

## Latex and Occupational Dermatitis Policy Incorporating Glove Selection

*The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This procedural document has been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individual differences and the results are shown in Appendix A.*

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## Executive Summary

St Georges Healthcare NHS Trust recognises its' responsibility under the Health and Safety at Work. Etc Act 1974, The Management of Health & Safety at Work Regulations 1999 and the Control of Substances Hazardous to Health Regulations 2002 (as amended) to ensure adequate resources, processes and procedures are in place to reduce the risk, so far as is reasonably practicable, to staff and others, arising from their exposure to natural rubber latex and chemicals in gloves, disinfectants, soaps and other chemicals used in their work.

This policy recognises that

- Dermatitis is a significant cause of work related ill health in the NHS. It can be related to the use of latex and non-latex gloves (contact dermatitis and irritant dermatitis) or to irritant substances being used in the workplace. Irritant dermatitis can not only be associated with glove use but frequent hand washing, frequent use of detergents, disinfectants and other irritant chemicals.
- Latex is a 'sensitiser' and a substance 'hazardous to health' as defined by the Control of Substances Hazardous to Health 2002 (COSHH) Regulations.
- The emphasis is to remove latex gloves from the Trust and replace them with non-latex gloves. In circumstances where there is a specific clinical requirement to use latex gloves the local senior manager must justify this by undertaking a risk assessment, which must then be sanctioned by the Health and Safety Manager, The Consultant Occupational Physician and the Infection Control team.
- Dermatitis risks from other substances must be assessed as part of regular COSHH and general risk assessment process. Any employee using latex gloves will be under health surveillance as outlined in the COSHH Regulations, as are those who are non-latex users but who may be susceptible to allergic contact dermatitis and/or persistent irritant dermatitis that does not resolve following good hand hygiene and the use of alternative soaps.
- Dermatitis Skin Surveillance is required (based on the risk assessment) for all healthcare workers who regularly wear gloves and use detergents, disinfectants or other hazardous chemicals. The staff reporting of dermatitis or allergy will be followed up and managed in the Occupational Health Department according to internal department protocol.
- Those with suspected latex allergy or contact / irritant dermatitis must inform their manager and the Occupational Health Department for further advice and guidance on the management of the problem. The Occupational Health Department (in collaboration with the Health and Safety Department) will report all dermatitis under RIDDOR regulation and will advise the line manager and health and safety manager to ensure that all such incidents are fully investigated and remedial actions put in place.

## 1. Introduction

Allergy to latex protein has emerged as a significant health problem for hospital staff and patients since early 1980s due to the increased use of latex in the clinical environment. Latex is used in the manufacture of many medical products commonly used in healthcare settings, such as gloves, catheters, tubing, tourniquets, bandages anaesthetic and resuscitation equipment.

Latex is recognised as a 'sensitiser' and a substance 'hazardous to health' as defined by the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. Associated health problems include Immediate Type 1 Latex Allergy and allergic contact dermatitis (see section 4 for definitions) which will require Health Surveillance.

The Health and Safety Executive (HSE) consider that work related dermatitis is a significant cause of work related ill health, particularly in the NHS. An independent survey, conducted by HSE suggested that up to 100,000 nurses (19%) consider themselves to have work-related skin damage. This can include dermatitis due to known sensitisers such as latex, as well as irritant dermatitis which can be caused by frequent hand washing and frequent contact with soaps, detergents and other irritants.

The glove of first choice in the Trust will be non-latex. In exceptional circumstances where there is a clinical requirement to use latex gloves, the use of these gloves must be justified through the risk assessment process; the risk of contracting dermatitis must also be assessed as part of this COSHH risk assessment process. Any latex gloves used must be low protein and unpowdered. Staff at risk must be identified and must be under appropriate health surveillance as outlined in this policy.

## 2. Purpose

The purpose of the policy is to establish procedures to

- Minimise the risk to staff of latex allergy, allergy to chemicals in gloves, soaps and disinfectants used in healthcare provision
- Have a skin and health surveillance program in place to recognise latex allergy early among staff, report and control the harm relating to dermatitis
- Support staff with latex allergy and dermatitis with information and safer working environment
- Promote the appropriate choice and use of gloves, detergents, disinfectants and good hand hygiene to reduce dermatitis and the incidence of health care acquired infections to staff and patients.
- To provide such training and education to link nurses, managers and other clinicians in the recognition of dermatitis and other skin sensitisers as appropriate

## 3. Definitions

**Latex (Natural Rubber Latex):** is the fluid contained beneath the bark of the rubber tree, *Hevea Brasiliensis*. The latex collected from the rubber tree is composed of rubber particles, protein, water and other substances. Certain types of protein in Latex products are responsible for causing allergic reactions.

**Type I latex allergy** is an immediate hypersensitivity reaction characterized by urticaria, conjunctivitis, rhinitis, asthma, and occasionally, difficulty in breathing and life threatening anaphylaxis.

**Type IV latex allergy** is characterized by an eczematous rash often developing hours after exposure. It may be due to latex proteins or chemical residues added in latex processing. This reaction predisposes individuals to developing Type I allergy.

**Powdered and powder-free Latex Gloves:** Powder is added to the moulds for easy removal of gloves during the manufacturing process of gloves. Washing the powder away also removes some of the proteins that causes latex allergy. Powder when present in the gloves can absorb the protein and aerosolise it during donning and thereby increase the absorption in a person's airway. Therefore, washed gloves without powder are much safer.

**Latex glove user:** is an employee who meets the criteria to use latex gloves. The use of latex gloves are restricted to staff carrying out intricate surgical procedures where the tactile and fit of latex gloves is essential i.e. surgeons.

## 4. Scope

This policy applies to all staff (temporary and permanent) working in any of the "locations" registered by St. George's Healthcare NHS Trust with the Care Quality Commission (CQC) to provide regulated activities. "Locations" are not necessarily geographically based or determined. Therefore, the term "locations" does not just refer to Trust buildings; it is the term used by the CQC to describe the hub of operations for a service or range of services and so includes all activities being performed in the course of performing one's role.

## 5. Roles and Responsibilities

### 5.1 Chief Executive

The Chief Executive has overall responsibility to provide a safe working environment, ensuring compliance with the requirements of The Health and Safety at Work etc, Act 1974, relevant regulations and the requirements of this policy. The Chief Executive has nominated the Director of Estates and Facilities as the Trust's lead on Health and Safety issues.

### 5.2 Directors

All Directors have corporate responsibility to provide a safe working environment and shall ensure adequate arrangements and resources are provided to implement the requirements of this policy, all safety Regulations, Approved Codes of Practice and any associated safe systems of work; and apply this within their respective Directorate.

### 5.3 Divisional and Assistant Directors / Matrons / Business and General Managers / Heads of Departments / Clinical Directors

Must ensure that

- Risk assessments for dermatitis are undertaken and documented and are annually reviewed; or when circumstances (e.g. work processes, environment or staff) change
- Local managers work with lead risk assessors, staff and staff representatives to provide any necessary resources, equipment and control measures
- Local managers are disseminating this policy and any local protocols / procedures to employees and provide suitable training advice and guidance.
- Funding is available where a risk assessment has identified additional control measures as being necessary

- They communicate and co-operate with other employees and contractors sharing the same workplace in applying the requirements of this policy.

#### **5.4 Responsible Persons – (Line Managers, Lead Clinicians and nominated person to implement this policy)**

The local Responsible Person has a responsibility that:

- This policy and its requirements are brought to the attention of all staff.
- Appropriate risk assessments are completed for dermatitis following Trust Procedures. (The latex and dermatitis risk assessment forms can be accessed via the Risk Management webpage in the intranet).
- They read **Section 6** of this policy and fulfill its requirements
- They are familiar with group risk assessments applicable to their area and their requirements.
- They must carry out additional risk assessments if the group risk assessments have not covered the use of chemicals in their area that can cause dermatitis.
- They must only use gloves, detergents and disinfectants which have been approved by being subjected to a risk assessment
- They implement skin surveillance for dermatitis (in coordination with the Occupational Health Department) based on the finding of the risk assessment
- Managers must only procure latex free gloves; unless their area is permitted to use latex gloves; these employees must be incorporated in the health surveillance programme
- Staff have undergone pre-employment screening to identify Latex allergy on appointment.
- Staff are given information, training and supervision in the control of health risks caring for a patient with a latex allergy
- They monitor wet-working processes and the use of chemicals or other substances that are likely to cause dermatitis

Managers in areas where latex gloves are permitted to use must ensure that they:

- Meet the criteria for using Latex gloves
- Keep an up to date list of staff who use Latex gloves
- Allocate a 'competent person' to inspect the skin
- Complete the annual health surveillance questionnaire and attend any subsequent appointment required by the Occupational Health Department
- Refer staff with symptoms suggestive of latex allergy to OH and complete an incident report using the DATIX system
- Report any products or substances suspected of causing skin conditions on an incident report using the DATIX system
- Send staff at risk of latex allergy or dermatitis to attend the OH dept for assessment and enhanced health surveillance
- Have arrangements (in coordination with the Occupational Health Department) for ensuring that a copy of the health surveillance health record is available for inspection and kept secure for 40 years
- Be cognisant of the Glove Pyramid (Page 13) the Guidance on Glove use (Page 16) Putting on and taking off gloves (page 17) and the requirements and Risk Assessment processes in **Appendices C, D, E F & G**

#### **5.5 Head of Procurement**

The Head of Procurement is responsible for ensuring:

- That where reasonably possible; equipment, materials and substances purchased for Trust use are latex free.

