

Trust Guideline for the Prevention and Management of Latex Allergy and Occupational Skin Disorders

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Document Author:	Hilary Winch		
Document Owner:	Head of Workplace Health, Safety & Wellbeing		
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V6	14/07/2023	Hilary Winch	Transfer to new template, related documents updated and Trust Doc ID and hyperlink added, change of names, 2.3 updated in line with current procedures which includes referral to GP, not dermatology in first instance, staff information leaflet updated and referencing other relevant Trusts hyperlinks added.

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Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

The following were consulted during the development of this document:
Consultant in Occupational Medicine

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g., changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a clinical guideline applicable to all Health Care Workers Trust wide. Please refer to local Trust's procedural documents for further guidance, as noted in Section 4.

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1. Introduction

In 2008, the NHS Plus Occupational Health Clinical Effectiveness Unit in association with the Royal College of Physicians, produced evidencebased guidelines for the occupational aspects of latex allergy management and is the evidence base used to develop this guideline.

The evidence and the conclusions from the NHS Plus Occupational Health Clinical Effectiveness Unit report confirm that:

- Using low-protein, powder-free, single-use latex gloves in the workplace is unlikely to lead to new cases of latex allergy.
- Individuals with an existing latex allergy should take latex-avoidance measures.
- The health of individuals with existing latex allergy is not put at significant risk if colleagues use either lowprotein, powderfree latex gloves, or latex-free gloves. An exception might be if the affected employee has anaphylaxis. However, in all cases where employees have work related medical conditions, competent medical advice should have been sought.

The most common affected occupation includes HCWs (Health Care Workers) (mainly nurses). It is well recognised that individuals in jobs which require frequent hand washing, exposure to irritant and allergenic chemicals and frequent glove wearing are high risk of occupational skin disease (2009 Royal College of Physicians Faculty of Occupational Medicines (FOM), NHS Plus Dermatitis Occupational aspects of management)

The cost of occupational skin disease to the HCW and the Trust can be high. It may include lengthy medical treatment, time lost from work, infection risk and potential work redeployment.

Natural Rubber Latex (NRL) contains proteins to which some individuals may develop an allergy. NRL can be found in many products and has been extensively used in the manufacture of medical gloves. The Trust has considered the risks when selecting gloves to reduce the risk of an allergic reaction and dermatitis to staff and patients by reducing the use of latex and non-latex gloves. This guidance should be read in conjunction with the Management of glove usage (Trust Doc ID [1232](#)).

1.1. Occupational Skin Disease

1.1.1. Irritant Contact Dermatitis

- Irritant contact dermatitis is the commonest form of hand dermatitis; it is a non-allergic condition that is reversible provided contact with irritants is avoided. It can develop in the workplace after repeated or prolonged low-grade exposure to an irritant substance.
- Irritant contact dermatitis most commonly relates to frequent hand washing, scrubbing and inadequate rinsing or prolonged wearing of gloves. Wet work is one of the biggest risks for contact dermatitis. Wet work means having hands frequently in contact with water. NRL proteins are primarily associated with allergy, rather than irritation, so if irritant contact dermatitis develops in

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association with NRL glove use, the cause may be something other than NRL proteins – e.g., chemical additives in the gloves, sweating/occlusive effects of the gloves, or skin contamination caused by incorrect glove use.

Symptoms may occur such as: -

- Redness,
- Soreness,
- Dryness or cracking of the skin.

