



# Family Nursing & Home Care

**Latex Allergy**  
**Staff Policy and Procedure**  
**June 2024**

## Document Profile

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<b>Title</b>	Latex Allergy Staff Policy and Procedure	
<b>Author</b>	Mo de Gruchy (updated by Rachel Foster)	
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## Version Control/Changes Made

Date	Version	Summary of changes	Author
June 2024	3	Policy transferred onto new template Review of available evidence regarding Latex Allergy	Rachel Foster
April 2021	2	Previous procedure transferred to new policy template Information reviewed and updated in line with latest evidence-based guidance	Mo de Gruchy

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## 1 INTRODUCTION

### 1.1 Rationale

Natural rubber latex (NRL) is a milky fluid obtained from the Hevea Brasiliensis tree, which is widely grown in south-east Asia. NRL can be found in many products used in health and social care. It has been extensively used in the manufacture of medical gloves (non-sterile examination gloves, surgical gloves) because it is a very durable and flexible material giving wearers a high degree of dexterity, sensitivity and microbiological protection.

It is also used in a range of medical devices, such as:

- catheters
- elastic bandages
- dressings
- tapes
- blood pressure cuffs
- support stockings
- resuscitation equipment (e.g. face masks, airways, Ambubag)
- cannulation equipment
- rubber topped drug bottles and vials

NB: This list is not exhaustive

As with many other natural products, NRL contains proteins to which some individuals may develop an allergy (HSE 2021a). Therefore exposure to NRL must be adequately controlled.

Family Nursing & Home Care (FNHC) recognises its responsibilities under the Health and Safety at Work (Jersey) Law 1989 and to adhere to good practice in relation to the Control of Substances Hazardous to Health Regulations (COSHH) 2002.

This policy and procedure identifies measures to prevent latex allergy and the process to follow when latex allergy is either suspected or confirmed.

### 1.2 Scope

This policy and procedure applies to all staff employed by FNHC and students and staff seconded to the organisation and co-located staff who may be exposed to latex products in the course of their work activities

### 1.3 Role and Responsibilities

#### Chief Executive Officer

Responsible for ensuring compliance with the Health and Safety at Work (Jersey) Law 1989 and that resources are available to support the management of latex allergy in staff.

#### Director of Governance and Care

The Director of Governance and Care is responsible for ensuring that FNHC has up to date evidence based policies and procedures available to ensure the health and safety of its staff.

They are also responsible for monitoring any incidents relating to latex allergies and the implementation of any action required to reduce the risk of these incidents occurring.

### **Line managers**

Responsible for ensuring that during induction staff receive information about the risks associated with latex with regard to staff health and the action needed to minimise these risks. Where necessary, referring staff with dermatitis or symptoms of possible latex allergy to Occupational Health (OH). Ensuring staff are aware of the need to report all incidents relating to latex allergy. Ensuring staff have access to this policy and procedure.

### **Employees**

Responsible for following this procedure when latex allergy is suspected or confirmed. Seeking guidance from Line Manager and OH if they suspect symptoms of latex allergy. Reporting incidents involving allergic reaction to latex via Assure. Complying with advice given by their GP and/or OH and using equipment recommended and supplied to manage latex allergy.

### **Human Resources**

Responsible for ensuring that latex allergy information forms part of the induction programme for new staff, via the staff handbook. Providing advice and guidance to managers and employees should redeployment or reorganisation of an employee's role be necessary.

### **Stores/Procurement**

Responsible for providing staff with non-latex sterile gloves on instruction from the staff member's Line Manager. Sourcing and ordering non-latex equipment for staff and patients where this is necessary for the staff member with latex allergy. When researching / ordering new products and equipment, considering products that do not contain latex and purchase these wherever reasonably practical. When ordering gloves for general use, ensuring they are non-powdered and low protein

## **2 POLICY**

### **2.1 Prevention of Latex Allergy**

All staff should be aware of the symptoms of latex allergy which are:

- Immediate Allergic Reaction (Type 1)
  - immediate reaction within minutes
  - localised or generalised rash (urticaria)
  - inflammation of the nasal mucous membranes (rhinitis)
  - red swollen eyes with discharge (conjunctivitis)
  - asthma
  - anaphylaxis in rare cases
- Irritant/Allergic Contact Dermatitis (Type 4)
  - occurs between 10-24 hours after exposure
  - can worsen over subsequent 72 hours
  - causes redness, soreness, dryness or cracking of the skin

Staff should check their skin regularly for any early signs of dermatitis ([Appendix 1](#)) and inform their line manager of any concerns (HSE 2021b).

Wherever possible, latex-free medical devices eg gloves should be used

## **2.2 Pre-Employment Checks**

Potential employees will be screened by OH, specifically enquiring if they have an allergy to latex.

If an allergy is identified, OH carry will out an assessment.

OH will advise FNHC (via the Human Resources Department) of the outcome of the assessment.

If Type 1 is identified non-latex products will need to be issued in accordance with the recommendations from OH.

If Type 4 is identified the staff member will require non-latex gloves to be supplied. (N.B. non-sterile gloves routinely supplied to staff are latex free, however where sterile gloves are required, the type routinely supplied do contain latex).

## **2.3 Staff Induction**

On induction, staff should be advised about the risks of developing latex allergy especially where their role involves contact with products containing natural rubber latex. Advice should include preventive measures and the need to seek help early when allergy is suspected.

# **3 PROCEDURE**

## **3.1 Latex Allergy Suspected (staff already in employment)**

Staff with suspected latex allergy should, in the first instance, attend their own GP to confirm/exclude latex allergy.

