Southern Ultrasound Ltd.

42 Ascension Road. Romford. Essex. RM5 3RT Telephone: 07949 053377

Latex Sensitivity / Latex Allergy

Contents

Version Control 1
Overview 2
Duties 2
Definition of Latex Sensitivity 3
Irritation 3
Immediate Hypersensitivity Type 1 3
Delayed Hypersensitivity Type 4 3
Symptoms associated with Type 1 Hypersensitivity 3
Mild symptoms 3
Moderate symptoms 3
Severe (Life-threatening) symptoms: 4
Managing a patient with known sensitivity 4
Managing staff with known sensitivity 5
Managing a patient with an anaphylactic reaction 5
References: 6
Training Requirements 6
Awareness Plan 6
Approval & Review 6
Equality Impact Assessment 7

Version Control

V1	09/18	Policy Creation

Purpose

'**Southern Ultrasound**' aims to provide a safe environment for staff, patients and visitors in regard to latex sensitivity; in compliance with the Health and Safety at Work Act 1974.

This involves

- Identifying known or suspected latex sensitivity in staff and patients;
- Assessing and managing the risk from latex allergies;
- Ensuring that latex-free consumables are available;
- Communicating the knowledge of known or possible sensitivities to other members of staff and to outside areas such as other hospitals and operating theatres as appropriate;
- Ensuring that patients and staff have information and training, where appropriate, in relation to latex sensitivity/allergy.

All staff should be aware of the symptoms of latex sensitivity as well as the local Client procedure for emergency response.

Overview

Latex is recognised as a sensitiser or substance hazardous to health, which is defined by the Control of Substances Hazardous to Health Regulations (COSHH2002). The Personal Protective Equipment (PPE) Regulations 1992 states that employers must ensure that PPE issued is assessed for suitability and inherent risk and that it must be suitable for the task, providing adequate instruction, training and information for the task.

Understanding latex allergy and knowing common sources of latex can help prevent or minimise allergic reactions.

Latex allergy / sensitivity is a reaction to certain proteins found in natural rubber latex, a product made from the rubber tree. In cases of latex allergy, the body mistakes latex for a harmful substance.

Once a person is sensitised they remain so for the rest of their life. Latex is found in a range of medical products e.g. gloves, probe covers, elasticised bandages, catheters, giving sets, syringes and many other products used within the Health Service.

Regular and prolonged use of latex gloves and those in particular which are powdered with modified corn starch to aid application, may pose a possible threat to Healthcare Staff. (Evidence suggests protein residue in latex readily attaches to the starch, which acts as a carrier, allowing surface or airborne transmission). Absorption of latex proteins via the respiratory tract may cause an allergic reaction.

Duties

The Company **Director(s)** have the responsibility to take all measures within their power to ensure the Latex Sensitivity Policy is implemented throughout the Company and for regular review of this Latex Sensitivity Policy.

Service Managers are responsible for ensuring staff are away of this policy and any updates made to it, and for supervising staff in complying with its' contents.

It is the responsibility of all Company **employees** to ensure that they fully comply with the latest approved content of the Latex Sensitivity Policy. Should staff require any further guidance or advice this may be obtained through their Line Manager or Directors

Definition of Latex Sensitivity

Latex is a natural rubber, a milky sap obtained from the Hevea Brasiliensis plant, commonly known as the Brazilian rubber tree. Natural rubber latex (NRL) contains hundreds of proteins, including enzymes, which are involved in the biosynthesis of the rubber molecules.

Latex allergy occurs when the immune system responds to a component or components of natural latex rubber products. These allergies are classified as Irritation, Immediate Hypersensitivity (Type 1) or Delayed Hypersensitivity (Type 4)

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, which is dry and itchy. These symptoms usually disappear once contact with latex product is discontinued.

A wide range of substances can produce skin irritation e.g. skin cleansing and disinfectant agents, which can be confused with latex sensitivity. Where necessary, advice should be sought on a differential diagnosis, precaution or treatment from the company's Occupational Health Department.

Immediate Hypersensitivity Type 1

This type of reaction, sometimes referred to as 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 contact with latex has ceased.

The symptoms are characterised by local or generalised urticaria (skin rash), itchy eyes, and oedema. If mucus membranes are affected, rhinitis (inflammation of mucus membranes in the nose), conjunctivitis or asthmas may result. Respiratory difficulties and anaphylaxis may occur in extreme cases.

Repetitive skin or mucous membrane contact with any rubber latex product containing high protein residues may cause sensitisation. Once this has occurred future allergic reactions may be caused through contact with rubber latex products.

Delayed Hypersensitivity Type 4

This reaction is predominantly caused by an allergy to the residue of accelerating agents used in the manufacturing process of gloves. Also known as allergic contact dermatitis, severity can vary. It is often characterised by a red rash on back of hands or between fingers. Reaction can be delayed, occurring several hours after contact, reaching a maximum after 24 -48 hours and then subsides. Repeated exposure to rubber latex may cause skin condition to extend beyond area of contact.

Symptoms associated with Type 1 Hypersensitivity

Latex allergy symptoms range from mild to severe. A reaction depends on how sensitive the individual is to latex and the amount of latex touched or inhaled. An individual's reaction can become worse with each additional latex exposure.