1.1.2. Immediate Hypersensitivity (Type 1)

- This is an allergic reaction provoked by exposure to a specific type of antigen referred to as an allergen. Some of the most common examples of substances which can cause this allergic reaction are drugs, food, and pollen.
- This type of reaction is more commonly seen in the health care environment by staff who have become sensitised to natural rubber latex. This reaction may occur within minutes of latex exposure [reactions are usually immediate] symptoms range from local reactions to anaphylaxis (see below).
- This type of reaction occurs in individuals who are sensitised to specific sensitising agents and when exposed exhibit specific symptoms of: -
 - **Urticaria (hives)** – this is an allergic reaction of the skin where the individual develops weals, often with redness and severe itching.
 - **Conjunctivitis** – itching and watering of the eyes
 - **Rhinitis** – itching and watery nose, sometimes sneezing
 - **Occupational Asthma** – wheeze and/or chest tightness and/or cough which may improve on days away from work
 - **Anaphylaxis** – this is a rare but severe and life-threatening reaction which includes swelling of the tongue and throat, resulting in an obstructed airway or asthma. The individual can also develop severe shock due to a fall in blood pressure. This condition requires urgent treatment according to Advanced Life Support guidelines.

1.1.3. Delayed Hypersensitivity (Contact Allergic Dermatitis) (Type 4)

- This is a reaction which can take 6-48 hours to develop following exposure to an allergen. This reaction is not antibody mediated but a type of cell-mediated response. Common examples of this are reactions to metals such as nickel in jewellery.
- This reaction is commonly seen in HCWs who develop an allergy to the chemicals used to process rubber in the manufacture of latex products. The skin may become itchy, red and inflamed and blistering of the skin may occur if the reaction is severe.

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1.2. Modes of Exposure to natural rubber latex

- There are 5 possible ways for HCWs or their patients to come into contact with natural rubber latex. These are: -
 - **Cutaneous** - contact with the skin via gloves or other latex products
 - **Mucous membranes** - via products used in dental treatment, intubation and internal examinations and catheterisation.
 - **Internal tissue** - during surgical procedures from contact with latex gloves or devices
 - **Intravascular** - via latex products used in intravascular devices e.g. IV cannula or devices used to deliver IV fluids and injectables (medicine bungs)
 - **Inhalation of glove protein** (rare as powdered latex gloves are no longer used)

1.3. Rationale

The Health and Safety Executive (HSE) considers that work related dermatitis is a significant cause of work-related ill health within the NHS.

In 2019, there were an estimated 1,016 individuals with new cases of work-related skin diseases within EPIDERM

Of these (86%) were contact dermatitis

1.4. Objective

To minimise the risks associated with the development of occupational skin disease as far as is reasonably practicable.

To effectively manage staff who may develop occupational skin disease because of their work.

Control Measures - to prevent and manage the effects of occupational skin disease on HCWs by promoting good skin care management techniques. To promote an increased knowledge of the risk and the signs and symptoms associated with this hazard.

To ensure measures are in place to assess the risk of occupational skin disease.

To outline health surveillance and reporting mechanism for healthcare workers who may develop occupational skin disease whilst working at this Trust.

To monitor and review the effectiveness of the systems designed to prevent and manage occupational skin disease and those at risk of developing latex allergy.

The Trust is committed to reducing the health effects associated with occupational skin disease and exposure to natural rubber latex by purchasing non latex gloves for non-surgical procedures. It actively encourages the purchase of non-latex medical products where possible and manages the risk where this is not possible.

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Powdered gloves are not to be used within the Trust.

The following legislation outlines the Trust responsibility in the prevention and management of occupational skin disease.

Health & Safety at Work etc Act (1974)
 Personal Protective Equipment at Work (Amendment) Regulations (2022)
 COSHH (2002)
 RIDDOR (updated 2013)

1.5. Scope

All health care workers working in clinical areas within the Norfolk and Norwich University Hospital