Where necessary, they may also attend OH for assessment; this may be through a self-referral via the HR department or through a line manager's referral.

## **3.2 Confirmed Latex Allergy**

The GP or OH will give the staff member advice and support on the management of their latex allergy. With the staff member's consent, OH will provide FNHC with a report of the outcome of the assessment and recommendations.

The HR Department will liaise with the staff member's Line Manager regarding the OH recommendations to manage the risk associated with latex allergy.

Arrangements will be made by the Line Manager for the staff member to have access to equipment suitable for their needs, wherever reasonably practical.

### 3.3 Serious Latex Allergy Suspected

Staff member referred to OH and/or GP.

OH will assess the staff member to identify other possible triggers/symptoms.

With the staff member's consent, OH will provide FNHC with a report of the outcome of the assessment and recommendations, via the HR Department.

The HR Department will liaise with the staff member's Line Manager regarding the OH recommendations to manage the risk associated with latex allergy.

Arrangements will be made by the Line Manager for the staff member to have access to equipment suitable for their needs, wherever reasonably practical.

If the staff member continues to experience symptoms/problems, they can be referred to GP/OH Doctor for latex allergy testing.

### 3.4 Confirmed Serious Latex Allergy

OH will liaise with HR Department with staff member's consent.

HR will liaise with staff member's Line Manager as appropriate regarding necessary OH recommendations re non-latex products/equipment

Specialist non-latex equipment will be arranged, wherever reasonably practical.

When a staff member is found to have Type I Latex Allergy and other measures have proved inadequate to control symptoms, HR will provide advice and guidance to managers and employees, should redeployment or reorganisation of their role be necessary.

## 4 MONITORING COMPLIANCE

The effectiveness of this policy and procedures will be monitored by the Director of Governance and Care via the Assure incident reporting system.

## 5 CONSULTATION PROCESS

Name	Title	Date
Tia Hall	Registered Manager – Adult Services	15 <sup>th</sup> May 2024
Michelle Cummings	Registered Manager – Child and Family Services	15 <sup>th</sup> May 2024
Clare Stewart	Registered Manager – Rapid Response & Reablement	15 <sup>th</sup> May 2024
Teri O'Connor	Registered Manager – Home Care	15 <sup>th</sup> May 2024

Name	Title	Date
Amanda de Freitas	Head of Human Resources	15 <sup>th</sup> May 2024
Elsbeth Snowie	Head of Quality and Safety	15 <sup>th</sup> May 2024

## 6 EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

### Always:

- Putting patients first
- Keeping people safe
- Have courage and commitment to do the right thing
- Be accountable, take responsibility and own your actions
- Listen actively
- Check for understanding when you communicate
- Be respectful and treat people with dignity
- Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. See below for the Equality Impact Assessment for this policy.



## 6.1 EQUALITY IMPACT SCREENING TOOL

Stage 1 - Screening			
Title of Procedural Document: Latex Allergy Staff Policy and Procedure			
Date of Assessment	May 2024	Responsible Department	Clinical
Completed by	Rachel Foster	Job Title	Quality and Performance Development Nurse
<b>Does the policy/function affect one group less or more favourably than another on the basis of:</b>			
	<b>Yes/No</b>	<b>Comments</b>	
Age	No		
Disability <i>(Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia)</i>	No		
Ethnic Origin <i>(including hard to reach groups)</i>	No		
Gender reassignment	No		
Pregnancy or Maternity	No		
Race	No		
Sex	No		
Religion and Belief	No		
Sexual Orientation	No		
<b>If the answer to all of the above questions is NO, the Equality Impact Assessment is complete. If YES, a full impact assessment is required: go on to stage 2.</b>			
Stage 2 – Full Impact Assessment			
What is the impact	Level of Impact	Mitigating Actions <i>(what needs to be done to minimise / remove the impact)</i>	Responsible Officer
Monitoring of Actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			

## 7 IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Policy to be uploaded to the Procedural Document Library	Education and Development Administrator	Within 2 weeks following ratification
Email to all staff	Education and Development Administrator	Within 2 weeks following ratification
Upload policy (+/- assessment tool) to Virtual College and allocate to relevant staff	Education and Development Department	Within 2 weeks following ratification
Relevant staff to sign (via Virtual College) that they have read and understood policy.	All staff notified via Virtual College.	Within 2 months of notification

## 8 GLOSSARY OF TERMS

Not applicable

## 9 REFERENCES

Health and Safety Executive (2022) *Latex Allergies in Health and Social Care*.

Available at <https://www.hse.gov.uk/healthservices/latex/> Last accessed 15<sup>th</sup> May 2024

Health and Safety Executive (2021b) *Skin Checks for Dermatitis: Poster*. Available at <https://www.hse.gov.uk/skin/assets/docs/skindermatitis.pdf> Last accessed 15<sup>th</sup> May 2024

Torbay and South Devon NHS Foundation Trust (2023) *Latex Management version 4.0 January 2023*. Available at: <https://www.torbayandsouthdevon.nhs.uk/uploads/latex-management-procedure.pdf> Last accessed 15<sup>th</sup> May 2024

## 10 APPENDICES

### 10.1 Appendix 1 Skin Checks for Dermatitis



Health and Safety  
Executive

## Skin checks for dermatitis

Regularly check your skin for early signs of dermatitis




Look for...

# Dryness Itching Redness

...which can develop into  
**flaking, scaling  
cracks, swelling  
and blisters**

If you think you may have dermatitis, report it to your employer  
Contact name

Your employer may need to refer you to an Occupational Health Doctor or Nurse



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