- That when products containing significant amounts of latex are identified, further information is obtained from the suppliers, manufacturers, clinicians or person ordering the product and departmental COSHH data/risk assessment sheet to ascertain its suitability for use in the Trust
- Monitoring and auditing the procurement of all types of gloves and not sanctioning the procurement of latex gloves for non authorised purposes

## **5.6 Health and Safety Manager**

The health and safety manager will ensure that

- There are policies with associated systems in place to identify, prevent and control risks that may lead to dermatitis among staff
- The risk assessment processes are adequate and annually audit that the findings of the risk assessments are being implemented
- The adequacy of the health surveillance process is monitored and that it is being implemented by the relevant line managers and the Occupational Health Department
- The DATIX incident reporting system is monitored for dermatitis, latex, and COSHH related incidents
- RIDDOR cases (related to latex and dermatitis) are reported (F2508) and investigated
- Reports are provided to the Trust Health Safety & Fire Committee that these actions are being undertaken

## **5.7 Occupational Health Services - Physician and Nurse Manager**

The Occupational Health Service is responsible for:

- Supporting staff and the competent person training with regard to dermatitis awareness and its management.
- Screening new 'latex glove users' for latex allergy
- Providing ongoing health surveillance for staff that are identified as latex glove users and other workers with dermatitis who need health surveillance.
- Providing an enhanced level of health surveillance for those identified as being at risk or having developed allergy to latex or other gloves or detergents or disinfectants
- Providing advice to managers and support for staff with allergy; advice on alternatives products to ensure safer working environment
- Recommending to the Trust on the need to redeploy staff whose symptoms cannot be controlled by adjustments to their workplace
- Referring to the specialist / GP to arrange investigation for staff with possible latex allergy or dermatitis as clinically indicated
- Reporting to the Health and Safety Manager all work related dermatitis; as per the requirements of the RIDDOR regulations

## **5.8 Employees**

It is the responsibility of employees to

- Co-operate with Trust managers in achieving compliance with the requirements of this policy
- Adopt the necessary precautions in managing patients with latex allergies
- Report any symptoms that may be due to latex allergy or skin symptoms affecting their hands to their Manager and then attend the Occupational Health Department as directed
- Report any adverse incidents related to dermatitis or latex allergy such as failure to identify, record or manage appropriately latex allergy related incidents to patients; using the DATIX electronic incident reporting system
- Co-operate with latex related or hand dermatitis related incident investigation

- Attend any appropriate training related to their health, safety & wellbeing and put this into practice within their respective work environment (**See also page 17**)

## 5.9 Other Trust services

**Dermatology:** Dermatologists must provide specialist advice to manage patients or staff member with a latex allergy or other dermatological condition.

**Infection Control Team:** Is responsible for leading on or being involved in the risk assessment process on the selection and use of gloves, detergents or any other infection control substances being used for clinical, surgical, cleaning & waste management and the barrier performance of gloves used in these processes.

**Medical Devices:** Those responsible for purchasing medical devices for the Trust must consider that they may contain latex. If there is evidence of a medical device causing an allergic reaction an adverse incident report must be completed and the MHRA informed if appropriate.

**Pharmaceuticals:** The Pharmacy manager must ensure that all drugs, their packaging and containers are free from latex so far as is reasonably practicable.

**Resuscitation Team** must ensure that resuscitation equipment is free from latex.

## 6. Dermatitis – General Information

### A. Types of Skin Reactions to Detergents, Disinfectants and Gloves including Latex

There are three main types of reaction to latex, gloves and chemicals in soap and disinfectants:

- a) **Irritation** - a non-allergic skin rash consisting of a dry and itchy rash affecting the hands with all gloves - usually reversible with good hand hygiene and proper glove use. However, a breach in the skin barrier can increase the risk of a substance allergy such as latex allergy. A wide range of substances can cause skin irritations - so it is important to seek advice from Occupational Health for further evaluation.
- b) **Delayed Hypersensitivity (Type IV)** - known as allergic contact dermatitis and is predominately a response to the chemical additives known as 'accelerators'; used in the manufacturing of gloves. It results in a red rash; leathery skin and papules or blisters on the back of the hands and between the fingers. The reaction can be delayed from several hours to days after contact and then subside. It can predispose the affected individual to a Type I allergic reaction.
- c) **Immediate Hypersensitivity (Type I)** - is a response to the natural protein residue found in natural rubber latex. Symptoms include local or generalised urticaria and oedema, if mucous membranes are affected, rhinitis, conjunctivitis or asthma may result. Respiratory difficulties and anaphylaxis may occur rapidly in extreme cases. Symptoms are usually produced within 5 - 30 minutes of exposure but delayed reactions have been noted.

### 6.1 LATEX ALLERGY

Latex gloves may be the preferred choice for fine surgical procedures for health care workers because of its tactile sensitivity, barrier property against viruses, good fit and optimal elasticity and user familiarity. However, latex is a known skin and respiratory sensitiser and in a small number it can cause serious type 1 allergy. The advances in glove manufacturing are already allowing many surgeons to opt for safer non-latex gloves.



## **Risk Factors to consider for latex allergy**

- History of anaphylaxis, asthma, rhinitis or urticaria due to latex
- Staff who have undergone multiple operations and instrumentation due to conditions like myelodysplasia; spina-bifida and urethral dilatation are at an increased risk due to the repeated mucosal exposure to latex.
- Atopic (history of hay fever, asthma, eczema or dermatitis)
- Cross-reactions with certain foods, e.g. bananas and avocados due to shared antigenic proteins between the fruits and the latex
- Using latex gloves frequently as part of the work
- The use of powdered gloves increases exposure to latex antigens via the lungs.
- Gloves with high levels of latex proteins and process chemicals

## **Measures to Minimise the Risk of Allergic Reaction to Latex**

- The Trust policy is to work towards eliminating the use of latex gloves in the coming years. Non-latex gloves are the preferred choice and the latex gloves will be restricted to procedures where non-latex gloves are not suitable.
- Only latex gloves with very low latex protein will be purchased
- Only powder free gloves will be available in the Trust
- Permitted latex glove users should be encouraged to wear the non-latex gloves whenever possible for procedures where latex gloves are not essential
- Adopt a high standard of hygiene and skin maintenance

## **Staff Risk Assessment for Latex**

The use of latex gloves in work is the single most important risk factor for latex allergy. This will be the main factor in determining the high risk staff group for careful screening for latex allergy, regular skin checks and initial and on-going health surveillance. The use of latex gloves will be permitted in particular areas, only for specific groups of staff who carry out clinical procedures (surgical or interventional or invasive procedures) which requires superior tactile sensitivity.

A group risk assessment will be facilitated by a nominated local manager (responsible for, or in control of the group of clinical staff) in consultation with the Health and Safety Department, the Occupational Health Department and the Infection Control Department. The risk assessment will be reviewed and audited annually, or as and when.

- An incidence of dermatitis is reported in a specified work area
- If it is assessed that the control measures are inadequate
- There are other significant changes in the work activity, work environment or the numbers & skill mix of the specified users

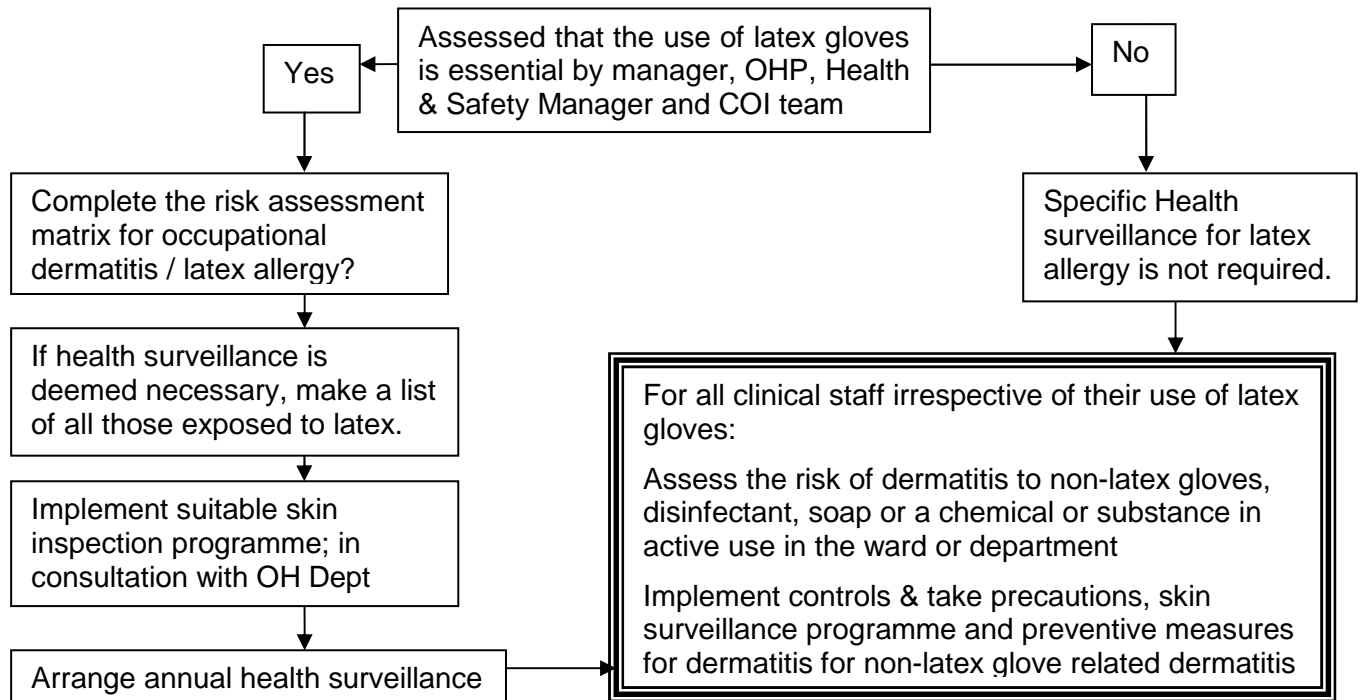
The completed risk assessment will be kept locally and made available to those staff to which it applies; a copy will be kept by the health and safety department.

## **Restricted use latex gloves**

Staff must use non-latex gloves for procedures for which latex gloves are not essential. Following the risk assessment process the use of latex gloves is permitted for certain procedures in restricted areas; this list will be regularly reviewed by the Occupational Health and Health & Safety Departments.

- Surgeons in all operating theatres (in-patients and day surgery)
- Radiologists carrying out Interventional radiology
- Endoscopists
- Doctors in Neonatal and paediatric intensive therapy units

## Flow chart that summarise the risk assessment process for latex allergy



## Management of staff with a latex allergy

Staff should report any symptoms that may be the result of latex allergy to their managers who should then complete a DATIX Report Form. Managers should then refer them to Occupational Health where the physicians will

- Assess the situation, make recommendations and take appropriate action
- Investigate for latex allergy as required and refer appropriately to confirm or exclude latex allergy in consultation with the staff member's GP
- Arrange regular follow up of staff with latex allergy for health surveillance
- Provide information on latex allergy, prevention and precaution at work, home and when they seek medical care

The working environment must be reviewed to make sure it is safe for the worker with latex allergy. Suitable alternative gloves must be provided. The fellow workers should be made aware of their allergy and the possibility of latex being unwittingly introduced into the workplace, if they are working in a latex gloves free environment. If the latex allergy member of staff is working in an area where latex gloves are essential, then they should be under enhanced level of health surveillance under OHD and if the symptoms recur, then suitable re-deployment and retraining should be considered in line with Trust HR procedures. If they require an EpiPen the use of this must be discussed with the manager to establish that safe systems exist for its appropriate use.

