University Hospitals of Leicester NHS
NHS Trust

Latex Allergy in Patients and Staff UHL Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Reviewed October 2019.

Content amended to reflect most recent organisational changes.
IgE defined.

Changes to reflect records this on any applicable electronic patient system.

Appendix J changed to show the most recent COSHH assessment.

KEY WORDS

Latex, allergy, sensitisation, dermatitis, anaphylaxis, patients, medicines, equipment, NRL

1 INTRODUCTION

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust's policy and procedures for managing actual or suspected latex allergy in patients and staff within a clinical setting to natural rubber latex (NRL).This can pose a serious risk to patients and staff.

1.2 NRL is a naturally occurring substance containing several proteins that may trigger allergic reactions. These reactions maybe of varying severity but at their worst may be life threatening (anaphylaxis). An allergic individual becomes sensitised to these proteins after contact with NRL; during this period of sensitisation they may have regular exposure without symptoms. Once sensitised they produce NRL specific immunoglobulin (IgE) which becomes bound to the immune system cells that produce an allergic reaction. If there is further exposure to NRL this is recognised by the IgE and results in the release of the chemicals (mediators) that produce allergic reactions. The allergic response following NRL exposure is of rapid onset (usually within 60 minutes) and may also be called 'immediate hypersensitivity'. Only small quantities of latex are needed to trigger an allergic reaction.

1.3 The symptoms of an allergic reaction may include some or all of the following: itching, flushing, hives (nettle rash), difficulty in breathing, dizziness, collapse.
The chemicals used to change the properties of NRL (i.e. to make it stronger or more flexible) are able to produce skin reactions. They produce a contact dermatitis (eczema) but do not cause anaphylaxis. Individuals with this problem need to avoid protracted exposure to rubber but do not need to avoid latex completely.

1.4 Patients with a contact dermatitis to rubber should not be regarded as being at risk of anaphylaxis when exposed to NRL. For the purpose of this document the term latex refers to natural rubber latex and latex allergy refers to type 1 or immediate hypersensitivity to natural rubber latex.

2 POLICY AIMS

2.1 This policy is intended to provide guidance in order to effectively identify and manage latex allergy with the aim of:

- Minimising the risk of NRL allergic staff having an allergic reaction whilst at work
- Reducing the risk of new cases of NRL allergy in staff.
- Identifying patients who may be at risk of developing allergic reactions to NRL
- Minimising the risk of NRL allergic patients having an allergic reaction whilst receiving care within UHL NHS Trust

3 POLICY SCOPE

3.1 This policy applies to:

- All staff employed by or within UHL including medical, nursing or other students.
- Patients with suspected or actual latex allergy

4 DEFINITIONS

- NRL – Natural rubber latex is a naturally occurring substance containing several proteins that may trigger allergic reactions.
- Latex allergy - Type 1 or immediate hypersensitivity to NRL. The allergic response following exposure is of rapid onset (usually within 60 minutes) and may also be called 'immediate hypersensitivity'.

5 ROLES AND RESPONSIBILITIES

5.1 Chief Executive

- Will have overall responsibility for the effective implementation of this policy.

5.2 Medical Director

- Will be the Board level lead in relation to this policy and will have delegated responsibility for the effective implementation.

5.3 CMG Clinical Directors/ Heads of Operations/ Corporate Directors:

- Will ensure that this policy is brought to the attention of their senior management teams.
- Areas where operative/ invasive procedures are performed should pay particular attention to appendix C.

5.4 Heads of Nursing/ Heads of Service/ Medical Leads/ Service Managers

- Ensure that all relevant staff (including junior medical staff) are made aware of the contents of this policy.
- Ensuring staff have identified latex allergy risk issues when starting in post
- Identify key staff to act as 'cascade' trainers for latex allergy awareness.
- Will ensure that precautions as outlined in this policy are taken for patients with known or suspected latex allergy.

5.5 Matrons / Ward Sisters/ Department Managers

- Will ensure that incidents of latex related allergy are recorded on the UHL incident reporting system (Datix) and will investigate and initiate appropriate action to reduce the risk of recurrence.
- Will ensure that precautions as outlined in this policy are taken for patients with known or suspected latex allergy.
- Will develop links between the appropriate departments, including the Occupational Health department to ensure effective management of latex related allergy.
- Maintain a pro-active approach to recognising latex issues with staff members and referring them to the Occupational Health department
- Inform the UHL Health and Safety Services Team of confirmed cases of latex allergy in staff.
- Disseminate latex allergy information and implement latex allergy awareness training within their areas of responsibility calling upon advice from specialist sources as appropriate.
- Compile and maintain an inventory of latex free products/equipment/ medicines for their clinical area ensuring it is updated when required.

5.6 All Staff

- Must adhere to this policy.
- Must declare any known or suspected allergy to latex
- All staff must be aware of the potential for occupational latex exposure to result in sensitisation and development of latex allergy
- All staff must be aware of the potential risks and consequences of latex exposure for patients who are latex allergic.
- Report all incidents and near misses in relation to latex allergy via the Trust's incident reporting system (Datix web)

- If you are the first to identify an alert for a patient you are responsible for ensuring a red triangular alert sticker is placed in the bottom left hand corner of the front cover of the medical records and reflecting this on any applicable electronic patient record. Any Latex allergy must be recorded on the patients "e-med" record.

5.7 Occupational Health Department

- Will provide pre-employment health screening advice and appropriate surveillance and referral for Occupational Health assessment. On-going support will be provided for any staff that may develop a hypersensitivity or allergy to latex whilst working for the Trust.