Mild symptoms

Mild latex allergy symptoms include:

- Itching
- Skin redness
- Hives or rash

Moderate symptoms

More severe symptoms may include:

- Sneezing
- Runny nose
- Itchy, watery eyes
- Scratchy throat
- Difficulty breathing
- Wheezing
- Cough

Severe (Life-threatening) symptoms:

- Anaphylaxis

Anaphylaxis is the most serious allergic reaction to latex, which can be deadly. A reaction develops immediately after latex exposure in highly sensitive people, but it rarely happens with first-time exposure.

Signs and symptoms of anaphylaxis include any of the Mild or Moderate symptoms listed above and may also include:

- Nausea and vomiting
- Wheezing
- Drop in blood pressure
- Dizziness
- Loss of consciousness
- Confusion
- Rapid or weak pulse

Managing a patient with known sensitivity

- Latex-free gloves and probe-covers are available in all clinical areas, and are to be used in any cases of known or suspected latex sensitization.
- A patient's known or suspected sensitisation must be communicated to any other relevant healthcare professionals.
- If the allergy is not documented in the patient's notes, a comment of such should be made, and local advice sought as to how the notes may be permanently marked to indicate an allergy.
- Patient displaying symptoms which may indicate latex sensitivity should be informed of the possible cause of their symptoms and the case will be reported as a clinical incident, using either the Client or Southern Ultrasound's Clinical Incident Reporting procedure
- All staff must be aware of the Clients Anaphylaxis protocol and the location of emergency drugs and equipment.

Managing staff with known sensitivity

Individuals with sensitivity may be categorised by Group

Group 1	History of anaphylaxis or a positive skin prick test to latex.
Group 2	History of allergy/sensitivity to latex, e.g. itching/swelling/redness following contact with rubber products, or swelling of tongue or lips after dental exanimations or blowing up balloons.
Group 3	High-risk groups, but without history of latex sensitivity, e.g. healthcare workers and other occupational/exposure groups, or multiple allergies, especially to fruit.

Regardless of their Group classification; if there is any suspicion of sensitivity in a new or existing healthcare worker, he or she will be advised and required to consult an Occupation Health Department or their General Practitioner.

Powder-free non-latex gloves have been made available as standard personal protective equipment to all clinical staff, and should be worn as the first glove of choice, offering a high level protection with minimal risk of sensitisation.

Latex free alternatives to rubber consumables including protective probe covers are available for all examinations. It is acknowledged that their Ultrasound transmission properties are not as good as the latex variety, so their use is only mandatory on patients who are concerned of, or with a suspected, sensitivity; and for use by those staff who themselves suffer such sensitivity.

All latex and other sensitivity incidents involving staff and/or patients must be reported as per the Company's and Client Trust's Incident Reporting procedure.

Natural rubber proteins can be included in a variety of products, so if a member of staff displays allergic symptoms to any other products used by the Company, this should be reported to the Service Manager and Director(s) as soon as possible.

Managing a patient with an anaphylactic reaction

Seek medical aid immediately. – Follow department procedures to secure suitable assistance according to the degree of reaction, up to and including following the protocol for a Cardiac Arrest.

People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction becoming life threatening. If the patient is carrying one, use it without delay. Instructions are included on the side of each injector if you are unsure how to use it.

Position the patient in a comfortable position:

- most people should lie flat
- pregnant women should lie on their left side - to avoid pressure on the vena cava
- people having trouble breathing should sit up - to make breathing easier
- people who are unconscious should be placed in the recovery position - to ensure the airway remains open and clear
- avoid a sudden change to an upright posture such as standing or sitting up – this can cause a dangerous fall in blood pressure

Maintain a watch on their Airway, Breathing & Circulation until medical assistance arrives.

References:

- Healthier Business Ltd
- National Patient Safety Agency
- National Association of Theatre Nurses
- Latex Sensitisation in the Healthcare Setting, MDA 1996

Training Requirements

Training requirements as a result of this policy are assessed by the Director(s) and implemented accordingly.

Staff training and awareness of this and associated policies is undertaken at induction and discussed as part of clinical appraisals.

The specific training required is generally initially based of job role, but there is an overlap of responsibilities, and all staff receive identical core training.

Awareness Plan

Promotion of this Policy is provided by the Environment Lead to Service managers and those staff for whom it each section has direct relevance.

A copy is retained on the company's on-line Staff Governance Folder, which all staff have access to 24/7.

Environmental considerations feature routinely on Team Briefs, and signage is positioned at strategic locations throughout Offices and work locations to remind staff and encourage their compliance with the overall aims and specific requirements.

Approval & Review

This Environmental Management System and the associated sub-policies have been approved by the Board of Directors and will be reviewed annually and any time there is a material change in company operations or environmental legislation

Policy Created: 18/09/18 Policy Last Reviewed (annually): 15/03/19

Kevin Rendell Director

Equality Impact Assessment

An Equality Impact Assessment has been performed on this policy and sub-policies. The EIA demonstrates the policy is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	· Race	No	
	· Ethnic origins (inc. gypsies and travellers)	No	
	· Nationality	No	
	· Gender	No	
	· Culture	No	
	· Religion or belief	No	
	· Sexual orientation including lesbian, gay and bisexual people	No	
	· Age	No	
	· Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the policy/guidance likely to be negative?	NA	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	