1.6. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
PPE	Personal Protective Equipment
Occupational skin disease	This refers to skin disease that may be caused by work and includes latex allergy.
Health Surveillance	A method to detect and assess systematically the adverse effects of work or workplace exposure on the health of the Health Care Worker (HCW).
Allergen	An environmental substance that can produce an immunological reaction in the body. Common skin allergens include fragrances, rubber, chemicals and preservatives
Sensitising agent	A substance that is capable of eliciting a specific immune response which may result in the development of an allergic response. Sensitisation may develop after a latent interval of a few weeks to years if the immune system develops antibodies or sensitised cells. Once the body learns to recognise the allergen, exposure will nearly always cause a response of the immune system and symptoms of allergy.
Contact Dermatitis	Inflammation of the skin which may result from contact with an external substance, this can occur through two mechanisms, irritation or allergy
Latex	Natural rubber latex (NRL) is the milky sap obtained from rubber trees. It is used in many medical products; it is widely used and a cost-effective material with many unequalled benefits (particularly as a barrier against infections).
Type 1 or immediate type hypersensitivity	This is an allergic reaction provoked by re exposure to a specific type of antigen referred to as an allergen. Exposure may be by ingestion, inhalation, injection, or

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	direct contact.
Type IV or delayed type hypersensitivity	This is a reaction which can take two to three days to develop. Unlike the other types, it is not antibody mediated but is a type of cell mediated response. This condition may be referred to as contact allergic dermatitis.

2. Responsibilities

2.1. Role of the Health Care Worker

All HCWs should adhere to the Trust policy and guidelines and always adopt good skin management techniques.

All HCWs must report any potential occupational skin disease or work-related respiratory symptoms to a manager and seek advice from Workplace Health & Wellbeing. This is important to establish whether the problem is associated with exposure to chemicals or poor hand washing/care techniques which is usually the case (producing irritant dermatitis) rather than being directly due to exposure to latex or another sensitising agent.

Gloves should only be worn when it has been identified that this type of Personal Protective Equipment (PPE) is necessary for the task being undertaken.

Gloves must not be worn where there is no exposure to blood and body fluids, other potentially infectious material (B1 Isolation Precautions, Infection Control Manual) or harmful chemicals.

Nitrile nonsterile examination gloves are now the glove of choice in the Trust and will replace all latex examination gloves unless a risk assessment identifies latex as a glove of choice.

By wearing latex gloves when not required the HCW will also expose patients to a risk of sensitisation or allergic reactions.

Hands should be decontaminated before and after using gloves.

Emollient hand cream approved by the Trust (not obtainable from Pharmacy) should be used regularly following glove removal and hand decontamination. This will help to prevent dry/cracked hands and irritant contact dermatitis.

All HCWs should attend annual mandatory health and safety training where information will be provided on skin management techniques.

2.2. Role of the Manager

All managers responsible for risk assessments within their work area will ensure health surveillance is undertaken by staff who are exposed to substances which can cause occupational skin disease.

Managers must ensure HCWs regularly inspect their hands and ensure compliance with the skin management health surveillance programme.

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Managers will be informed of HCWs who have been diagnosed with an occupational skin condition or who are being investigated for one and provided with advice on how to manage the situation in the workplace.

Managers should refer their staff to Workplace Health & Wellbeing where it has been identified that a staff member has a suspected occupational skin disease.

Managers should ensure that all staff are informed of the risks of occupational skin disease and when to seek assistance from Workplace Health & Wellbeing

Managers should attend training on the management of occupational skin disease as indicated within the mandatory training guide.

2.3. Role of Workplace Health & Wellbeing (Occupational Health)

Workplace Health & Wellbeing will co-ordinate the Annual Skin Health Surveillance programme.

Workplace Health & Wellbeing will advise on the management of any cases of suspected occupational skin disease and liaise with dermatology services and refer to the General practitioner where appropriate.

Workplace Health & Wellbeing will undertake **suitable health surveillance** for staff **where risk assessment has identified that the use of latex gloves is required.**

Workplace Health & Wellbeing will advise the Trust where a risk cannot be managed **using** suitable alternative equipment, avoidance of contact or where the environment does not permit any possible changes. Workplace Health & Wellbeing will advise on redeployment considerations following consultation with the HCWs manager and the HR Manager.