5.8 Health and Safety Services Team

- Will notify any cases of latex allergy to the Health and Safety Executive under RIDDOR reporting requirements as a case of occupational disease.

5.9 Supplies Manager

- Will support the Policy by ensuring that, wherever possible, equipment and supplies purchased are latex free.
- Incorporate in relevant tender documentation issued by the Trust, questions relating to the latex content of products and their application.
- Work with agencies including the NHS Purchasing and Supply Agency (PASA) and NHS Logistics to obtain information on latex free products.

6 POLICY STATEMENTS, STANDARDS, PROCESSES, PROCEDURES AND ASSOCIATED DOCUMENTS

6.1 This policy is supported by the following processes / procedures / standards found in the associated documents as detailed below, which must be used in conjunction with this policy:

6.26.2

Procedure / Process / Standard	Appendix
Procedures for the Identification, Investigation and Management of Health Care Workers (HCW) with Natural Rubber Latex (NRL) Allergy	A
Procedures for the Identification, Investigation and Management of Patients with Natural Rubber Latex Allergy	B
Peri-operative Management of a Patient with Natural Rubber Latex Allergy	C
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Useful Contacts	I
COSHH Assessment Form	J
Latex Free Zone Poster	K

7 EDUCATION AND TRAINING REQUIREMENTS

7.1 On their induction to the Trust all new staff - including junior doctors - will receive information on how to proceed if they suspect they have a latex allergy. This will be provided by the Occupational Health Department.

8 PROCESS FOR MONITORING COMPLIANCE

8.1 See Policy Monitoring table on page 8.

9 EQUALITY IMPACT ASSESSMENT

9.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

9.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

10 LEGAL LIABILITY

10.1 The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

10.2 Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.

10.3 Have been fully authorised by their line manager and their specialty to undertake the activity.

10.4 Fully comply with the terms of any relevant Trust policies and/or procedures at all times.

10.5 Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

10.6 It is recommended that staff have Professional Indemnity Insurance cover in place for their own protection in respect of those circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally available. Such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

10.7 Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies. For further advice contact: Head of Legal Services on 0116 258 8960.

10.810.8

11 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

UHL Incident and Accident Reporting Policy – A10/2002
UHL Health and Safety Policy – A17/2002
Control of Substances Hazardous to Health Policy - B10/2002
Latex Allergy: An Update. DL Hepner & MC Castells. Anaesthesia & Analgesia 2003, 96:1219-29
Clinical Management of Latex – Allergic Children. RS Holzman. Anaesthesia &

Analgesia 1997, 85: 529-33
Latex Allergy: failure of prophylaxis to prevent a severe reaction. MA Setlock, TP Cotter, D
Rosner. Anaesthesia & Analgesia 1993, 76: 650-2
Latex allergy: occupational aspects of management. A national guideline. London 2008.NHS Plus, Royal College of Physicians

12 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

12.1 This document will be uploaded onto SharePoint and available for access by Staff through InSite. It will be stored and archived through this system.

12.2 The policy will be reviewed every three years or sooner if significant organisational changes take place or if there are changes to national legislation governing this guidance.

POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Screening for latex allergy in patients via history taking	UHL Clinical Audit Team	Documentation audit	Annually	UHL Health and Safety Committee
Use of hazard alert stickers for Latex allergy	UHL Clinical Audit Team	Documentation audit	Annually	UHL Health and Safety Committee
Inappropriate management of latex allergy	Latex Group	Incident reports	Twice yearly	UHL Health and Safety Committee

Procedures for the Identification, , Investigation and Management of Staff with Natural Rubber Latex allergy

Introduction

This guideline is intended to provide guidance in relation to the identification, investigation and management of staff with Natural Rubber Latex allergy

1. Scope

All staff, including all students and all patients.

2. Recommendations, Standards and Procedural Statements

2.1 Identification of a suspected latex allergy in staff

2.1.1 NRL is recognised as a sensitiser or substance 'hazardous to health' as defined by the COSHH regulations (2002). Employers have a legal obligation to comply with regulations to ensure the safety of employees.

2.1.2 All HCW must complete a medical questionnaire on commencement with the Trust. This requires any known allergies to be declared.

2.1.3 A HCW must self-refer or be referred to the Occupational Health Department if there is any suspicion of NRL allergy. Symptoms that may be exhibited after contact with latex include nettle rash (hives), eczema, swelling of the hands and face, sneezing and itching eyes and nose and wheeze. The advice of Occupational Health **must** be sought if these develop related to the use of rubber or latex in the workplace.

2.1.4 When there is a suspicion of latex allergy a suitable alternative glove e.g. nitrile glove or latex free surgical gloves should be made readily available until the diagnosis is refuted.

2.2 Investigation of a suspected Latex Allergy in Staff

2.2.1 Staff with suspected latex allergy must be initially assessed by Occupational Health and specifically asked if they have a problem with NRL- containing products (e.g. balloons, elastic bands, male condoms and work related items e.g. NRL gloves) or if they have a history suggestive of the presence of cross-reacting IgE antibodies reactions between latex and fruits

2.2.2 A referral to the Allergy Service, based at Glenfield Hospital or the Immunology Service at Leicester Royal Infirmary, must be made if the Occupational Health Physician/Nurse supports the suspicion of latex allergy. For a child please refer to the children's allergy service at Leicester Royal Infirmary.

2.2.3 Staff must be referred to the Dermatology Service if allergic contact dermatitis to a natural rubber latex or rubber additive is suspected.

2.3 Management of confirmed latex allergy in staff

2.3.1 If NRL allergy is confirmed then their working environment will be investigated. Appropriate management advice will then be given on an individual basis by the Occupational Health Service. This will depend on the nature and severity of the allergy and the current work environment of the HCW.

