Prevention And Management Of Latex Sensitisation And Allergy For Patients

Contents

Policy

Canterbury DHB is committed to managing the risk of latex sensitisation.

Canterbury DHB is working towards:

- The universal use of low allergen, powder free gloves throughout all services.
- A latex-safe environment for latex sensitive and latex allergic patients.

Patients with sensitivity to latex products will be supported and managed safely.

Purpose

- To prevent latex sensitisation in patients who are at risk of developing a latex sensitivity or subsequent allergy.
- To identify and manage the safety of patients with a latex sensitivity.

Scope/Audience

- All Canterbury DHB staff
- Patients.

Associated documents

The latest version of this document is available on the CDHB intranet/website only. Printed copies may not reflect the most recent updates.

- Organisation Wide Documentation
- Volume 2 - Legal and Quality
  Incident Management Policy
- Volume 10 Infection Control Manual
- Health & Safety Intranet – 'Forms and Updates'
- Background Information on Prevention and management of Latex Sensitisation and Allergy.
- A Guide to Latex Free Products and Pharmaceutical Injectables.

Latex Free Guides

A guide to latex free products is compiled and maintained by Supply Department. This list is not exhaustive and is provided to assist with selection of products when caring for a patient with a latex allergy.

The most comprehensive and up to date list of latex containing injectables has been created by students at the Pharmacy School of the University of Auckland.

Both guides can be accessed from the Health & Safety Intranet.

Management of Patient with Latex Sensitisation

Staff must be aware of the potential dangers posed by natural rubber latex devices in the delivery of care to patients. This is particularly pertinent to patients identified as high risk (refer to Latex Background Information on the Health & Safety Intranet site under 'Forms and Updates').

Patient History

Routine patient admission involves gathering information on any of the patient's known allergies. This should be extended to include specific questions which may detect a known or possible latex allergy and identify those at high risk of developing a latex allergy. This includes history taking at outpatient department clinics and pre-operative assessment as well as arranged and acute admissions.

A history suggestive of a reaction to latex may be gained by anecdotal accounts of swelling or itching of lips after blowing up balloons or following dental or internal examinations. Swelling or itching of hands following contact with household gloves is also suggestive of possible sensitisation (refer to Latex Background Information on the Health & Safety Intranet site under 'Forms and Updates').

Where a type I allergy to latex is suspected, the patient should be managed as latex allergic until the diagnosis has been excluded

To avoid sensitisation, even in the absence of symptoms, patient groups at high risk of developing latex allergy such as children with congenital abnormalities and multiple procedures should have a latex avoidance policy implemented.

Any information regarding a known or suspected sensitivity to latex is to be documented in the patient's clinical record.

Latex Precautions

Where a patient has been diagnosed as having a type I allergy the following precautions are to be followed:

- Notification of all staff caring for the patient, including the attending medical officer.
- Remember to apply standard precautions particularly when handling latex products with other patients.
- Use only latex free gloves.
- Use latex free products for patients with latex allergy. It is extremely important to avoid all contact with latex products to the patient's skin or body part to avoid a latex reaction and potential anaphylaxis. A latex free kit, is available in each division and can be accessed via the Duty Manager/Shift Co-ordinator.
- Provide a single room to establish a latex free environment. The room should be damp dusted (wearing synthetic gloves) and all equipment and furnishings that contains latex removed. Mattress and pillow covers will need to be checked for latex. Latex free signs are to be hung on the door of the room, on the bed and are to accompany the patient when transferring to other clinical areas. It is recommended that during the patient's stay, the entire ward/unit is to use powder free latex gloves or latex free gloves. The purpose of this is to minimise the exposure to the latex sensitive patient. In situations where a latex free environment is unable to be provided, it is recommended that the patient is either:
  - Seen at an alternative venue that is latex free or
  - Referred to an alternate service provider that is able to provide a latex free environment.
- Use RED ALLERGY STICKERS on appropriate places in the patient's clinical documentation where allergies are to be recorded. This is to ensure all staff are aware of the patient's allergy.

- Replace latex sealed medication vials with glass medication ampoules or remove the vial stopper and withdraw contents directly.
- Use latex free tourniquets for venepuncture (stock item M006664 from Supply Department).
- When using a latex blood pressure cover, cover the arm with soft ban to avoid skin contact with the blood pressure tubing or bulb.