Workplace Health & Wellbeing will provide guidance for the management of trust staff with known latex allergy.

3. Policy Principles

3.1. New Employees - Pre placement

WHWB will screen all new HCWs to obtain and document information about existing skin disease including latex allergy. In cases where this is identified guidance will be provided detailing workplace restrictions or adjustments for individual case management in line with Workplace Health & Wellbeing procedures.

3.2. Annual Skin Health Surveillance

It is the manager's responsibility to ensure annual skin health surveillance is undertaken for all employees where risk assessment identify activities that may result in their staff being exposed to skin sensitising agents (including latex) and/or use of nitrile gloves/wet work. The staff member will be required to complete the healthcare worker surveillance questionnaire on OPASG2.

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WHWB will assess the surveillance questionnaires and arrange follow ups where required. An outcome report will be provided to the manager who has the responsibility in ensuring this information is stored to demonstrate the surveillance has been undertaken and will act as the health record for the staff member.

3.3. Medical staff

All medical staff (excluding medical students) will be included in the surveillance as noted above.

4. Related Documents

All HCWs who are exposed to known risk factors which includes frequent hand washing, exposure to irritant and allergic chemicals and frequent or persistent glove wearing must adhere to the following Trust policy and guidelines: -

Trust COSHH Policy (Doc ID 2960) [Trust Docs \(nnuh.nhs.uk\)](#)

Trust Guideline for the Management of Glove Usage. (Doc ID 1232) [Trust Docs \(nnuh.nhs.uk\)](#)

Latex Allergy guideline (patients with known or suspected NRL allergy). (Doc ID 1602) [Trust Docs \(nnuh.nhs.uk\)](#)

Trust Hand Hygiene (excluding surgical scrub) (Doc ID 613) [Trust Docs \(nnuh.nhs.uk\)](#)

Staff information & Leaflets

Preventing Contact Dermatitis at Work (Doc ID [16249](#))

5. References

HSE (2022) Work related skin disease in Great Britain 2022.
<http://www.hse.gov.uk/statistics/causdis/dermatitis/skin.pdf>

HSE (1998) Medical aspects of occupational skin diseases, Guidance note 24 (second edition) [Guidance Note MS24 - Medical aspects of occupational skin disease \(hse.gov.uk\)](#)

Royal College of Physicians & NHS Plus (2008) Latex Allergy, Occupational aspects of management, a national guideline. [Latex Allergy: Occupational aspects of management 2008 | RCP London](#)

Manchester University, The Health & Occupation Research (THOR)Network
Occupational Skin Disease Surveillance
[The Health and Occupation Research \(THOR\) network | EPIDERM - Occupational Skin Disease Surveillance \(manchester.ac.uk\)](#)

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6. Monitoring Compliance

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Annual training for all staff (within mandatory training)	Trust Training Report (via workforce information report)	Health & Safety	Training Department / Manager	Annual
Annual health surveillance for all staff diagnosed with a latex allergy	OpasG2 OH report	Health & Safety	OH Nurse manager	Annual
Annual health surveillance for all exposed staff	Opas G2 OH report	Health & Safety	OH Nurse Manager / Dept Managers	Annual

The audit results are to be discussed at relevant governance meetings (WHWB, H&S) to review the results and recommendations for further action. Then sent to H&S Committee) who will ensure that the actions and recommendations are suitable and sufficient.

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7. Equality Impact Assessment (EIA)

Type of function or policy	Existing
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Division	Corporate	Department	Workplace Health & Wellbeing
Name of person completing form	Karen Carpenter	Date	14/07/2023

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	None		N/A	No
Pregnancy & Maternity	None		N/A	No
Disability	None		N/A	No
Religion and beliefs	None		N/A	No
Sex	None		N/A	No
Gender reassignment	None		N/A	No
Sexual Orientation	None		N/A	No
Age	None		N/A	No
Marriage & Civil Partnership	None		N/A	No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?	No Change			

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.