2.3.2 All reasonably practicable controls will be put in place to ensure a safe working environment, however, if symptoms continue then an opinion as to whether it is safe for the HCW to continue will be given by the Consultant Occupational Physician. Managers must

contact their relevant Human Resources lead who will advise on redeployment if necessary.

2.3.3 It is possible that the HCW may not be reacting to Latex but other chemicals within the gloves. In this case advice would be given for safe alternative options.

2.3.4 If a HCW is latex allergic it is essential their department manager is informed.

2.4 Reducing the risk of sensitisation to latex in HCWs

2.4.1 Reducing occupational exposure to latex minimises the risk of developing latex allergy. All staff must consider their working practices and minimise their exposure where appropriate. The principle source of latex exposure in the health care environment is latex gloves.

2.5 The use of gloves

2.5.1 All gloves used by wards and departments should be powder free and have a low protein (less than 50 micrograms protein per gram of rubber) and undetectable chemical content. A box of latex-free gloves should be kept by a patient who has latex allergy, e.g. nitrile gloves.

2.5.2 Any HCW with confirmed NRL allergy must use nitrile gloves for all procedures where the donning of gloves is recommended.

2.5.3 For appropriate procedures (see Appendix H) latex free surgical gloves should be used.

2.5.4 When using gloves, they must be worn for that procedure only, discarded into clinical waste and hands washed and dried thoroughly.

2.5.5 Wearing of gloves is not necessary for all procedures, but good hand washing technique is essential before and after such procedures. To reduce the risk of contact dermatitis, non-irritating soap may be used.

2.5.6 When dealing with patients with infections, unsterile examination gloves should be worn for all procedures unless procedure indicates that sterile gloves are required.

2.5.7 All surgical interventions performed in the operating theatre will be with high grade surgical gloves.

2.5.8 Latex gloves must be worn for the shortest time possible and only for appropriate activities.

2.5.9 A risk assessment must be carried out prior to commencing any procedure to assess the presence of body fluids and appropriate gloves must be worn.

2.5.10 If an individual cannot work with latex gloves, then a risk assessment should be performed. This must be done as soon as latex hypersensitivity is suspected and be subject to review at a later date if appropriate.

2.5.11 The gloves usage matrix (appendix H) should be used as a guide for staff of the types of gloves to be used for clinical procedures.

3. Key Words

Latex, allergy, sensitisation, dermatitis.

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Procedures for the Identification, Investigation and Management of Patients with Natural Rubber Latex allergy	Appendix B

1. Introduction

This guideline is intended to provide guidance in relation to the identification, investigation and management of patients with Natural Rubber Latex allergy

2. Scope

All patients

3. Recommendations, Standards and Procedural Statements

3.1 Identification of patients with latex allergy

3.1.1 Patients must routinely and specifically be asked about a history of latex allergy when attending outpatient clinics, pre-assessment clinics and on admission to wards and departments. In particular they should be asked if they have itching/wheezing, or rash with latex exposure (e.g. male condoms, blowing up balloons, rubber washing up gloves), or if they have a history suggestive of the presence of cross reacting IgE antibodies between latex and certain fruits

3.1.2 If the response to these questions is positive, and previous latex allergy has not been confirmed by a specialist, the patient must be referred for further assessment by the Allergy Service based at Glenfield Hospital or the Immunology Service at Leicester Royal Infirmary. This must be in advance of any planned elective operation or procedure where latex exposure is likely. If patients are identified as latex allergic whilst an inpatient then their clinical care needs to be continued and to be given under latex free conditions as per the guidelines.

3.1.3 Where latex allergy is suspected or has previously been confirmed the hospital notes should be marked using the red triangle warning system; the hazards alerts identification list should be completed.

3.1.4 If, prior to surgery, it is not practical or appropriate to wait for confirmatory tests the operative procedure should go ahead under **full** latex avoidance precautions and a referral for testing after surgery should be made.

3.1.5 Children under the age of 16 years should be referred to the Children's Allergy Clinic at the Leicester Royal Infirmary. Referral to the Children's Allergy Service should include details of any planned surgery so that an appointment can be prioritised appropriately.

3.2 Investigation of patients with suspected latex allergy

3.2.1 Evaluation of possible latex allergy will include a focussed history, skin prick testing and IgE blood testing as necessary.

3.2.2 Patients identified as being latex allergic will be provided with personalised self-management plans including written information, comprehensive avoidance advice and self-injectable adrenaline (where appropriate) They will be advised on the wearing of 'Medic Alert' bracelets (or similar) and given guidance on the importance of communicating to other health care professionals (including dentists) about the problem.

3.2.3 Patients will be provided with information leaflets and website addresses giving guidance about managing their lives outside of hospital as patients must take responsibility for their own safety and latex avoidance in the community. The Allergy service (via the Asthma and Allergy Specialist Nurses) will act as a reference point for concerns or queries that may arise.

3.2.4 Patients with a history suggestive of contact dermatitis due to rubber will be referred to the Dermatology Department for consideration of patch testing.

3.3 Management of Latex Allergic Patients in the Ward
Maintaining a safe environment

3.3.1 Arrangements must be made to ensure that the patient is wearing a red identity band indicating that they have an allergy.

3.3.2 An alert sticker must be placed on the front cover of the patient record, the proforma on the inside cover completed, and the drug chart marked. (Appendix G**)**

3.3.3 Patients should be nursed in a side room where possible and precaution notices should be in place and clearly visible. (Appendix J**).**

3.3.4 A latex free environment is the single most important component of the patient's care and all latex containing items should be removed from the immediate area.