## 6.2 DETERGENTS, DISINFECTANTS AND OTHER CHEMICALS

The process of hand hygiene, hand washing technique, the choice of products and hand care relating to the use of disinfectants are covered in detail in the Trust policy on '**Hand Hygiene policy**' which can be accessed in the Trust intranet.

Hand hygiene is very important to control hospital acquired infections. The frequent hand washing, not drying the hands adequately, prolonged exposure to soaps and disinfectants can predispose the worker to irritant dermatitis and less commonly, allergic dermatitis. There is good

evidence that hand dermatitis predisposes the worker to carrying pathogenic and high concentration of micro-organisms that are harmful to patients. The breach in skin barrier also predisposes the worker to contracting blood borne viruses and other infections from the patients. Repeated dermatitis can also predispose to chronic dermatitis that does not respond to avoidance of the causes or treatment.

### **Risk assessment**

Should the Trust introduce any new soap, disinfectant, detergent, infection control substance or glove; then the principles of consulting with relevant stakeholders, and undertaking risk assessments, introducing and applying control measures (to prevent dermatitis) apply.

There must be a group risk assessment to the chemicals or substances used in clinical environment so that the trust-wide procedures in relation the proper use, hand care and early reporting will be followed. The line managers must be aware how to access group risk assessment and follow the action plan agreed that is applicable to their work areas.

The Trust has a policy of only using a few selected hand care products, including skin towels, which will be subjected to trust-wide risk assessment. The line managers must not order other products without suitable risk assessment and discussion with the Health and Safety, Occupational Health and Infection Control departments. The occupational health department will recommend alternative products for staff with dermatitis.

Should any other stakeholders or contractors on Trust premises wish to use latex gloves or other products or substances that are likely to impact on the health & wellbeing of Trust staff or any patient; then these stakeholders or contractors must also co-operate with the Trust in the risk assessment and control of such products and substances.

### **Health surveillance**

All staff at risk of dermatitis because of the use of hand care products will be under health surveillance based on risk assessment. For further details, refer to the section 6.4 on health surveillance in this policy.

### **Prevention**

Primary prevention of dermatitis is very important and this should start during training and continue throughout one's working life.

The main elements of primary preventions in skin care are as follows:

- Eliminating hazardous products & work practices so far as is reasonably practicable
- Washing hands only when required
- Washing hands as per Hand Hygiene Policy
- Drying hand thoroughly after washing
- Wearing gloves when required only for minimum periods
- Using non-latex gloves wherever possible with low chemicals
- Using soaps only if the hands are visibly contaminated
- Using alcohol rub when required on a clean and dry hand
- Using skin care creams and lotion to maintain skin vitality
- Early reporting of any sign of skin damage or symptoms to line manager / occupational health

## **6.3 GLOVE SELECTION GUIDANCE**

### **A. Background**

Gloves are used in health care to prevent postoperative wound infections, protect Health Care Workers (HCW's) from patient's micro-organisms, blood borne viruses and to protect the HCW from the effects of antiseptics and chemicals. In the 1980's the emergence of HIV increased glove usage significantly because they were probably the most effective means of barrier

protection for HCWs. Unfortunately this had the adverse effect of increasing other risks; latex allergy, irritant dermatitis and allergy to chemicals used in the manufacture of gloves.

## **B. Use of Latex Gloves**

The latex protein in latex gloves has the potential allergy to the staff and patient – see section 6.1. Therefore, the use of latex gloves must be restricted when it is essential and there is no non-latex gloves are suitable for the purpose. This is likely to be the case in two circumstances:

**Surgical procedures:** The superior tactile sensitivity, elasticity, the better fit and user familiarity may be critical for the procedure.

**Protection against a chemical substance:** The chemical substance can seep through the gloves or damage the gloves and its barrier properties. The interaction between chemicals and glove material vary between substances. There are suitable non-latex gloves available for most chemicals used in the hospitals. Further guidance can be obtained by contacting Health and Safety department and Occupational Health departments.

The manager will document the reason for selecting latex gloves in a specific risk assessment matrix. Only powder free latex gloves with extractable protein level of less than 50 micrograms/gram (measured by the modified Lowry assay) will be used in such circumstances.

Where latex gloves are used, users must be provided with information on the risk of latex allergy, information on how to recognise possible allergic reactions to latex and on the need to report suspicion of allergic reactions to the Occupational Health Service.

## **C. General guidance on Glove Use**

Gloves should be worn to

- provide a protective barrier
- prevent contamination of the hands with organic matter and micro-organisms when exposed to blood, body fluids and non intact skin
- prevent the transmission of micro-organisms present on the hands of staff during invasive or other patient care procedures

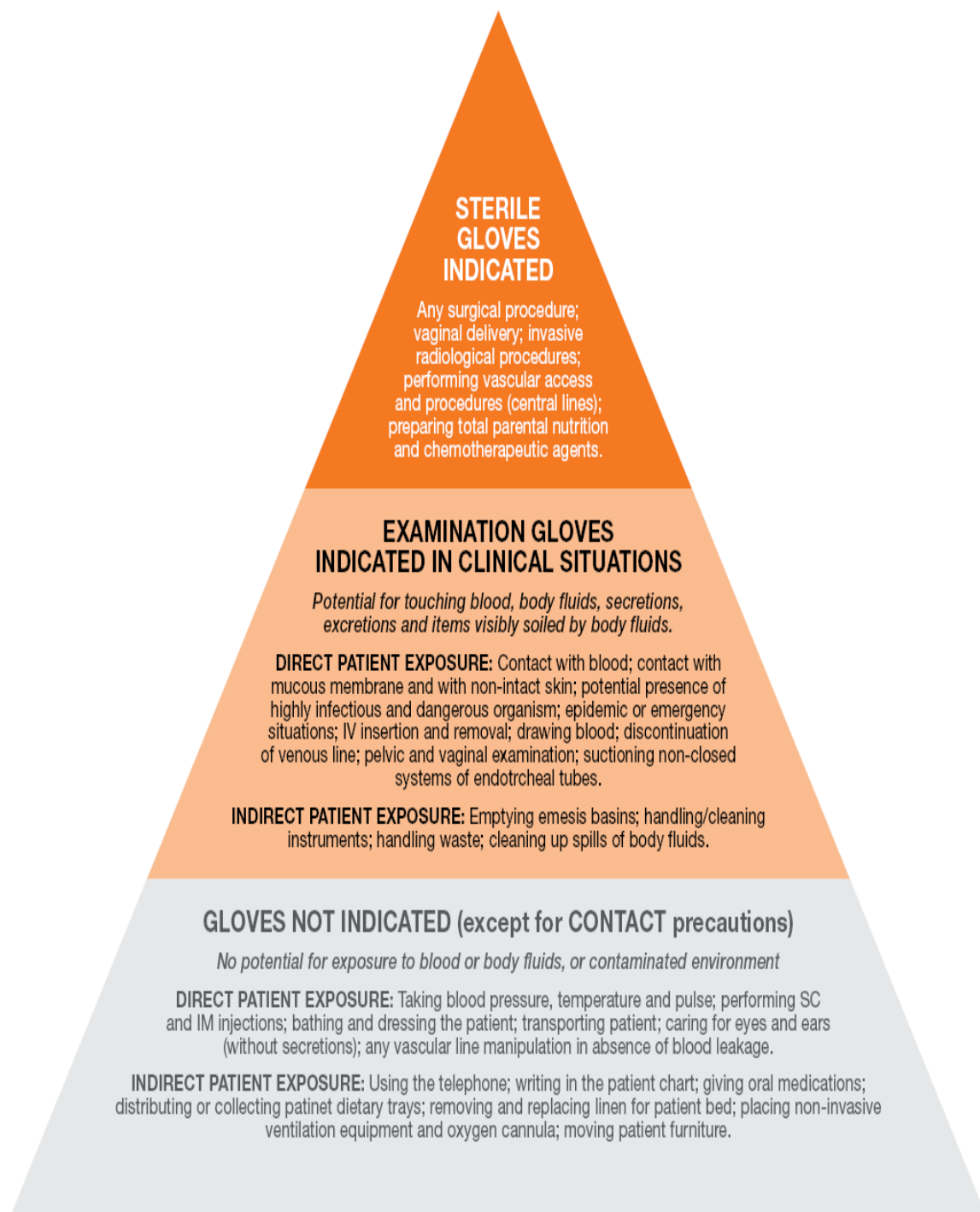
Staff should cover any cuts or abrasions on their hands with a waterproof dressing to reduce the risk of contamination following glove failure.

To minimise the risk of damage to gloves healthcare staff must

- keep nails short and avoid wearing artificial nails
- avoid wearing rings with stones which interfere with hand washing, make putting on gloves more difficult and have the potential to tear the glove

**D. The Glove Pyramid** (adapted from WHO Save lives – Hand hygiene leaflet) – to aid decision making on when to wear (and not wear) gloves

Gloves should be worn by all HCW's when there is anticipated contact with blood or body fluids irrespective of the known or suspected infectious status of the patient. The pyramid details some clinical examples in which gloves are not indicated, and others in which examination or sterile gloves are indicated. Hand hygiene should be performed when appropriate regardless of indications for glove use.



Gloves can tear or puncture visibly during use or leakage may occur through microscopic holes. Hands may also become contaminated as gloves are removed.

**GLOVES MUST NOT BE SEEN AS A SUBSTITUTE FOR GOOD HAND HYGIENE!**

Staff should inspect gloves regularly whilst in use and change them if defects (tears, splits, holes) appear or are suspected.

Double gloving is advisable during some high-risk surgery (e.g. orthopaedic) even though sensitivity and dexterity may be impaired; a sterile double glove indicator system should be used. The need for double gloving should be assessed as part of the risk assessment before use.

It is essential that gloves fit the wearer correctly. Poorly fitting gloves

- interfere with dexterity and performance
- cause friction when tightly fitting, rubbing the skin and causing damage to the upper layer of skin cells resulting in skin irritation
- cause excessive sweating creating an ideal environment for bacterial growth and skin breakdown
- can affect the muscles and fingers of the hands leading to finger fatigue

Gloves should cover the wrist; gloves with a longer cuff (gauntlets) may be necessary for some procedures.

