



Policy for the Prevention and Management of Natural Rubber Latex Sensitivity / Allergy in Health Care Workers and Patients

Printed copies must not be considered the definitive version

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Author	Ros Kelly	Version no.	03
Reviewer	Cathy Baty	Implementation date	2006
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1. PURPOSE AND SCOPE

The purpose of this policy is to detail the responsibilities of all staff in ensuring the efficient and effective management of Natural Rubber Latex (NRL) risks for both Health Care Workers and patients. It defines the specific organisational arrangements through which NHS Dumfries and Galloway will reduce the risk of staff or patients developing NRL allergy and ensures safe employment and clinical management for those who become sensitised. Current evidence suggests that a complete ban on the use of Latex is unnecessary, provided a suitable and sufficient risk assessment is in place. This policy should be read and implemented in conjunction with NHS Dumfries and Galloway Glove Selection and Use Policy and Management of Staff with Skin Problems Policy.

2. POLICY AIMS

The aims of this policy are to provide an environment that:

- Minimises the risk of patients and health care staff acquiring NRL sensitivity or allergy
- Allows sensitised and allergic staff to continue in employment
- Is safe for sensitised and allergic patients and staff.

3. RESPONSIBILITIES AND ORGANISATIONAL ARRANGEMENTS

Chief Executive

The Chief Executive has overall strategic responsibility for ensuring the development and compliance of this policy.

Executive Directors, Associate Directors, General and Nurse Managers, Clinical Leads and Departmental Heads:

Are responsible for:

- Ensuring that the Departments for which they have line management or clinical responsibility, comply with this policy. This includes students, locum and agency staff
- Developing a local protocol which describes the management of NRL sensitivity / allergy within their specific department
- Ensuring that general NRL risk assessment is undertaken with regard to work and clinical activities within their areas of responsibility
- Ensuring those staff exposed to latex gloves complete an annual health surveillance questionnaire (see appendix 4) and, where indicated, refer staff to Occupational Health
- Specific individual risk assessments will be required where patients or staff are identified as allergic to NRL

- Identifying and implementing any action/control required following the NRL risk assessment (advice may be sought from Occupational Health)
- Ensuring that staff are given the necessary information, instruction and training to enable them to manage NRL sensitivity / allergy and comply with this policy, including the need for reporting NRL allergic reactions suffered by patients and staff via the adverse incident reporting mechanism and reporting symptoms suggestive of NRL sensitivity /allergy in staff to the Occupational Health Department.

Responsibilities of Staff

Having been provided with information, instruction and training, staff will comply with this policy and follow the associated protocols/procedures/safe systems of work for their area(s) of work and responsibility.

Staff must report possible NRL allergy symptoms immediately to their line manager and Occupational Health.

Responsibilities of the Supplies Department

- To monitor all products which have the potential to contain NRL by liaising with manufacturers and advise management of their findings
- Advise on the availability of NRL free/alternative products.

Responsibilities of the Occupational Health Service

- Recruitment screening to determine sensitivity / allergy status/history of skin problems
- To ensure staff (who present with NRL sensitivity / allergy) and their managers are advised of any necessary adjustments or restrictions to their work activities, using an evidence and risk assessment based approach
- To provide guidance to staff and managers on suitable and safe working environments for NRL sensitised employees and patients
- To facilitate investigation and follow-up of staff suspected of having NRL sensitivity / allergy
- To provide, on request, statistical and other relevant information concerning NRL sensitivity / allergy in staff to the organisation, whilst maintaining individual confidentiality
- To advise staff and management when an individual who has severe NRL sensitivity / allergy and/or NRL induced asthma may require indefinite re-deployment. This will be discussed and agreed with Occupational Health, staff side representative, Human Resources, Management and the individual staff member in accordance with NHS Dumfries and Galloway's Redeployment Policy. The decision to redeploy should be made only after completion of a suitable and sufficient risk assessment ensuring all other avoidance measures have been explored

4. MONITORING

Monitoring of incidents will be via the Occupational Health referral process (cohort outcomes module), Datix and RIDDOR reporting. Local statistics and incident reports will be reviewed annually to monitor the effectiveness of this policy and associated procedures.

5. EQUALITY AND DIVERSITY

NHS Dumfries and Galloway is committed to equality and diversity in respect of the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. An Equality and Diversity impact assessment has been carried out on this policy. Early identification and management of latex sensitivity, combined with provision of a safe environment will improve health outcomes for all staff and patients. Where a staff member has a latex allergy then change of employment may affect career prospects, however, this policy is to protect and promote a safe environment so adverse effects are unlikely.