3.3.5 Nitrile gloves must be used for patients with suspected or confirmed Natural Rubber Latex allergy. A box of latex free gloves (Nitrile) should be kept by the patient.

3.4 Direct patient care

3.4.1 Staff must wash their hands before touching the patient.

3.4.2 Ward staff must communicate with relevant departments (e.g. theatres, catheter labs, etc) when they have a known or suspected latex allergic patient who is to undergo a procedure in that department. This communication must take place as soon as possible and prior to the commencement of the procedure.

3.4.3 If patients report reactions to fruit implicated in latex allergy they must be referred to the ward Dietician for assessment and provision of a safe therapeutic diet during their hospital stay.

3.5 Medicines and equipment

3.5.1 Senior Nurses/Ward Sisters/Head of departments have a responsibility to compile an inventory of latex free products/equipment for their clinical area and to ensure it is updated as required.

3.5.2 The latex status of medicines to be administered should be determined whenever possible in advance of admission (see appendix D).

3.5.3 Where equipment is not latex free then direct contact with the patient's skin Must be avoided (e.g. consider using velband and stockinette sleeve to prevent patient contact with BP cuffs, ECG leads having wires covered with non-latex tape, etc).

3.5.4 If non-latex free pulse oximeter probes are being used, wrap patient's finger in plastic bag, **NOT** in a latex free glove as this reduces the sensitivity of the probe and will affect the accuracy of the reading.

3.5.6 All areas admitting patients on an "emergency basis" (e.g. Emergency Department, Urgent Care Centre, Assessment Units, Delivery Suite, Theatres, etc) must have latex safe care cart available for use. The suggested contents of this cart are:

- Latex free sterile and examination gloves.
- Latex free sphygmomanometer cuff
- Latex free giving set.
- Latex free oxygen mask.
- Latex free syringes.
- Latex free products specific to the specialist area.
- Copy of the UHL Policy for the Management of Actual or Suspected Latex Allergy.

3.6 Management of Latex Allergic Patients in Outpatient areas

3.6.1 A latex free environment is the single most important aspect of the patient's care. All latex containing items should be removed from the immediate area.

3.6.2 An alert sticker must be placed on the front of the patients notes and the pro-forma for the inside cover completed and attached (appendix G).

3.6.3 Nitrile gloves must be used for patients with suspected or confirmed latex allergy. A box of nitrile gloves should be kept with the patient.

3.6.4 There must be effective and timely communication about the patient's latex allergy to other departments that may be visited during the outpatient episode

4. Key Words

Latex, allergy, sensitisation, dermatitis, patient, medicines, equipment

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1. Introduction

This guideline is intended to provide guidance in relation to the effective perioperative management of patients with a Natural Rubber Latex (NRL) Allergy

2. Scope

All patients with NRL allergy undergoing surgical procedures where there is the potential for exposure to NRL.

3. Recommendations, Standards and Procedural Statements

3.1 Pre-operative management:

3.1.1 For elective surgery a history of known or suspected latex allergy should ideally be sought in the outpatient department. Delaying initial identification until pre-assessment clinics or admission to hospital may delay surgery. **If there is suspected latex allergy** (patient's responses to questions on latex allergy are positive - see Appendix B) **testing pre-surgery is essential unless the patient's need for surgery is an emergency/life threatening condition or there are exceptional time constraints (e.g. termination of pregnancy). Under these circumstances the patients must be treated as latex allergic.**

3.1.2 The Allergy or Immunology Services may be able to test for latex allergy at short notice. Contact them for further guidance on extension 3397. For children contact Dr David Luyt or Dr Gary Stiefel via switchboard.

3.1.3 Scheduling of any operation or procedure is important. Since latex is an aeroallergen (present in the air after the use of latex), **whenever possible the patient should be the first case of the day**. Alternatively, ensure theatre is left empty for 1 hour prior to the latex allergic patient, allowing time for the ventilation system to remove airborne latex particles.

3.1.4 Good communication between teams involved in the patient's care is essential. Inform anaesthetist (via anaesthetic department), operating surgeon, theatre staff and recovery staff (and ITU if planned post-operative admission) at least 24hours before planned surgery. This allows appropriate equipment to be prepared.

3.2 Pre-medication

3.2.1 Pre-medication with antihistamines and steroids is not recommended for patients with either confirmed or suspected allergy to latex. The use of antihistamines may obscure the early signs of an allergic reaction (flushing, urticaria) and there is little evidence to support that such pre-medication prevents progression to anaphylaxis.

3.3 Operative/Procedure Management:

Preparing the theatre environment

3.3.1 A latex free environment is the single most important component of the patient's care in preparing for any treatment or procedure necessary e.g. anaesthetic rooms, operating theatres or side rooms.

3.3.2 All staff must change their theatre clothing prior to the patient's arrival to minimise the exposure to latex particles whilst preparing the theatre.

3.3.3 Latex gloves must not be worn when preparing a designated area.

3.3.4 Latex free" signs must be displayed on the doors into the anaesthetic room, theatre and side room.

3.3.5 To reduce the risk to patients, precautions should be taken to prevent accidental

use of latex gloves.

3.4 Medicines and equipment

3.4.1 The latex status of medicines to be administered must be determined preferably in advance of admission (see appendix D).