Sterile gloves are designated as single use and as such must not be re-used under any circumstance. Washing of gloved hands is unsafe practice and gloves must be disposed of after each care activity.

### **E. The choice of gloves**

The choice of glove should be made following a risk assessment of the nature of the task, the risk to the patient and the risk to the HCW.

Factors to be considered in a risk assessment

- the likelihood of exposure to blood, body fluids
- the length of the procedure
- whether or not a sterile glove is required
- patient/user sensitivity to latex or other material
- potential contact with any chemicals, drugs or other substances
- the need for dexterity and tactility
- whether latex gloves is required or a safer alternative could be used

### **Synthetic Materials**

Some synthetic rubbers have been developed as an alternative to NRL and they are described below.

#### **Nitrile**

- provides an excellent biological barrier, resistant to punctures and tears
- comparable to NRL in terms of barrier performance
- are a good alternative for latex sensitive individuals
- can be used where a latex free environment is necessary
- are less elastic than NRL but do shape to the wearer's hand over time
- can be used for handling certain chemicals

However, nitrile contains the same types of chemicals as NRL in the manufacturing process and allergic reactions have been reported.

#### **Poly Isoprene and Neoprene**

- offers effective protection against viral penetration
- has similar elasticity and physical properties as NRL
- is suitable for individuals sensitised to NRL proteins
- can be used when a latex free environment is necessary

## **Vinyl**

- In lab tests shows increased permeability to blood borne viruses than NRL
- Possess lower tensile strength than NRL and break down more frequently
- Prone to leaking
- Inelastic and can be baggy to wear
- Inexpensive in comparison to synthetic rubbers
- Suitable for use in areas where there is a low biohazard risk
- Suitable for use when staff or patients are sensitised to NRL

## **Polythene**

These gloves are not recommended for use in the clinical setting as they are ill fitting, have heat sealed seams that are predisposed to split and have a tendency to tear.

## Guidance on glove selection – Poster for all clinical areas

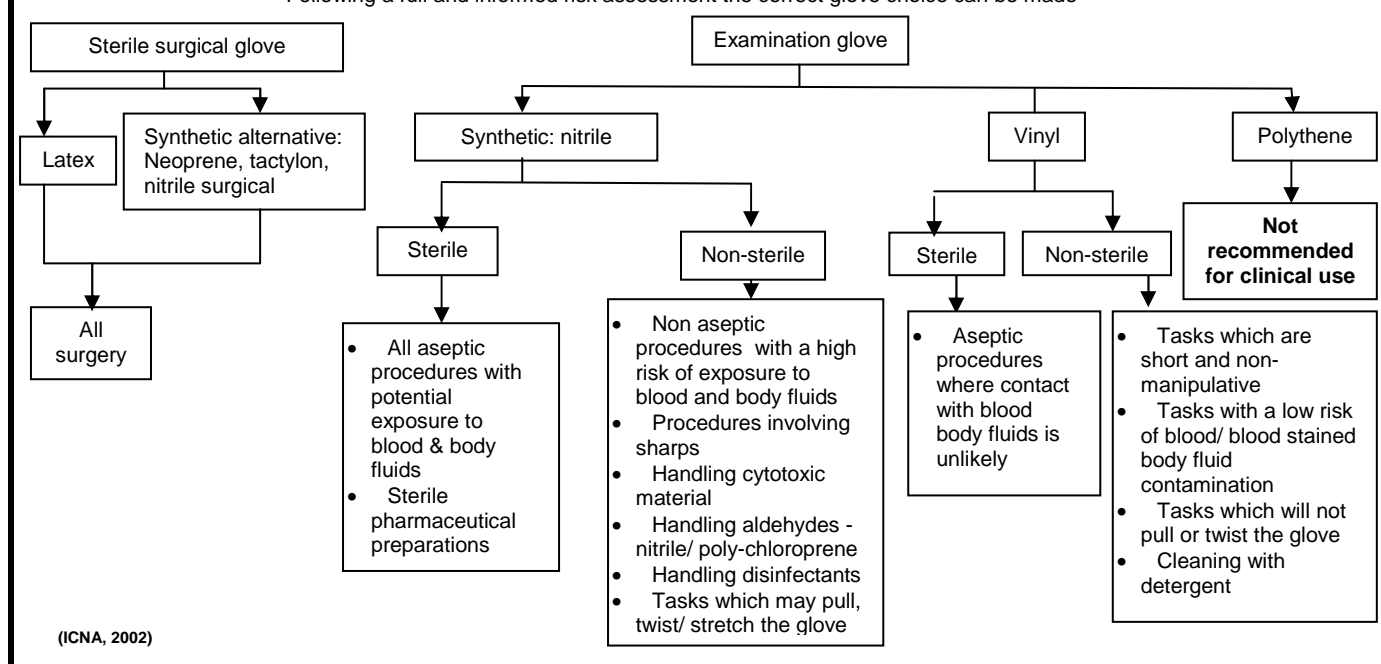
**Make sure the gloves you wear are suitable for the task you are about to perform. For administration of cytotoxics, please adhere to guidance from specialist centre providing therapy. For COSHH substances please refer to COSHH guidance.**

### Glove use chart (adapted from chart devised by Kingston PCT Product Selection Disposables Group)

Sterile gloves	Gloves not needed
Management of skin tunnelled catheters	Washing/ bathing/nail care/ shaving
Insertion/ removal of intravenous catheter	Mouth care
Catheter insertion (urethral or supra-pubic)	Eye care (unless eye(s) are infected)
Minor surgical procedures	Applying moisturising creams/ body lotions
Removal of wound clips/ sutures/ surgical drains	Bed making
Acute (surgical) wound dressings	Handling domestic waste bags
Oral surgery	Assisted feeding
Non Sterile Gloves	
Securing clinical waste bags and sharps containers	Oral/ tracheal suctioning/ tracheostomy care/ emptying suction jars
Catheter care/ emptying drainage bag/ applying urosheath	Chronic wound dressings (e.g. leg ulcers)
Using bladder management solutions	Handling soiled linen/ clothing
Catheter removal	Oro-motor assessment (speech therapy)
Rectal examination/ administering suppositories/ enema	Changing giving sets
Cleaning equipment (mattresses, commodes, etc.)	Administration of intravenous drugs
Podiatry	Cleaning faeces/ urine (inco pads/ nappies/ spillages/ changing stoma bag)
Venepuncture	Insertion of IUCD/ taking a smear test/ vaginal examination
Capillary blood test	When barrier/ contact precautions are advised
Obtaining specimen of urine/ faeces/ sputum/ wound swab	PEG tube care and connection of giving set
Administration of cytotoxics/ methotrexate	General dentistry

### Risk assessment for glove choice

Following a full and informed risk assessment the correct glove choice can be made



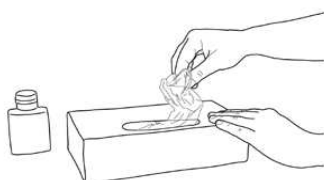
- Gloves must be worn for invasive procedures, contact with sterile sites and non-intact skin/ mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or sharp or contaminated instruments. Some procedures not normally requiring gloves may require gloves when infection is present e.g. eye care.
- Gloves must be worn as single-use items, put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed.
- Gloves must be changed between caring for different patients, and between different care/ treatment activities for the same patient.
- Gloves must be disposed of as clinical waste and hands decontaminated after removal of gloves (DH & HIS, 2003).
- Sensitivity to natural rubber latex in patients, carers and healthcare personnel must be documented, and alternatives to natural rubber latex gloves must be available.
- Gloves have pores that can allow bacteria to pass through; hands should be cleaned before and after wearing gloves.
- Visibly soiled hands must be washed with soap and water. Otherwise alcohol gel can be used to clean the hands.
- Hands should be washed after 4-5 applications of alcohol gel to avoid a build up on the skin.
- Always dry hands thoroughly and apply hand cream to prevent drying



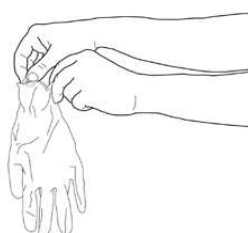
## Putting on and removal of non-sterile gloves - (adapted from WHO Save lives – Hand hygiene leaflet)

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

### I. HOW TO DON GLOVES:



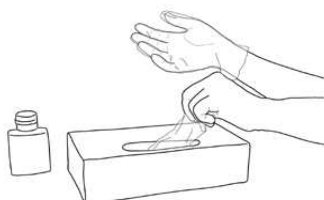
1. Take out a glove from its original box



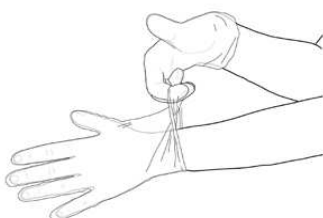
2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)



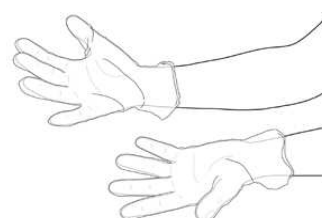
3. Don the first glove



4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist

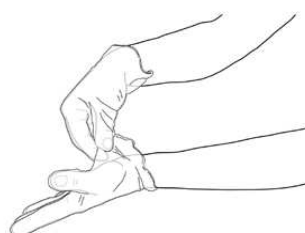


5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

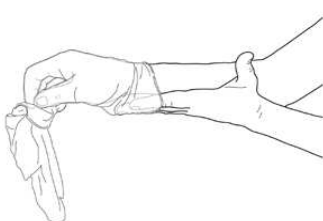


6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

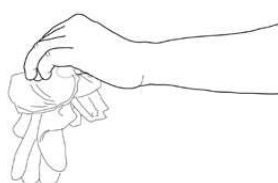
### II. HOW TO REMOVE GLOVES:



1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out



2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove



3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

## Glove Storage

Gloves can deteriorate during storage and become brittle, stained or malodorous. They must be stored in a cool dry place out of direct sunlight and stock rotation must be maintained to avoid prolonged storage.

## 6.4 Health Surveillance

Health surveillance is an effective method to detect and prevent allergy and dermatitis. It is never a substitute to avoidance and proper control to exposure to harmful substances. The following measures will be implemented to achieve the benefits of health surveillance:

### Pre-employment and pre-placement health surveillance

The standard pre-employment health questionnaire will include inquiry on history of known latex allergy. Those who are identified with a history of latex allergy will be assessed for protection from primary and secondary exposure to latex at work-place by the occupational health department.