6. DOCUMENT CONTROL SHEET

1. Document Status

Title	Policy for the Prevention and Management of Natural Rubber Latex Allergy In Health Care Workers and Patients
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Approver	APF
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Document Amendment History

Version	Section(s)	Reason for update
1.0		Compliance with D& G policy document guidance
2.0		Implementation of Standard Operational Procedure
3.0		New policy format and to update guidance and process

Associated documents

RIDDOR(1995) Reporting of Injuries, Diseases, Dangerous Occurrences Regs)

Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH).

Latex sensitisation in the health care setting (use of latex gloves) MDA DB 9601 Department of Health 1996 Copies available from: Department of Health, PO Box 410, Wetherby, LS23 7LN or text available on website: www.medicaldevices.gov.uk

Latex medical gloves (surgeons' and examination). Powdered latex medical gloves (surgeons' and examination) MDA SN 9825 Department of Health 1998

Medical aspects of occupational skin disease Medical Guidance Note MS24 (Second edition) HSE Books 1998 ISBN 0 7176 1545 6

Medical aspects of occupational asthma Medical Guidance Note MS25 (Second edition) HSE Books 1998 ISBN 0 7176 1547 2

Latex Allergy Aspects of Occupational Management 2008 A National Guideline, Royal College of Physicians

www.latexallergyresources.org/cross-reactive-food

Guidelines for the Management of Latex Allergies and Safe Latex Use in Health Care Facilities Gordon Sussman, M.D. and Milton Gold, M.D.

Distribution

Name	Responsibility	Version number
Jennifer Wilson	Place on policy register	3.0
Cathy Baty	Cascade to nursing teams and offer latex sensitivity training	3.0
Area Partnership Forum	Dissemination to all staff through line management	3.0

Action Plan for Implementation

Action	Lead Officer	Timeframe
Place on policy register	Jennifer Wilson	September 2012
Place on intranet	Occ Health admin	September 2012
Dissemination to senior staff through line management	Area Partnership Forum	September 2012
Raise awareness and inform staff	All line managers	September to November 2012
Use policy	All staff	September 2012

General information on Latex sensitivity / allergy

What is natural rubber latex?

Natural rubber latex (NRL) is a milky fluid obtained from the *Hevea brasiliensis* tree, which is widely grown in South East Asia and other countries. NRL is an integral part of thousands of everyday consumer and healthcare items. As with many other natural products, natural rubber latex contains proteins to which some individuals may develop an allergy.

Latex allergies

Natural rubber latex (NRL) proteins have the potential to cause asthma and dermatitis. More serious allergic reactions, such as anaphylaxis, are also possible. The proteins naturally present in NRL cause allergies either through direct contact with the skin or by inhalation of powder (from powdered latex gloves).

What is the cause of Natural Rubber Latex sensitivity / Allergy?

The introduction of Universal Precautions in the late 1980s mandated that healthcare workers protect themselves against the risk of cross-infection from blood-borne pathogens, such as HIV and Hepatitis B. This demand led to an unprecedented demand for latex gloves, which was met by changes in some manufacturers' practice (i.e. high-protein [allergen] examination gloves coming onto the market place and is believed to be the primary cause of the increased number of healthcare workers with NRL allergy. At the same time, there has been an unrelated and dramatic rise in incidence of atopic allergic disease in the past 30 years, which is also thought to be a major factor. The introduction of non-powered latex gloves has significantly reduced the exposure of staff and patients to air borne proteins but the use of latex in gloves and other medical products still requires to be reduced to as low as is reasonably practicable.

Who is most at risk?

Those most at risk from NRL are:

- Individuals exposed to NRL on a regular basis in occupations where single-use gloves are frequently used
- Individuals undergoing multiple surgical procedures, particularly early in life and especially those with spina bifida or urogenital disorders, the prevalence of latex allergy may be greater than 60%
- Individuals with a history of certain food allergies, such as banana, avocado, kiwi and chestnut
- Individuals with atopic allergic disease (estimated between 5 and 15% of the UK population) and

Around 1-6 per cent of the general population is thought to be potentially sensitised to NRL, although not all sensitised individuals develop symptoms.