3.4.2 Breathing circuits must have a filter attached and a new circuit should be used.

3.4.3 A latex allergy trolley (containing this policy and latex free kit) must be present in theatre.

3.5 Direct patient care

3.5.1 All staff must wash their hands before touching the patient.

3.5.2 Patients should have anaesthesia induced in theatre where possible.

3.5.3 Theatre personnel should be restricted to those involved with the case.

3.6 Recovery

3.6.1 Recovery should be undertaken in the most appropriate latex free environment for the individual patient.

3.6.2 Care should be taken to identify the patient as being latex allergic and to communicate this to staff working in/entering the clinical area.

3.6.3 Latex avoidance must continue during the transfer back to the ward.

3.6.4 Oxygen masks (especially elastic strap), gloves, blood pressure cuff and connecting tubes should be checked for latex status and if not latex free must not be in direct contact with the patient (e.g. consider using velband or stockinette sleeve to prevent patient contact with a BP cuff).

3.6.5 If non-latex free pulse oximeter probes are being used wrap patient's finger in plastic bag, **NOT** in a latex free glove as this reduces the sensitivity of the probe and will affect the accuracy of the reading.

3.6.6 Precautions should continue on the ward as detailed under Appendix B.

4. Key Words

Peri-operative, Latex, allergy, sensitisation, dermatitis, patient, medicines, equipment, pre-medication, theatre, recovery

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Safe Use of Medicines for Patients with Natural Rubber Latex Allergy	Appendix D

1. Introduction

This guideline is intended to provide guidance in relation to the safe use of medicines in patients with Natural Rubber Latex (NRL) allergy

2. Scope

All patients

3. Recommendations, Standards and Procedural Statements

3.1 Medicines

3.1.1 Ideally the latex status of medicines should be determined in advance of the admission/ procedure by reference to the national latex database. This is normally the duty of the Pharmacist.

3.1.2 It may be necessary to alter the choice of drug within a therapeutic class on the basis of its latex status. For drugs not on the database contact the pharmacist for the clinical area or Medicines Information direct.
NB Even if the product itself is latex free most manufacturers will state that their products may have been in contact with latex during their production.

3.1.3 In an emergency, medicines from glass ampoules should be used in preference to other presentations.

3.1.4 If the medicine required has no latex free alternative and comes in a vial with a rubber bung, this should be removed before adding diluents or drawing up the drug. The vial should be kept upright, not shaken and the drug should be drawn up into a latex free syringe as quickly as possible. This will minimise the risk but not eliminate it completely. Ideally bungs should not be removed from antibiotic preparations and a suitable alternative latex-free antibiotic should be used if possible.

3.2 Intravenous infusions and irrigation solutions

3.2.1 Baxter Healthcare infusions in viaflex containers with batch numbers 99 onwards do not contain natural latex.

3.2.2 Latex status must be checked for other manufacturers. If in doubt avoid adding drugs to the bag via the rubber additive port.

3.2.3 Baxter pour bottle irrigation solutions supplied in high-density polyethylene pour bottles are also latex free.

4. Key Words

medicine, Latex, allergy, patient, intravenous infusion, irrigation solutions

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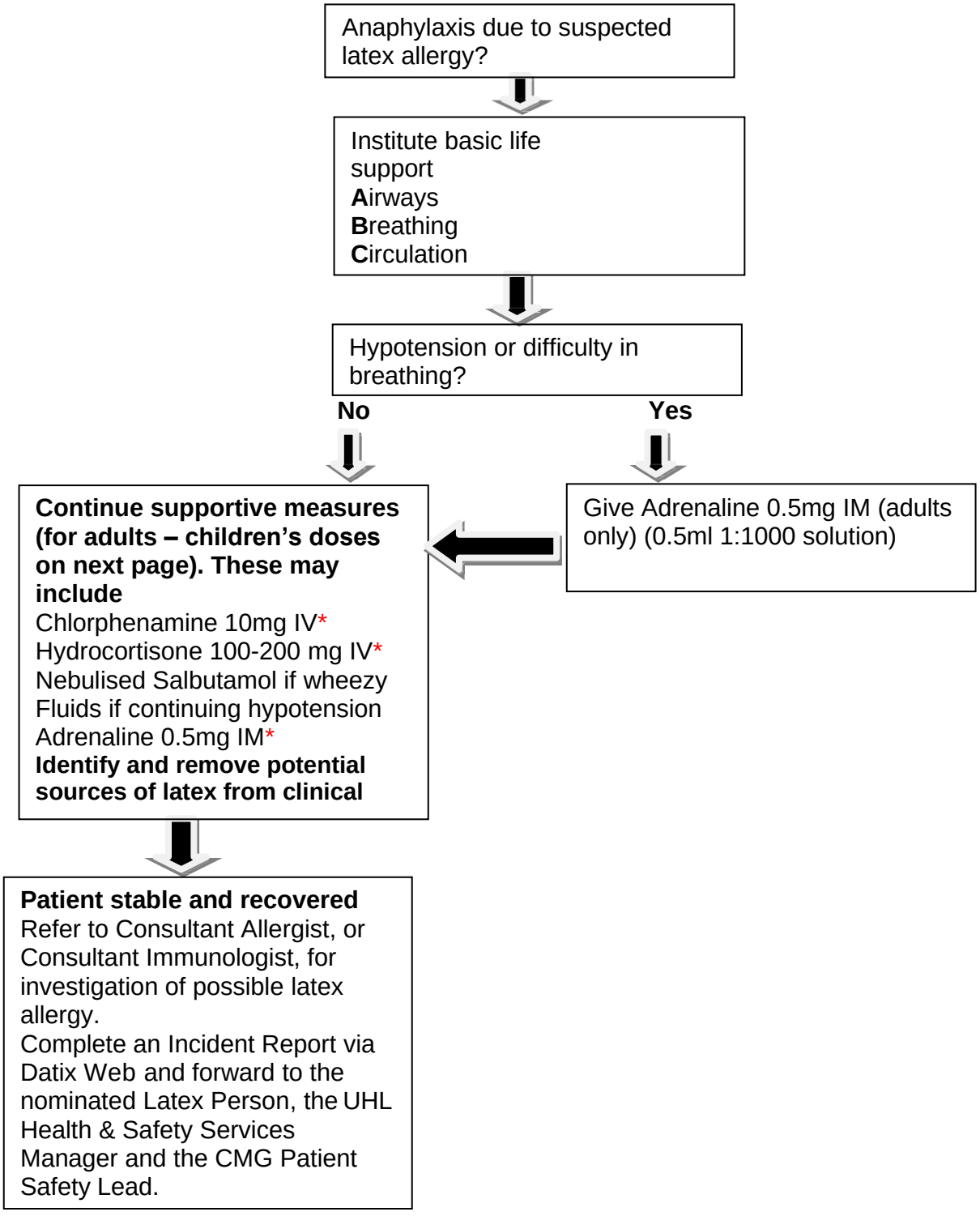
Management of an Allergic Reaction due to Natural Rubber Latex Hypersensitivity	Appendix E