Staff who will use latex gloves routinely in their work – i.e. Surgeon, will be given a screening questionnaire (**see Appendix C**) at pre-employment or when changing jobs within the Trust to identify those who have a latex allergy or have risk factors for developing latex allergy. They will be given advice and adjustments to their work to minimise exposure to latex proteins and will be under regular health surveillance at appropriate intervals.

### In-employment risk assessment and health surveillance

The line manager will follow the outcome of the group risk assessment applicable to their area to implement health surveillance for dermatitis and latex.

- The line manager must keep an up-to-date list of all 'latex glove users' in their department
- All staff using latex gloves must be under health surveillance
- Any member of staff who develops symptoms suggestive of latex allergy or hand dermatitis should be referred to Occupational Health for investigation and advice.
- Staff appointed to 'latex glove users' posts must be given Health surveillance questionnaires (**Appendix C**) at pre-employment and when changing jobs. A brief interval health questionnaire (**Appendix D**) will be used annually, once in post.
- A '**Latex Glove Use**' **Skin Check Process Map (Appendix E)** shows the process of how staff using latex glove access the health surveillance programme
- A health report (**Appendix F**) will be submitted for those attending the Occupational Health Department and there will not be any clinical details without staff member's informed consent.

### Level 1 – Health surveillance

All staff who use gloves, soaps or disinfectants as part of the job will form this group. They will have the following:

- to attend the MAST training where they will be reminded to report any skin problems affecting hands or to the use of gloves, detergents, soaps, wet work or disinfectants
- As part of the hand hygiene check will include the integrity of skin in the hands as this is a very important factor in controlling hospital acquired infections.
- It is part of the duty of the line manager or the shift lead to refer any staff member turning up to work with hand dermatitis for urgent assessment by the occupational health to assess their fitness for work.
- All staff member must do regular skin check and when the integrity of skin in hands are affected, they should inform the line manager and see the occupational health staff for further assessment, investigations and advice.

### Skin inspection

Skin inspection for early signs of dermatitis will be part of every healthcare worker's responsibility in view of the risk associated with cross infection to patients and staff themselves. The staff should inform their line manager of any skin problem affecting their

hands early to take preventive measures. In addition, there will be following skin surveillance measures to promote skin care awareness and detects dermatitis early:

- The line managers will promote good hand care, early detection of dermatitis and to refer staff early to OH department
- Prevention of dermatitis and skin inspection training will be incorporated into the bi-annual training of the 'Infection Link Nurse'
- Link nurses will be champions in detecting poor practice of hand hygiene and promote skin checks whenever possible and will encourage staff to seek help through OH Department
- OH staff will carry out skin inspections as a routine, for all those who are seen for any reason in the OH Department
- Staff attending moving and handling training will be briefed on skin inspection and care
- The control of infection team will incorporate monthly skin checks in clinical departments when they use UV light to check proper use of disinfectants; as UV light can detect the early onset of dermatitis
- The occupational health department will carry out inspection of skin during flu vaccination and carryout skin surveillance during flu vaccination as well as when they do regular ward visits to promote flu vaccinations
- OH will promote skin surveillance during wellness days that are run in the staff canteen and other trust-wide locations as a routine with other initiatives
- OH will request product providers to make arrangements to undertake skin audits

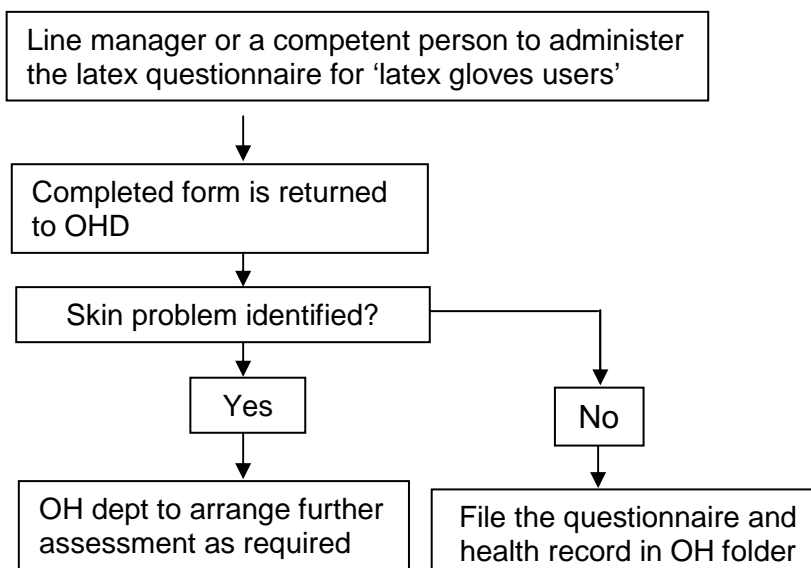
## **Level 2 – Health Surveillance – (Latex gloves users)**

'Latex Glove Users' are in this group. They would have had the initial detailed assessment on appointment to the post and thereafter, will have annual short health questionnaire to inquire of any symptoms relating to glove or soap/disinfectant use in the previous 12 months. If the answer is negative, the form will be filed in the staff member's folder as the 'health report' of health surveillance. Anyone who reports of symptoms will be referred to Occupational Health for more detailed assessment and the manager will receive a health record on the outcome.

In addition, they will follow all the safeguards to prevent and detect early dermatitis as for those in level 1 health surveillance.

### **Chart for Health Surveillance for 'Latex Glove Users' (Level 2) In-employment**

(Also refer to appendix E – 'latex glove user' skin check process map)



## **Skin inspection**

As part of the generic and individual risk assessments, the line manager/competent person should determine whether enhanced level of skin inspection is required in their area. The factors such as regular use of latex gloves, the allergic potential of the chemical; the frequency of exposure; accumulative duration of exposure; the pre-existence of risk factors (see section 6.1); the awareness and knowledge of the users or user group of dermatitis and the likelihood of hand dermatitis going unnoticed in the normal course of work will be taken into account in deciding the format and frequency of skin inspection.

The enhanced skin inspection may take one or more forms such as a nominated person inspecting the skin in the department or promoting inspections periodically in team meetings/audit/clinical governance meetings or another suitable system or combination of number of methods.

The competent person carrying out skin checks on other staff must have an understanding of allergy and dermatitis, the common presentation and the ability to recognise this early by inspection of the skin in hands, forearm and other skin areas exposed to chemicals.

## **Level 3 - Health Surveillance (Staff with dermatitis/latex/other chemical allergy)**

Staff reporting of an allergy to latex or a chemical in gloves or soap or disinfectants will be under enhanced health surveillance unless the exposure can be fully controlled and the occupational health is satisfied that the risk is satisfactorily controlled and the safeguards are in place to intervene early should the problem recur. The level of health surveillance will be similar to level 2 as above but may involve reviews by Occupational health, interval appointments or specialist tests such as spirometry.

## **Record keeping**

The health record must include:

- The activity that can cause dermatitis
- the worker's name, address and National Insurance number;
- the products they work with or the process, and how often they do this work;
- the protective measures used (gloves, skin creams etc);
- the date of starting work with the products or process.
- The result of the health surveillance

These records will be retained for 40 years.

## **6.5 Reporting of Incidents**

All occupational dermatitis must be reported on the DATIX system following the Trust's reporting policy of adverse incidents. It is the duty of the employee and the line manager to follow this process. The Health and Safety Manager is responsible for monitoring the reported incidents and alert the managers and relevant committees when there are unusual or excessive cases are reported in particular areas of the Trust.

The occupational health must monitor all the cases reporting with occupational dermatitis. They should alert the Health and Safety Manager, senior manager of the department and the relevant committees if they have serious concerns about an injury or excessive injuries in an area or in the Trust as a whole.

The Trust will report all occupational dermatitis including latex allergy, allergic and irritant dermatitis to HSE as required by the RIDDOR regulation. This will be carried out by Occupational Health Department; in collaboration with (and monitored by) the Health & Safety Department.

## **6.6 The management of staff with dermatitis**

The staff who present with dermatitis must report to the line manager who must refer the employee to the occupational health department for assessments. The line manager must also refer the employee if they observe dermatitis during the day to day work. There must be an open culture of seeking help early as this prevents the dermatitis becoming a chronic problem.

The staff whose dermatitis is recognised during skin surveillance programme must be advised to report this to line manager and seek advice from occupational health. The skin surveillance program must have a system of referring to occupational health by informing the line manager.

The occupational health must have clear internal procedures to manage all types of referral including self referrals and must involve line manager wherever possible. The best management is prevention which needs the involvement of line manager. The occupational health department must work closely with the Dermatology department in accessing referrals early as appropriate, arranging investigations such as patch tests and seeking expert advice on management of resistant dermatitis. The General practitioner must be kept informed.

On recognising the dermatitis, the line manager must review the risk assessment in discussion with the occupational health and introduce control measures. This may relate to hand hygiene procedures, provision of alternative products, exemption from a process in work temporarily or permanently or reallocating duties.

If the dermatitis persists despite all reasonable adjustments, then the employee must be supported with re-deployment or retraining or other measures including termination of contract on ill health or ill health retirement following HR procedures of the Trust. The employee must not be allowed to continue in a work that is causing significant harm to their health as well as imposing a risk to patients.

## **7. Dissemination and implementation**

### **7.1 Dissemination:**

Explain how the documents will be circulated to relevant stakeholders. If the document replaces a previous version, include the process to remove outdated copies and associate documents and plans to ensure staff are informed of the new version.

### **7.2. Implementation**

This document will be made available to all Trust staff on the Trust Intranet and through line management cascade. This policy supersedes all previous policy implementation and will be reviewed no later than three years from the date the policy was ratified. This policy provides legal guidance to managers and staff in the use of latex in the workplace whilst on Trust business.

Should there be any conflict between this policy and its guidance and any other Trust document or policy then Health and Safety legislation will take precedence.

The following measures will be taken to provide information:

- The staff will be informed in their induction programme of the importance of latex allergy, hand dermatitis and glove selection in protecting their health and that of patients.
- There will be posters titled 'skin checks for dermatitis' from HSE or similar, placed in areas where gloves where there is a risk of dermatitis is significant.
- Latex glove users will targeted by trust wide communication to raise awareness of latex allergy.
- Those who have hand dermatitis or latex allergy will have more detailed information from the occupational health department on managing their health condition.