Latex free alternatives are available, by request from Supply Department.

- A patient with a latex allergy should be the first patient on the operating list.
- Oximeter Disposable Sensors (which are latex free) are to be used when taking oxygen saturation readings.
- Replace adhesive tape and elastic bandages with appropriate substitutions e.g. micropore, mefix.
- Some ECG dots contain latex, refer to the list of latex free products, available on the intranet.
- Use a disposable Resuscitation Bag (stock item M006540 from Supply Department).
- Notify emergency services of need for latex free resuscitation equipment and arrange for it to be available with patient.

Latex Free Patient Kit

A central latex free patient kit is available in each division and can be accessed via the Duty Manager/Shift Co-ordinator. It is the Duty Manager/Shift Co-ordinator's responsibility to assemble and maintain the division's central latex free kit.

Some divisions will also require latex free kits to be available in key speciality areas e.g. Emergency Department. It is the manager of the speciality area's responsibility to identify the need for a latex free kit and arrange for its assembly.

Recommended contents of this box are as follows:

- Four laminated "Latex Free" signs
- Non-sterile latex-free gloves (small, medium, large)
- Sterile latex free gloves (sizes 6 - 8½: 1 pair each size)
- Soft ban to go under the blood pressure cuff
- Disposable Resuscitation Bag: Infant, Child, Adult
- Micropore tape (2 rolls)
- Disposable tourniquet
- Oximeter Disposable Sensors

- Instruction list for use of the kit
- Guide to Latex Free Products (refer to H&S Intranet site – Forms and Updates)

It is important that staff remember to restock this box after use. It is the line manager's responsibility to ensure this occurs.

Patient Education

A patient with a confirmed latex allergy should be reminded to inform doctors, dentists or other health professionals of this allergy prior to any examination or procedures being conducted.

The patient is to also be advised on the implications and safe management of a latex allergy with regards to everyday life.

Discuss with the patient and arrange for a Medic-Alert wristband or necklace for the patient to wear stating the type of latex allergy.

Provide the patient with suitable documentation on their allergy as part of their discharge information to assist them to manage their allergy in the future.

Instruct the patient and/or his/her family, significant other or care giver in the use of an anaphylaxis kit when the use of this device has been authorised by the attending medical officer. Advise the patient to consult with their General Practitioner when their anaphylaxis kit needs to be replaced.

Product Evaluation

Product Evaluation Committees within Canterbury DHB are responsible for evaluating new products. As part of this evaluation, committees will consider products with a latex content. If a product has a latex free alternative at a similar cost with an equal clinical performance, this will be purchased over a latex version.

When evaluating new products, committees are also responsible for ensuring that suppliers of products containing latex provide evidence of good manufacturing processes, including washing to remove excess chemical and latex proteins.

The barrier properties of latex free alternatives must also be considered to ensure latex risk is not being reduced at the expense of an increased infection risk.

Note: It is not yet possible to determine an extractable protein level that can be defined as non-sensitising, therefore no allowable limit can be set in standards or specifications for medical gloves, and no

definitive guidance can be provided to purchasers on what protein levels can be regarded as safe. Most manufacturing processes, for surgical and powder free examination gloves will result in extractable protein residues below 100 µg/g and many will achieve levels below 50 µg/g (draft European Standard).

Purchasing

From time to time, clinical staff may order medical supplies that have not been evaluated by the Product Evaluation Committees. In these situations, staff are required to investigate whether the product has a latex content. If it does, an equivalent latex free product should be identified for purchase.

References

- DHHS (NIOSH) Publication No. 97-135, Preventing Allergic Reactions to Natural Rubber Latex in the Workplace, June 1997.
- Medical Devices Agency Device Bulletin 9601, Latex Sensitisation in the Health Care Setting (Use of Latex Gloves), April 1996.
- NSW Department of Health Working Document, Proposed Policy and Guidelines for the Prevention and Management of Latex Allergy in NSW Public Health Care Facilities, August 1998.

Policy Owner	Corporate Quality and Risk
Policy Authoriser	Clinical Board
Date of Authorisation	July 2010