The standard anaphylaxis guideline below must be followed



PAEDIATRIC DOSES FOR MANAGEMENT OF ANAPHYLAXIS	Appendix F

Adrenaline - Emerade prefilled adrenaline pens included in Childrens Arrest Boxes

Age	Dose	Use prefilled pen	Route/ Frequency
Under 6 years	150 microgams	Emerade 150	Deep IM injection Repeated every 5 minutes according to BP, pulse and respiratory function
6 – 12 years	300 micrograms	Emerade 300	
Over 12 years	500 micrograms	Emerade 500	

Chlorphenamine (Chlorpheniramine)

Age	Dose	Route/ Frequency
1 – 5 months	250 micrograms/kg (max 2.5 mg)	IV over 1min preferably (SC or IM rarely act quicker than PO) Up to 4 doses in 24hrs.
6 months - 5 years	2.5 mg	
6 – 11 years	5mg	
12 – 18 years	10mg	

Hydrocortisone (as sodium succinate)

Age	Dose	Route/ Frequency
Under 1 year	25mg	IV or IM if no iv access Initial dose given 4 times daily adjusted according to response.
2-4 years	50mg	
5 - 18 years	100mg	

Salbutamol (Nebulised)

Age	Dose	Route/ Frequency
4 years and below	2.5mg	Nebulised Repeat doses as necessary (please refer to UHL ED guideline for the management of anaphylaxis in children (under 16 years)
5 – 11years	2.5 - 5mg	
12 – 18 years	5mg	

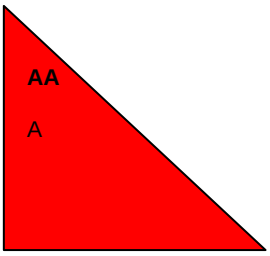
Doses as per BNF for children 2015 - 16

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Hazard Alerts Identification List

Patient Details (sticker if available)
Name:
Address:
DOB:
Hospital Number:

NOTE: PLEASE SEE REVERSE OF THIS FORM FOR MANAGEMENT GUIDANCE ON COMPLETION OF HAZARD ALERTS IDENTIFICATION LIST



Allergy/Sensitivity	**Date Added**	**Print Name / Status / Signature**	**Date Removed**	**Print Name / Status / Signature**
Food Allergies (state what)				
Latex				
Medication (please state what)				
Malignant Hyperpyrexia				
Failed Intubation				
Suxamethonium Apnoea				
Iodine Based Agents				
Hazards				
*MRSA				
***Blood Borne Infection				
*Vancomycin Resistant Enterococci				
*Creutzfeld Jacob Disease				
**Patient Objects to data or tissue use				
***Patient has challenging Behaviour				
Others				

*** ALL HAZARDS RELATING TO INFECTION PREVENTION ISSUES SHOULD ONLY BE IDENTIFIED FOLLOWING DIRECT CONSULTATION AND ADVICE FROM A MEMBER OF THE INFECTION PREVENTION TEAM.**

**** INFORM A MEMBER OF THE CALDICOTT TEAM**

***** CHECK MEDICAL RECORDS THOROUGHLY FOR THE REASON FOR THIS**

THIS IDENTIFICTION LIST IS NOT INTENDED TO REPLACE ANY OTHER AREAS IN WHICH THIS INFORMATION IS RECORDED. THESE MUST CONTINUE TO BE COMPLETED IN A TIMELY MANNER.

1. Addition of an Hazard Alert

- Hazard Alerts must be added by a qualified nurse / doctor / allied professional.
- Hazard Alert stickers are available from Medical Records
- The Hazard Alert Identification List must be completed in full.

- If a hazard is not listed it should be written in manually. The Health Care Records Group must be informed to consider its inclusion in future prints of the form
- If you are the first to identify an alert for this patient you are responsible for ensuring a red triangular alert sticker is placed in the bottom left hand corner of the front cover of the medical records.
- If you are unsure whether an issue raised by the patient constitutes an alert, discuss it with a senior colleague, line manager, Infection Prevention Team.
-

2. Removal of a Hazard Alert

- If a listed allergy is no longer relevant then it should be crossed through with ink by a qualified nurse / doctor / allied professional, dated and signed.
- No hazard alert relating to infection prevention must be removed without prior consultation with the Infection Prevention Team.
- If all listed hazard alerts have been crossed through, a large cross should be made through the 'A' on the red sticker to signify this.
- If future alerts are identified, a fresh sticker should be placed over the top.