## **8. Monitoring Compliance**

The occupational health department will monitor those reporting with latex allergy and dermatitis. This information will be reported to health and safety committee on an annual basis or when there are concerns about excessive numbers relating to a product reported.

The occupational health department will inform all cases of work related dermatitis including those due to irritant dermatitis to Health and Safety department for reporting under RIDDOR regulations.

The Health and Safety department will prepare an annual report from the incident reporting system of all dermatitis and allergy relating to gloves and disinfectants.

The line manager will investigate the incident with the help of occupational health and health and safety department to review the risk assessment and implement control measures.

The table below outlines the process for monitoring compliance.

Monitoring compliance and effectiveness table					
Element/ Activity being monitored	Lead/role	Methodology to be used for monitoring	Frequency of monitoring and Reporting arrangements	Acting on recommendations and Leads	Change in practice and lessons to be shared
<i>Audit of Risk assessments (Latex, Dermatitis &amp; other COSHH Substances</i>	<i>Health and Safety Manager</i>	<i>A sample of department carrying out such risk assessments to be audited for compliance with policy</i>	<i>Annual</i>	<i>Health, Safety and Fire Committee</i>	<i>Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</i>
<i>Health surveillance</i>	<i>Senior Nurse in Occupational Health and Wellness lead</i>	<i>Reporting of latex glove users to occupational health, completion of health surveillance and provision of health record</i>	<i>Annual</i>	<i>Health, Safety and Fire Committee</i>	<i>Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</i>
<i>Annual audit of the staff reporting of latex allergy and hand dermatitis</i>	<i>Senior Medical Officer, Occupational Health  Health and Safety and Fire committee</i>	<i>All cases reported will be analysed for demography, diagnosis, causes and preventive measures.  The reporting of cases under RIDDOR to Health and Safety</i>	<i>Annual</i>	<i>Health, Safety and Fire Committee</i>	<i>Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</i>
<i>Annual report on the dermatitis and latex allergy reported in DATIX and RIDDOR incidents</i>	<i>Health and Safety Manager</i>	<i>All cases reported under DATIX and RIDDOR Regulations to HSE</i>	<i>Annual</i>	<i>Health, Safety and Fire Committee</i>	<i>Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</i>

Element/ Activity being monitored	Lead/role	Methodology to be used for monitoring	Frequency of monitoring and Reporting arrangements	Acting on recommendations and Leads	Change in practice and lessons to be shared
<i>Use of Latex gloves in the trust by volume and areas</i>	<i>Head of Procurement</i>	<i>All the Latex gloves purchased by volume and area of the Trust</i>	<i>Annual</i>	<i>Health and Safety and Fire Committee</i>	<i>Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</i>



## **9. Associated documentation**

This policy must be read in conjunction with the following Trust policies:

Adverse Incident Reporting Policy and Procedures  
Control of Substances Hazardous to Health Policy  
First Aid Policy  
Health & Safety Policy  
Personal Protective Equipment (PPE) Policy  
Risk Management Policy  
Serious Incident policy

## **10. References**

This policy and accompanying procedures are based on the requirements of:

The Health and Safety at Work etc. Act 1974  
Management of Health and Safety at Work Regulations 1999  
The Control of Substances Hazardous to Health Regulations 2002  
The Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR 95)  
Health and Safety (Consultation with Employees) Regulations 1999  
Latex sensitivity in healthcare setting MDADB 9601 Medical Device Agency 1996  
Occupational aspects of management a national guideline Latex Allergy: Royal College of Physicians 2008  
Medical aspects of Occupational skin disease – guidance note MS24 – second edition – HSE website

Appendix A:

**1. EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING**

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
Latex Policy Incorporating Glove Selection & management of hand dermatitis	Occupational Health	Occ Health Health & Safety Infection Control	Updated Latex policy now incorporating dermatitis	January / February 2012
<b>1.1 Who is responsible for this service / function / policy?</b> Consultant Occupational Health Physician and the Health and Safety Manager of the Trust				
<b>1.1 Describe the purpose of the service / function / policy?</b> The risk of Latex allergy is of concern to all staff and patients. Equally, it is important staff wear appropriate gloves to prevent cross infection to patients and protect them from all infections from patients including blood borne viruses. The policy all also ensure that patients with or at high risk of Latex allergy are treated in a 'latex safe' environment. The staff with latex allergy will also be supported.				
<b>1.3 Are there any associated objectives?</b> National guidance to minimise exposure to Latex to patients and staff. HSE guidance to reduce latex allergy and dermatitis in				
<b>1.4 What factors contribute or detract from achieving intended outcomes?</b> Compliance with policy No suitable alternatives available for Latex gloves where perfect tactile sensitivity is required				
<b>1.5 Does the service / policy / function / have a positive or negative impact in terms of race, disability, gender, sexual orientation, age, religion or belief and Human Rights?</b> Details: [see Screening Assessment Guidance] The policy does not discriminate any minority groups – it applies equally.				
<b>1.6 If yes, please describe current or planned activities to address the impact.</b> NA				
<b>1.7 Is there any scope for new measures which would promote equality?</b> No				
<b>1.8 What are your monitoring arrangements for this policy/ service</b> None required for equality reasons				
<b>1.9 Equality Impact Rating [low, medium, high]- see guidance notes 3.1 above</b> Low				
<b>2.0. Please give you reasons for this rating</b> It applies to all staff who are exposed to latex or any chemical products in their course of work irrespective of them belonging to a minority group  <i>If you have rated the policy, service or function as having a high impact for any of these equality dimensions, it is necessary to carry out a detailed assessment and then complete section 2 of this form</i>				

## **2. EQUALITY IMPACT ASSESSMENT FROM – DETAILED ASSESSMENT FOR HIGH IMPACT AREAS**

<b>Service/Function/Policy</b>	<b>Directorate / Department</b>	<b>Assessor(s)</b>	<b>New or Existing Policy/Service</b>	<b>Date of Assessment</b>
Latex Policy Incorporating Glove Selection & management of hand dermatitis	Occupational Health	Occ Health & Health & Safety Infection Control	Updated Latex policy now incorporating dermatitis	January / February 2012
<b>2.1 In which areas is the service, function or policy judged to be high priority?</b> In those areas where it has been risk assessed that the wearing of latex gloves is permitted. Also in those areas where there is a risk of contracting dermatitis.				
<b>2.2 What relevant data is available [e.g. ethnic coding monitoring, complaints, previous consultation etc]? Does the data indicate there is a differential impact on any groups?</b>  The requirements of this policy are particularly relevant to those with a history of dermatitis or a susceptibility to contracting dermatitis.				
<b>2.3 Is there any national or local guidance on equality issues for this service, policy or function?</b>  Yes. There are multiple national references and guidance documents providing advice & guidance on the prevention and management of dermatitis.				
<b>2.4 Summarise the consultation. Who are the main stakeholders? What are their views?</b>  Wide consultation across the Trust; in particular with, Procurement, Divisional Directors of Nursing, Occupational Health, Health & Safety & Infection Control				
<b>2.5 What are the recommendations for change arising from the assessment? (To consult with key stakeholders before disseminating trust wide)</b> The main requirement of this policy is to eliminate the use of latex gloves so far as is reasonably practicable and to similarly prevent the occurrence of dermatitis; to risk assess and control those work activities that may cause dermatitis; to identify individuals who use latex gloves and to provide health surveillance to those individuals.				
<b>2.6 What are the costs and benefits to the relevant group and to the Trust?</b> The benefits are that the Trust moves towards becoming free of latex gloves. There may however, in certain circumstances, be an additional cost to provide more expensive non-latex alternative gloves.				
<b>2.7 Details of the action plan to ensure implementation, including how relevant groups will be advised of the changes.</b> See section 7.2				
<b>2.8 Monitoring arrangements</b>  See section 8				

## Appendix B:

### **Checklist for the Review and Approval of Procedural Documents**

To be completed and attached to any document submitted to the Policy Ratification Group for ratification.

Title of document being reviewed		Yes/No/Unsure	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Is the method described in brief?	Yes	
	Are individuals involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are local/organisational supporting documents referenced?	Yes	
<b>6.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate, have human resources/staff side committees (or equivalent) approved the document?	Yes	

<b>7.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
<b>8.</b>	<b>Document Control</b>		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
<b>9.</b>	<b>Process for Monitoring Compliance</b>		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
<b>10.</b>	<b>Review Date</b>		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
<b>11.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Yes	

## Appendix C:

### LATEX HEALTH QUESTIONNAIRE, INITIAL ASSESSMENT

#### PRIVATE AND CONFIDENTIAL

Dermatitis is an inflammatory condition of the skin and the hands are the most commonly affected part of the body. Health care workers are exposed to potential irritants such as chemicals in gloves, disinfectants and detergents. Certain categories of work may be exposed to Latex which is a known sensitiser and can cause type 1 allergy, including anaphylaxis, occupational asthma and urticaria.

The Trust is working towards a latex free environment but in the meantime the use of latex gloves is restricted to the following group:

- For surgical procedures where tactile and perfect fit is critical
- Contact with chemical where latex gloves is the only suitable gloves.

If you are using Latex gloves for other reasons, you must discuss this with your line manager or occupational health as there are safer alternative available.