Patient Risk Groups	Prevalence of Latex Sensitisation
Patients with spina bifida and congenital genitourinary abnormalities	18-73%
Health care workers (housekeepers, lab workers, dentists, nurses, physicians)	3-17%
Rubber industry workers	11%
Atopic patients (asthma, rhinitis, eczema)	6.8%
Patients who have undergone multiple procedures	6.5%

There is a distinction between latex sensitisation (no symptoms and the presence of a positive skin prick test to latex allergens or demonstration of specific IgE antibodies in serum) and clinical latex allergy (immediate allergic symptoms caused by contact with latex in a sensitised individual).

The clinical effects of NRL allergy are attributed to either Type 1 (immediate type) hypersensitivity or Type 4 (delayed type) hypersensitivity.

Type 1 – is manifested by IgE (immunoglobulin E) associated reactions to latex proteins, which can occur within minutes or hours of being exposed to NRL proteins precipitated in individuals who have already developed latex specific IgE antibodies from previous exposure and sensitisation. Clinical effects range from contact urticaria, itching of the skin and eyes, sneezing, bronchospasm and asthma to anaphylaxis (which may occur in people previously unknown to be sensitised).

Type 4 – reactions are more common and usually represent cell mediated reactions to the chemical additives in rubber rather than the latex proteins. Onset is often delayed 6-48 hours after exposure. Clinical effects range from vesicular, eczematous, pruritic dermatitis appearing hours to days after contact.

There is no universally agreed standard diagnosis criteria, therefore, a clinical history is essential in establishing Type 1 allergy to latex and test results should not be used in isolation.

Evidence from the Latex Allergy, Occupational Health Aspects of Management. A National Guideline, NHS Plus (2008) suggests:

- Employees with NRL allergy/sensitivity or latex induced asthma must use non latex gloves
- Employees who are NRL allergic/sensitised, taking avoidance measures results in cessation or diminution of symptoms. Markers of sensitisation decreases regardless of whether co-workers continue to use powder free, low protein latex gloves or latex free gloves.

In employees with NRL induced asthma or rhinitis, the use of powder free, low protein, gloves by their colleagues reduces symptoms and indices of severity in the affected employee to a similar degree as the use of non latex gloves by colleagues.

All but the most severe cases of NRL allergy/NRL induced asthma can be managed without the need for redeployment, ill health retirement or termination of employment. Adjustments must include careful personal avoidance of latex at work and changes in the workplace such as provision of NRL free equipment.