GLOVE SUITABILITY MATRIX

Appendix H

This matrix is provided as a guide for staff when choosing gloves for clinical procedures.

Procedure	No gloves	Unsterile latex examination gloves	Sterile latex examination gloves	Nitrile gloves	Sized sterile procedure gloves	If body fluids are involved
1. Basic Hygiene				ONLY FOR STAFF WHO ARE LATEX ALLERGIC OR FOR CARING FOR PATIENTS WITH A KNOWN OR SUSPECTED LATEX ALLERGY. **(ALL LATEX ALLERGIC STAFF SHOULD GO TO OCCUPATIONAL HEALTH)**		
1a Mouth care	√					√
1b Eye care		√				
1c Bed bathing	√					√
2. Elimination						
2a Inserting urinary catheter			√			
2b Routine catheter care		√				
2c Emptying catheter drainage bag		√				
2d Rectal Examination		√				
2e Giving enema/suppositories		√				
2f Taking / giving bedpan / urinal / vomit bowel	√	√				√
2g Dealing with urinary / faecal incontinence		√				
2h Changing stoma bag		√				
3. Specimen Collection						
3a Venepuncture (taking blood specimen	Good washing technique	If practitioner has been trained using glove technique				√
3b Arterial blood gas (ITU)		√				
3c Taking blood sugar (autolet)		√				
3d Obtaining faecal specimen		√				
3e Obtaining urine specimen		√				
3f Obtaining sputum specimen		√				
4. Waste Disposal						
4a Disposal of waste	√					√
4b Emptying suction jars		√				
5. Environment						
5a Ward cleaning	√					√
5b Bed making	√					√
5c Handling soiled linen		√				
6. Miscellaneous						
6a Handling cytotoxic materials		If unsterile procedure	If sterile procedures			
6b Handling disinfectants		If COSHH assessment accepts latex				
6c Handling chemicals including high level disinfectant /sterilants		If COSHH assessment accepts latex				
6d Dealing with patient with known infection, e.g. MRSA		For unsterile procedures	For sterile procedures			
7. Wound Care						
7a Removing clips/sutures			Normally in the dressing pack			
7b Changing, removing surgical drain			Normally in the dressing pack			
7c Acute wound changing dressing			Normally in the dressing pack			
7d Changing dressing on chronic wounds e.g. leg ulcer		√				

Appendix H (continued)

Procedure	No gloves	Unsterile latex examination gloves	Sterile latex examination gloves	Nitrile gloves		Sized sterile procedure gloves	If body fluids are involved
7e Packing perianal abscess			Normally in the dressing pack	ONLY FOR STAFF WHO ARE LATEX ALLERGI C OR FO CARING FOR PATIENTS WITH A KNOWN OR SUSPECTED LATEX ALLERGY. (ALL LATEX ALLERGIC STAFF SHOUL O OC UPATI D GO T NAL HEALTH)			
7f Changing wound drainage bags			Normally in the dressing pack				
7g Changing stoma bags		√					
8. Respiratory							
8a Tracheal suction including tracheostomy		Closed system	Open system				
8b Tracheostomy care		Chronic	Acute				
8c Insertion of chest drain						√	
8d Performing a pleural tap						√	
9. Emergency Care							
9a Routine examination of trauma victim		√					
9b Cardiac arrest	√						√
9c Examination of head injury	Closed wounds		Open wounds				
Administration of lines, including medication / therapy							
10a Maintaining a CVC line	If at non wound end	If giving drugs	If at the wound end			Insertion, manipulation and breaking circuit	
10b Maintaining an Arterial line	If at non wound end		If at the wound end			Insertion, manipulation and breaking circuit	
10c Changing giving sets		Blood/Fluid	TPN				
10d Giving I/M injection	√						
10e Giving I/V drugs		√					
10f Insertion of I/V cannula		√					
10g Changing cannula dressing		√					
10h Removing cannula		√					
11. Procedures/Investigations 11a Applying treatments/creams		√					
11b Insertion of NG tube		√					
11c Changing gastrostomy tube dressing		Chronic	Acute				
11d Vaginal examinations		√	If membranes ruptured				
11e Vaginal delivery (offoetus)		√					
11f Dealing with blood spillage		√					
11g Cleaning endoscopy equipment		If no disinfectant /sterilant					
11h Performing sigmoidoscopy		√					
11i Performing gastroscopy		√					
11j performing bronchoscopy		√					
11k performing lumbar puncture						√	
11l procedures for immuno-compromised patients		For unsterile procedures	For sterile procedures				
11m biopsies at ward level e.g. liver biopsy						√	

- **A risk assessment should be carried out prior to the procedure to assess the presence of body fluids**
- **When not using gloves, good hand washing technique is essential**

- **If dealing with patients with infections, unsterile examination gloves should be worn for all procedures unless procedure indicates sterile gloves**
- **All surgical intervention in the operating theatre will be with high grade surgeons' gloves**
- **When using gloves they should be worn for that procedure only, discarded into clinical waste and hands washed and dried thoroughly**
- **There are Latex free alternatives for staff that are allergic to Latex Gloves. Please contact your manager in the first instance, who will refer you to Occupational Health for help and advice.**

USEFUL CONTACTS

Appendix I

Occupational Health Team:	2393 (GH) 4930(LGH) 5307(LRI)
Infection Prevention Team:	5448 (LRI)
Health & Safety Services Team:	8031
Clinical Risk Team:	2740/5608
Allergy Service:	3397
Department of Immunology:	5468 or 6702
Supplies Manager:	8522
Asthma Nurse:	3557
Medicines Information Department:	5410

	NHS University Hospitals of Leicester NHS Trust **COSHH Assessment**	**Clinical Management Group**	
		Department	
		Site	
		Ref No	

Name of Assessor		**Date**	
Hazardous Substance(s)		**Latest Safety Data Sheet (SDS) attached?**	
Describe the Work activity or method of use.			
Documented procedure for safe use and handling available?			
Duration of Activity		**Frequency**	**No of persons in vicinity**
Location of process being carried out?			