All staff using latex must complete this questionnaire fully and you may be seen in person by the occupational health nurse for further assessment

**Name:**

**Date of Birth:**

**Contact Telephone number: Work:**

**Mobile:**

**Email address:**

**Title of work:**

**Department:**

**Manager's name:**

#### RISK FACTOR ASSESSMENT (check appropriate box)

**Yes No**

- |   |                                                                                                        |                          |                          |
|---|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1 | Do you wear latex gloves at work?                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Do you have a history of eczema or other rashes on your hands?                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Do you have a history of needing frequent surgery or invasive procedures?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Do you have a history of hay fever, asthma or any other common allergy?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Circle any foods that cause hives, itching of lips or throat, or more severe symptoms if you eat them: | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                     |                                 |                                    |                                 |                                  |
|-------------------------------------|---------------------------------|------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Banana     | <input type="checkbox"/> Peach  | <input type="checkbox"/> Pineapple | <input type="checkbox"/> Potato | <input type="checkbox"/> Avocado |
| <input type="checkbox"/> Kiwi Fruit | <input type="checkbox"/> Papaya | <input type="checkbox"/> Egg       | <input type="checkbox"/> Tomato | <input type="checkbox"/> Peanut  |
| <input type="checkbox"/> Other:     |                                 |                                    |                                 |                                  |

HISTORY OF REACTIONS SUGGESTIVE OF LATEX ALLERGY		Yes	No
1	Have you ever experienced anaphylactic shock? (a serious allergic reaction to a substance)	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have a history of complications relating to latex following surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you had itching or swelling after dental or pelvic examinations?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you experienced breathing difficulty after blowing up a balloon?	<input type="checkbox"/>	<input type="checkbox"/>
5	Does rubber or elastic bands on clothing cause rashes or itching?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you ever had a positive skin test or blood test (RAST Test?	<input type="checkbox"/>	<input type="checkbox"/>
7	Were you ever told by a doctor or a clinician that you have latex allergy?	<input type="checkbox"/>	<input type="checkbox"/>

ALLERGY ASSESSMENT		Yes	No
1	When you or your colleagues wear latex gloves do you have?		
a	A rash, itching, discomfort or cracking of your skin?	<input type="checkbox"/>	<input type="checkbox"/>
b	Hives, red, itchy, swollen hands within 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>
c	Itchy, red eyes; fits of sneezing, runny stuffy nose, itchy nose?	<input type="checkbox"/>	<input type="checkbox"/>
d	Shortness of breath, wheezing, an asthma attack, chest tightness or difficulty in breathing?	<input type="checkbox"/>	<input type="checkbox"/>
e	Other acute reactions, including generalised or severe swelling or anaphylactic shock?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered 'Yes' to any of the above questions:**

2	a	Do you use non latex gloves?	<input type="checkbox"/>	<input type="checkbox"/>
	b	If so; have you still had similar symptoms as if you were wearing latex gloves?	<input type="checkbox"/>	<input type="checkbox"/>
3		Do the symptoms persist when you stop wearing all types of glove?	<input type="checkbox"/>	<input type="checkbox"/>

PRIVATE AND CONFIDENTIAL

**1.2 TO BE COMPLETED BY OCCUPATIONAL HEALTH STAFF**

---

**OHN ASSESSMENT**

Risk of Latex allergy:            Low                      High

Referral to OHP:                Yes                      No

IgE and RAST Test:              Date performed: \_\_\_\_\_ Result: \_\_\_\_\_

Advice:                              Early symptoms:                      Prevention:

**Name of OHN:**                                              **Sign:**                                              **Date:**

---

**SUMMARY OF OH ASSESSMENT**

**FURTHER REFERRAL:**

**USE TEST RESULT:**

**PATCH TESTS RESULT:**

**SKIN PRICK TEST RESULT:**

**PEAK FLOW MONITORING:**

**FINAL OUTCOME:**                      Type 1 Allergy    Type 4 Allergy    Irritant Dermatitis

Other:

**RECOMMENDATIONS:**

**Name of OH:**                                              **Sign:**                                              **Date:**

---

Information leaflet:

Follow-up appointment  
for health surveillance:            6 weeks                      3 months                      6 months                      1 year



## Appendix D:

### Periodic Dermatitis/Latex Health Questionnaire: For staff in post

Dear Colleague

This questionnaire aims to detect dermatitis and other allergy relating to gloves, disinfectants, soaps and other chemicals used at work. Latex is classified as a chemical that causes skin and respiratory sensitisation and allergy (allergic dermatitis and occupational asthma). For this reason, the COSHH regulations require mandatory health surveillance for staff using latex gloves. This is a statutory requirement and the Trust must comply. Your health record will be stored for 40 years.

If you have stopped using latex gloves **completely over the past 12 months**, please let us know and you can be removed from the 'latex glove user' list. Please answer all the questions. If you answer yes to any of the questions below, the Occupational Health Department will need to be contacted for further assessment and guidance.

**You need not give any additional sensitive medical information at this stage.**

<b>Name:</b>
<b>Job Title:</b>
<b>Department:</b>

<b>Have you used latex gloves in your work at St George's Hospital in the past 12 months</b>	
----------------------------------------------------------------------------------------------	--

<b>Have you, in the last 12 months or since last surveillance, had any of the following?</b>	<b>Yes/No</b>
Recurring problems affecting the skin on fingers, hands or forearms? (Skin changes will include rash, itching, roughing of skin, cracking, chapping, scaling, blistering or weeping)	
persistent problems affecting the nose, lips, mouth or eyes such as itching, watering, swelling or tightness of throat	
persistent problems affecting the chest such as cough or wheeze	
Symptoms which you think are not covered above but due to latex or other gloves, disinfectants, soaps or chemicals at work?	

**Signature:**

**Date:**

You can visit the Occupational health department webpage for further information on Latex allergy and health surveillance or refer to the Latex Policy in the Trust intranet under the section of 'Policies and Procedures'.

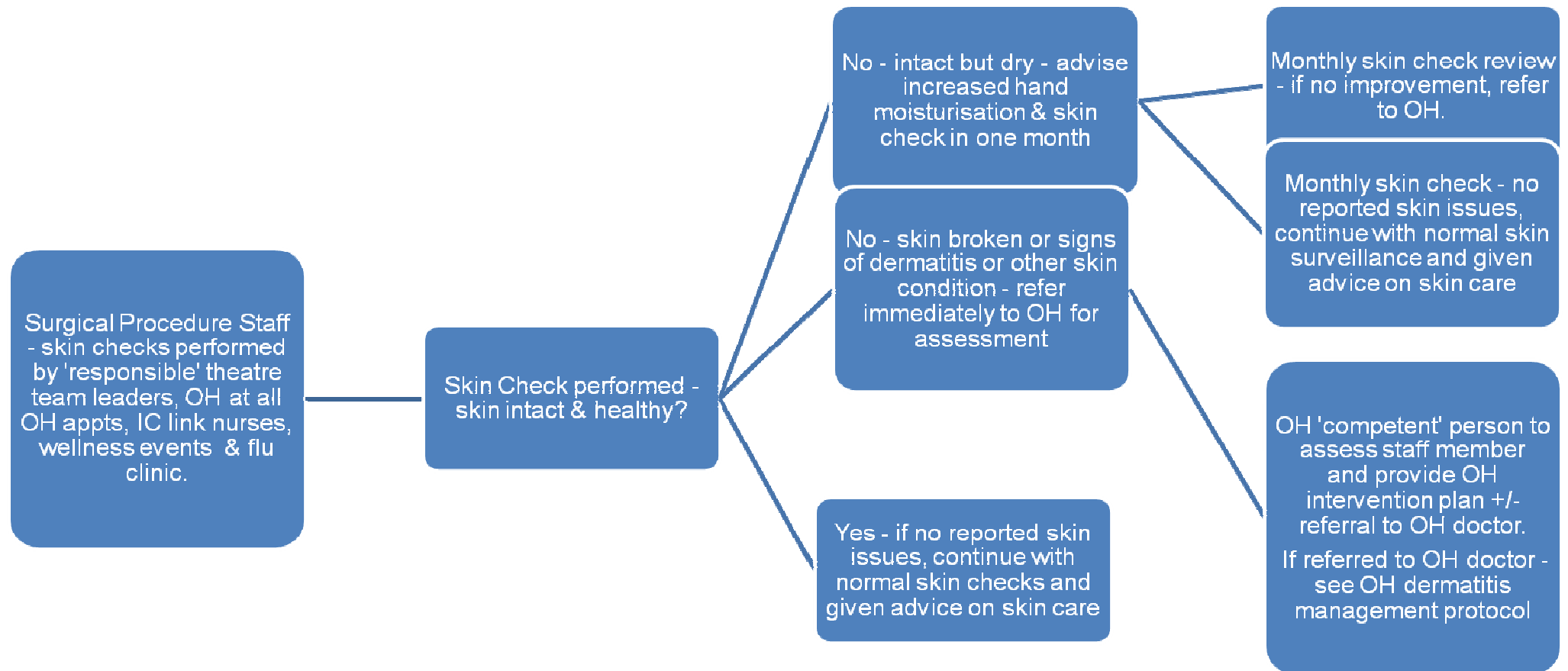
Either sign a printed copy of this form and send it by internal mail to Occupational Health Department or email an unsigned electronic form using your Trust email system to ([ohadmin@stgeorges.nhs.uk](mailto:ohadmin@stgeorges.nhs.uk)) this questionnaire with additional information if you wish.

**Line Manager Name:**

**Date received:**

## Appendix E

### 'Latex Glove User' Skin Check Process Map



## Appendix F

### **EXAMPLE Dermatitis Risk Assessment**

**To be used in designated areas where disposable latex gloves are used in routine procedures.**

#### **Background**

This document set out the process of risk assessment for dermatitis. Please refer to Latex and Dermatitis policy incorporating glove selection in the Trust intranet under procedures and document.

The most commonly affected part of the body is the hands which accounts for almost 75% of all dermatitis. Other commonly affected parts of the body include the arms, face, eyes and neck, although other parts of the body can also be affected.

Primary reasons for the dermatitis among health care workers are:

- Frequent hand washing
- Use of detergents and disinfectants
- Frequent or prolonged use of gloves
- Exposure to glove chemicals such as latex, biocides, preservatives and accelerators
- Genetic predisposition – atopic individuals and those with history of endogenous eczema

There are three types of skin reactions to chemicals. They are:

1. Irritant Contact Dermatitis - This is commonly caused by chemicals and wet work.
2. Allergic Contact Dermatitis - This is caused by sensitising chemicals and food stuffs.
3. Urticaria due to Type I Allergic Reactions – this is commonly caused by Latex protein which can also manifest in other ways and could be summarised as follows:

- Skin Urticaria
- Eye and nasal symptoms
- Symptoms of upper air ways inflammation
- Occupational asthma
- Anaphylaxis

The risk assessment must be carried out in compliance with COSHH regulations. Further guidance is available in the accepted code of practice relating to COSHH regulations and other guidance on dermatitis, accessible in the HSE website.

