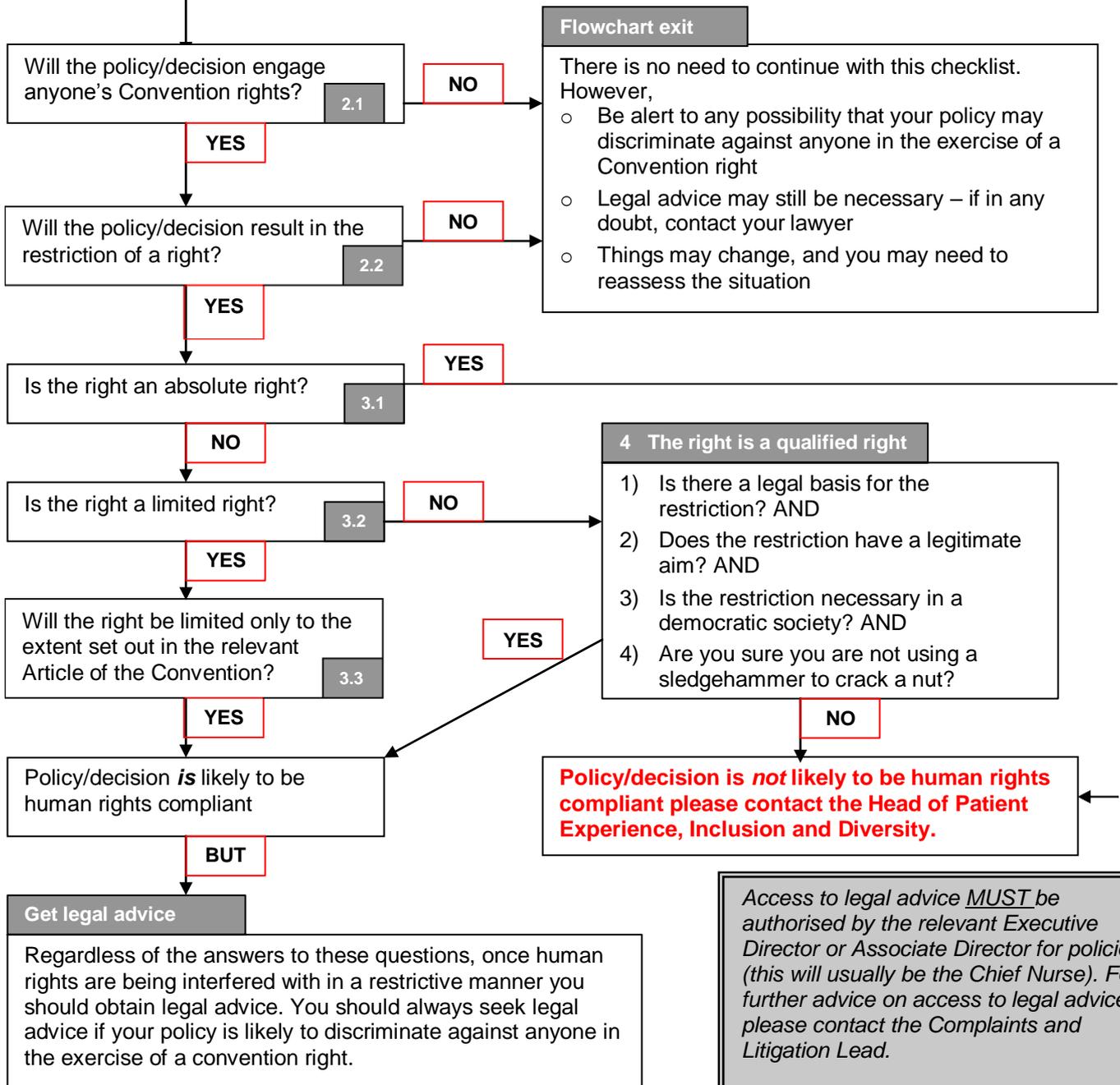
Action required	By what date	Responsible Person

**Human Rights Assessment Flow Chart**

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.

1.1 What is the policy/decision title? .....Latex Sensitisation.....	1
1.2 What is the objective of the policy/decision? .....To reduce Health and Safety risks in SHSC	1
1.3 Who will be affected by the policy/decision? ..... All SHSC staff patients and service users	1



## **Appendix E - Development and Consultation Process**

### **Significant amendment**

The policy has been placed into the new format as set out in the Policy on Policies. It has been re-written to reflect national changes in the way in which the Central Alert System is used by national bodies such as the Medicines and Healthcare Products Regulatory Agency.

The policy has followed the HR Policy Consultation and Governance Process.

The draft policy verified by the Health and Safety Committee on 19 September 2016 and noted in the minutes of that meeting.

The Director of Corporate Governance received the policy on 21 September 2016, for pre-ratification checks and arranged for it to be submitted to the Executive Directors' Group on 29 September 2016 for ratification.

Following ratification the Director of Corporate Governance will arrange for it to be placed on the intranet (under the HR section for policies) and for the previous version January 2011 to be removed and archived.

## Appendix F – Policies Checklist

*Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet.*

### 1. Cover sheet

✓

All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification ✓
- Date of ratification ✓
- Date of issue ✓
- Ratifying body ✓
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

### 2. Contents page

✓

### 3. Flowchart

✓✓

### 4. Introduction

✓

### 5. Scope

✓

### 6. Definitions

✓

### 7. Purpose

✓

### 8. Duties

✓

### 9. Process

✓

### 10. Dissemination, storage and archiving (control)

✓

### 11. Training and other resource implications

✓

### 12. Audit, monitoring and review

✓

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

**13. Implementation plan**



**14. Links to other policies (associated documents)**



**15. Contact details**



**16. References**



**17. Version control and amendment log (Appendix A)**



**18. Dissemination Record (Appendix B)**



**19. Equality Impact Assessment Form (Appendix C)**



**20. Human Rights Act Assessment Checklist (Appendix D)**



**21. Policy development and consultation process (Appendix E)**



**22. Policy Checklist (Appendix F)**