Quantity of substances used:	Small *(grams or mltrs)* ☐	Medium *(kgs or ltrs)* ☐	Large *(tonnes or m3)* ☐
Identify the persons at risk:	Employee *(including trainees)* ☐	Personnel in the vicinity ☐	Public *(including patients)* ☐

Classification *(state the category of danger)*

☐ Very Toxic	☐ Irritant	☐ Compressed gas
☐ Toxic (if inhaled, swallowed and in contact with skin)	☐ Sensitising	☐ Highly Flammable
☐ Corrosive	☐ Biological	☐ Flammable
☐ Harmful	☐ Oxidising	☐ Environmental
☐ Aspiration, Long term Health Hazards	☐ Carcinogenic/Mutagenic	☐ Explosives

Hazard Type

☐ Gas ☐ Vapour ☐ Mist ☐ Fume ☐ Dust ☐ Liquid ☐ Solid ☐ Other (State) .....

Route of Exposure

Eye Contact ☐	Skin Absorption ☐	Inhalation ☐	Injection ☐	Ingestion ☐

Risks to Health

HSE Work Exposure Limits (WEL)? Yes ☐ No ☐ State

STEL	
LTEL	

Control Measures

Can the substance be eliminated or substituted by a less hazardous substance? Yes ☐ No ☐			
Existing Control Measures *(for example extraction, ventilation, training, supervision).*			
Monitoring or Health surveillance required? Yes ☐ No ☐ (State)			
Personal Protective Equipment ***(state type and standard)***			
 Dust mask		 Visor	
 Respirator		 Goggles	
 Gloves		 Overalls	
 Footwear		 Other	
 Apron		PPE regularly checked and maintained? Yes ☐ No ☐	

Emergency Arrangements		
First Aid Measures	Eye Contact	
	Skin Contact	
	Inhalation	
	Ingestion	
Spillage Procedure		
Fire Fighting Measures		

Storage and Handling Requirements

Disposal of Substances & Contaminated Containers

Hazardous Waste ☐ Domestic Waste ☐ Return to Supplier ☐ Other ☐

Risk Rating Following Control Measures			
Consequence	(Score) refer to risk matrix.	**Likelihood**	(Score) refer to risk matrix.

Risk Rating: (Score) refer to risk matrix.

Manager's Signature : Add Signature Review Date: Add Date of next review

Action Log

Managers are responsible to ensure actions are completed timely and document it in the action log. COSHH assessors to follow up once actions completed.

A copy of this record to kept in COSHH Folder for future audit checks.

Action Plan	Responsibility	Target Date for Completion	Completed Date
Local Induction for new staff using procedure.	Line manger	Before carrying out task	
Add any further actions required	Add Lead	Add Target Date	Add actual date of completion

UHL GENERAL HEALTH and SAFETY RISK ASSESSMENT FORM

LIKELIHOOD	SEVERITY				
	1	2	3	4	5
	2	4	6	8	10
	3	6	9	12	15
	4	8	12	16	20
	5	10	15	20	25

RATING	LIKELIHOOD
1	Rare
2	Unlikely
3	Possible
4	Likely
5	Almost Certain

RATING	SEVERITY
1	Discomfort / no time off work
2	Minor harm – first aid treatment <7days
3	Moderate harm – requiring time off work 7 – 14 days(RIDDOR) reportable
4	Severe harm – requiring time off work 7 – 14 days RIDDOR reportable
5	Fatality, Permanent harm or irreversible health effects

LIKELIHOOD x SEVERITY	RISK	RESIDUAL RISK

	LOW	1 TO 6	The **RISK** is considered: Tolerable when measured against the consequences of an incident, Low level of control measures required: adequate supervision, training and information. Often, no additional controls are needed. **WORK CAN PROCEED**	The **Residual Risk is considered:** Tolerable when measured against the consequences of an incident, the assessment must be reviewed regularly to ensure that the conditions remain the same and the risk does not increase **WORK CAN PROCEED**
	Med	8 TO 12	WORK MUST NOT PROCEED –until the hazards identified are removed or adequate controls implemented which have reduced the residual risk to as low as possible. Moderate control measures must be in place: adequate training, supervision and information are needed as well as emergency procedures, safety barriers and PPE are place together with safe operating procedures.	Action is required to control risks. Review to review to assess whether the risk can be reduced: Ensure competence levels for safe working and equipment operation and procedures when task is altered or new employees introduced. **WORK CAN PROCEED UNDER MANAGEMENT CONTROL REVIEW ASSESSMENT REGULARLY**
	High	15 TO 25	WORK MUST NOT PROCEED –until the hazards have been removed or adequate controls have been implemented which have reduced the risk to at least MEDIUM. This level of risk is unacceptable as there is a high probability of a major injury occurring. Highest level of controls required. Permits to work specialist equipment trained personnel and strict supervision.	**WORK MUST NOT PROCEED** Alternative methods must be used to eliminate the risk or to reduce it to a MEDIUM or LOW level

LATEX FREE ZONE POSTER	Appendix K