## DERMATITIS RISK ASSESSMENT

**Date of Assessment:**

**Assessors:**

**Department, Ward or area:**

**Risk assessment type:**

**Additional information:**

**Description of Task:** Use of products, substances or work activities within St George's Healthcare NHS Trust that have the potential to cause dermatitis;

<b>Significant Hazards</b> Describe the significant hazards in your dept that can cause dermatitis	<b>Risks</b> Who could be injured  What might happen to the person and why	<b>Degree of Risk</b>  <u>Before Controls</u>	<b>Existing Control Measures</b> What is in place at the moment to reduce the risks	<b>Degree of Risk</b> e.g. 3x2=6 Low  <b>After controls</b>	<b>Additional Control Measures implemented</b> Manager should implement these control measures, or if they do not have the authority to do so, complete the action plan	<b>Degree of Risk</b>  <b>After new controls</b>
<b>A. Use of latex gloves leading to exposure to Latex protein</b>	<p><b>Type 1 sensitisation (16%) and subsequent development of allergy (2%)</b>including:</p> <ul style="list-style-type: none"> <li>• Skin urticaria</li> <li>• Eye and upper airway allergy</li> <li>• Occupational asthma</li> <li>• Anaphylaxis</li> </ul> <p><b>Type 4 Allergy</b></p> <ul style="list-style-type: none"> <li>• Rarely to latex protein</li> <li>• Other chemicals used in manufacture such as accelerators</li> </ul> <p><b>Irritant Dermatitis</b> The following factors contribute to irritant dermatitis:</p> <ul style="list-style-type: none"> <li>• Frequent hand washing, donning gloves before drying properly, physical trauma caused by the powder in the gloves and the non-permeable nature of the gloves leading to sweat accumulating inside the glove</li> </ul>	C4XL3= 12 High	<p>The current Trust policy relating to latex glove use are as follows:</p> <ul style="list-style-type: none"> <li>• Only powder-free gloves are used</li> <li>• Only latex gloves with very low latex free protein are used</li> <li>• Latex allergic and those with high risk of allergy to latex are given non-latex gloves</li> <li>• The policy was amended to restrict latex gloves to those carrying out invasive procedures</li> <li>• Hand hygiene protocol on: <ul style="list-style-type: none"> <li>○ Use of soaps</li> <li>○ Disinfectants</li> <li>○ Hand drying</li> </ul> </li> <li>• Early reporting of hand dermatitis</li> <li>• See section B for Non-Latex Gloves</li> </ul>	C2 X L2= 4 Moderate	<p>The proposed Trust-wide measures that are being implemented are:</p> <ul style="list-style-type: none"> <li>• Strict controls on the staff who can use latex gloves</li> <li>• Restricted to surgical sterile latex gloves for all staff except dentists</li> <li>• To use non-latex gloves to procedures where latex gloves is not essential</li> <li>• Health surveillance programme annually</li> <li>• Skin surveillance programme</li> <li>• Areas using latex gloves to audit control measures</li> <li>• The procurement department to carry out an annual audit of all the units purchasing latex gloves to ensure compliance</li> <li>• See section B for non-latex gloves</li> </ul>	C1 x L1 =1 Low

Significant Hazards Describe the significant hazards in your dept that can cause dermatitis	Risks What might happen to the person and why	Degree of Risk  <u>Before Controls</u>	Existing Control Measures What is in place at the moment to reduce the risks	Degree of Risk  <u>After controls</u>	Additional Control Measures implemented Manager should implement these control measures, or if they do not have the authority to do so, complete the action plan	Degree of Risk  <u>After new controls</u>
B. Use of non-latex gloves – both sterile and non-sterile	<p>Any susceptible person may experience:</p> <p><b>Type 4 Allergy</b></p> <ul style="list-style-type: none"> <li>Chemicals in gloves that can cause type 4 allergy are: <ul style="list-style-type: none"> <li>Accelerators</li> <li>Biocides</li> </ul> </li> </ul> <p><b>Irritant Dermatitis</b></p> <p>Frequent hand washing, donning gloves before drying properly, physical trauma caused by the powder in the gloves and the non-permeable nature of the gloves leading to swat accumulating inside the glove contribute to irritant dermatitis.</p>	C3xL4=12 High	<p><b>Avoid exposure</b> Use gloves only when indicated – part of mandatory training</p> <p>Only wear gloves for the minimum time required</p> <p><b>Skin Care</b> Dry hands thoroughly with a soft paper towel after washing and before putting on gloves.</p> <p>Wash hands after use of gloves</p> <p>Dry hands and change gloves if the skin become sweaty when wearing gloves for a long period</p> <p>On-going hand hygiene audit &amp; <b>Skin surveillance program</b></p> <p>Staff to check skin regularly for any signs of dryness and cracking and seek advice from Occupational health early.</p> <p><b>Glove selection</b> All vinyl and nitrile gloves meet EU standards. Only powder free gloves are purchased in the Trust</p> <p><b>Reporting skin problems early</b> Staff told to inform their manager and ask for referral to Occupational Health early if they believe they have a skin problem Monitoring Datix monitoring of reported dermatitis incidents</p>	2x3=6 Moderate	<ul style="list-style-type: none"> <li>Staff receive training on dermatitis at induction and MAST updates</li> <li>Included skin check as part of the routine hand hygiene carried out in the wards by COI team</li> <li>Control of infection link nurses are acting as champions for hand hygiene including skin surveillance</li> <li>Introduced Trust-wide skin surveillance as follows:</li> <li>Occupational health to carry out skin check during fortnightly induction</li> <li>As part of flu vaccination programme and record skin checks</li> <li>Linked to moving and handling training</li> <li>Linked to all wellness initiatives</li> <li>Special awareness days</li> <li>All those visiting Occupational health Department to undergo skin inspection and maintain records of skin checks</li> <li>Avoid use of barrier creams</li> <li>Review of skin surveillance programme in all areas using gloves and agree a format that is effective for them</li> <li>Annual audit on compliance by Health and Safety department</li> </ul>	2 x 2=4 Moderate

Significant Hazards Describe the significant hazards in your dept that can cause dermatitis	Risks What might happen to the person and why	Degree of Risk Before Controls	Existing Control Measures What is in place at the moment to reduce the risks	Degree of Risk After controls	Additional Control Measures implemented Manager should implement these control measures, or if they do not have the authority to do so, complete the action plan	Degree of Risk After new controls
C. Use of detergents (soaps) and disinfectants	<p>Any susceptible person may experience:</p> <p><b>Type 4 Allergy</b></p> <ul style="list-style-type: none"> <li>Chemicals in the disinfectants such as chlorhexidine can cause type 4 allergy</li> </ul> <p><b>Irritant Dermatitis</b></p> <ul style="list-style-type: none"> <li>Degreasing effects of detergents and soaps can take the natural protective oils from the skin, causing it to dry</li> <li>Some chemicals in excess quantity can have direct irritant effect - Iodine</li> </ul>	C4xL3=12 High	<p><b>Avoid exposure</b></p> <p>Wash hands and use soaps and disinfectants only when needed – part of mandatory training</p> <p>Only apply the correct amount of soap or disinfectants required</p> <p>Wash hands thoroughly to avoid residue of chemicals left in the skin</p> <p><b>Skin Care</b></p> <p>Dry hands thoroughly with a soft paper towel after washing</p> <p>Apply moisturisers to keep the skin well hydrated</p> <p><b>Skin surveillance program</b></p> <p>Staff to check skin regularly for any signs of dryness and cracking and seek advice from Occupational health early.</p> <p><b>Soaps and disinfectant selection and procurement</b></p> <p>Centralised procedure in procurement which has strict control on the type of products that can be used in the Trust. This take into account the safety and health hazards of the products</p> <p><b>Reporting skin problems early</b></p> <p>Staff told to inform their manager and ask for referral to Occupational Health early if they believe they have a skin problem</p>	C2xL2=4 Moderate	<ul style="list-style-type: none"> <li>Introduced training for staff in detergent and disinfectant use and prevention of dermatitis</li> <li>Included skin check as part of the routine hand hygiene carried out in the wards by COI team</li> <li>Control of infection link nurses acting as champions for hand hygiene including skin surveillance</li> <li>Trust-wide skin surveillance as follows:</li> <li>Record skin checks as part of flu vaccination programme</li> <li>Linked to moving and handling training</li> <li>Linked to all wellness initiatives</li> <li>Special awareness days on dermatitis</li> <li>Skin inspection of all those visiting OHD and maintain records of skin checks</li> <li>The change of product is carefully managed by monitoring the risk of dermatitis</li> <li>Review by all areas using detergents and disinfectants of their skin surveillance programme and agree a format that is effective for their team</li> <li>Annual audit on compliance by Health and Safety Dept.</li> </ul>	C1xL2=2 Low

Use the chart below if you have products and or substances that may have the potential to cause dermatitis which are not covered above

<b>Significant Hazards</b> Describe the significant hazards in your dept that can cause dermatitis	<b>Risks</b> What might happen to the person and why	<b>Degree of Risk</b>  <b>Before Controls</b>	<b>Existing Control Measures</b> What is in place at the moment to reduce the risks	<b>Degree of Risk</b>  <b>After controls</b>	<b>Additional Control Measures implemented</b> Manager should implement these control measures, or if they do not have the authority to do so, complete the action plan	<b>Degree of Risk</b>  <b>After new controls</b>

#### **ACTION PLAN**

<b><u>ACTION REQUIRED</u></b>	<b><u>BY WHOM</u></b>	<b><u>BY WHEN</u></b>	<b><u>DATE COMPLETED</u></b>	<b><u>COMMENTS</u></b>

This risk assessment and action plan must be kept in the local ward/ department for reference by staff. A copy must be sent to the Health and Safety Department for audit purpose.

## Appendix G

### HEALTH RECORD FORM - Record of health surveillance of staff with Contact dermatitis and/or latex allergy

**The COSHH Regulations require** all individuals working with latex and who have occupational contact dermatitis must be kept under health surveillance. For further information on the criteria for health surveillance see the Trust Latex and Occupational Dermatitis Policy Incorporating Glove Selection or contact health and safety or occupational health departments.

#### Employee details:

Surname:	Forenames:	Male/Female:	Date of birth:
N.I. Number:	Date commenced present job:	Permanent address:	
Status:	Staff/Undergraduate student/Postgraduate student/Visitor/Other		
Job Title:	Department:		
	Phone no:		
Supervisor's name:	Date of completion of this data:		
		Postcode:	Dept. Tel No:

The substance for which the health surveillance is conducted:

The products that give rise to significant exposure to the above substances:

The nature of Hazards:

The frequency of use:

The control measures in place:      1: Latex allergy awareness      2: Hand hygiene awareness      3: Skin inspection awareness  
4: Early reporting of skin problems      5: Others:

Comments:



Health surveillance outcome record			
Date of health surveillance	Current frequency of exposure	Control measures Are all measures outline above in place	Outcome of health surveillance