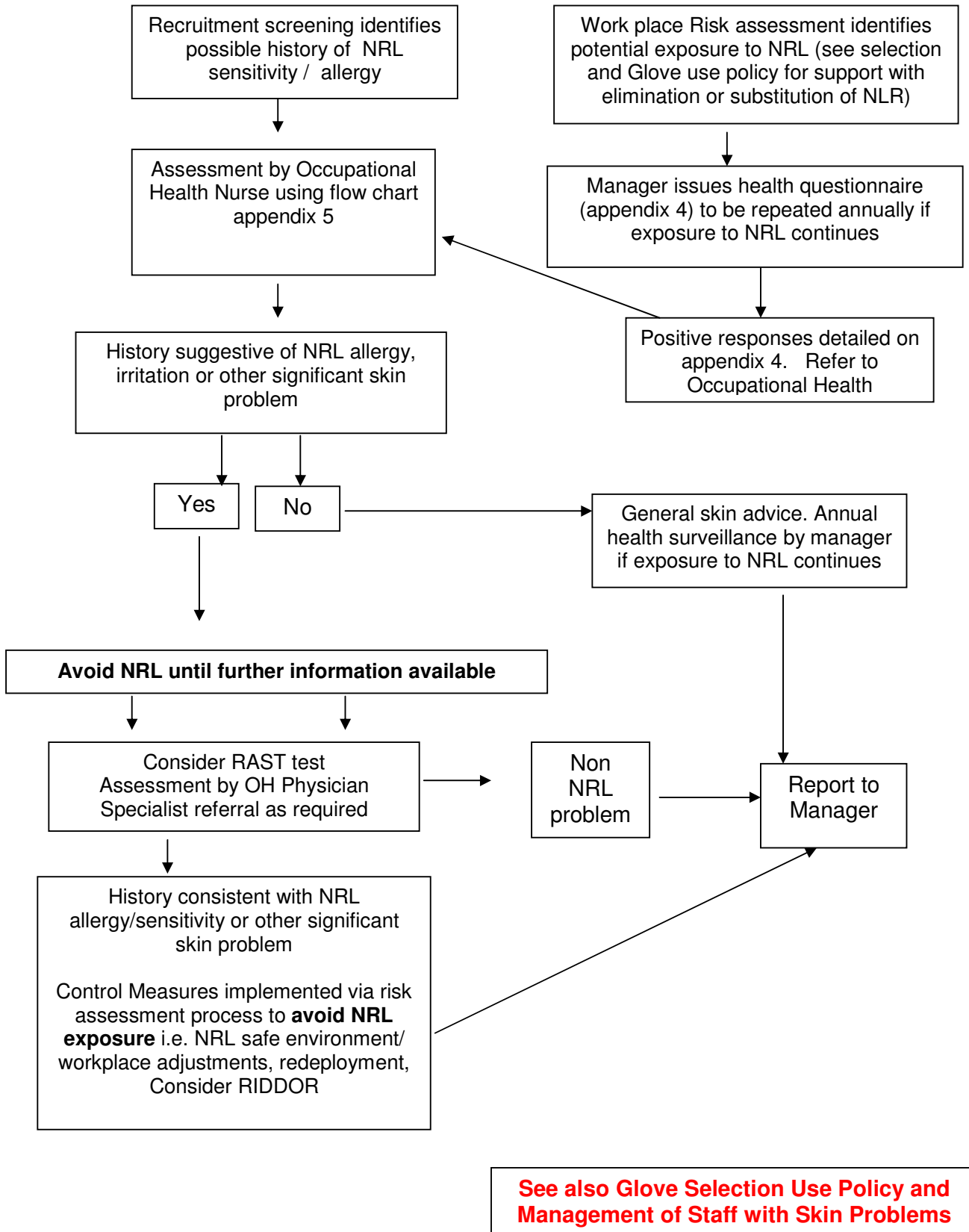
In those people with latex allergy, nearly 70% will have a positive allergy test to at least one related food, and 50% will have a positive allergy test to more than one food. It appears that many of these positive skin tests do not necessarily mean that the person will experience allergic symptoms if the food is eaten, although this may be as high as 35%. Conversely, if a person is known to have an allergy to one of the fruits related to latex (see appendix 5), there appears to be an 86% chance of having a positive allergy test to latex, but only an 11% chance of actual allergic reactions to latex.

What does the law require?

The law requires employers to adequately control exposure to materials in the workplace that cause ill health. This includes controlling exposure to materials that cause skin diseases and to materials that enter the body through the skin and cause problems elsewhere. Employers and employees need to comply with the Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH). They require employers to:

- Assess risks
- Provide adequate control measures and ensure their use and maintenance
- Provide information, instruction and training
- Provide health surveillance in appropriate cases.

Identification and Risk Management of Staff with NRL Sensitivity/Allergy



1. Single use, disposable NRL gloves provide the majority of exposure to NRL. As NRL produces a risk of asthma and dermatitis, health surveillance is appropriate. The extent and detail of the health surveillance is related to the degree of risk identified during the COSHH assessment.
2. Health surveillance for non-powdered low protein latex gloves must include:
 - An assessment of the HCWs respiratory health and skin condition before they start a relevant job to provide a baseline record (Occupational Health). Staff are made aware of the potential for NRL sensitivity / allergy and associated symptoms
 - A regular (at least annual) enquiry for dermatitis and asthma. Such an enquiry should be undertaken by a written questionnaire and positive results must be referred to Occupational Health for assessment. This is the Line Manager's responsibility – (see appendix 4 for further information)
 - Staff who show any allergic signs are to report immediately to a senior member of staff who must then refer them to Occupational Health. Staff can also seek advice directly from Occupational Health
 - Staff known to be sensitised to NRL and those considered to be at a high risk of developing sensitisation i.e. atopic individuals, a higher level of health surveillance by the Occupational Health Service may be deemed appropriate
 - Occupational Health will give advice on the necessary measures to be taken if a member of staff is diagnosed with NRL allergy, including latex safe working environments
 - Records of health surveillance will be kept by the Line Manager or by Occupational Health as appropriate.

Health Surveillance for Staff

Potential Allergens or Sensitisers

(Information for Employees, Responsible Persons and Managers)

The Control of Substances Hazardous to Health (COSHH) Regulations 2004 set out legal requirements for protecting people in the workplace against health risks from hazardous substances including potential sensitisers. Health surveillance is only one part of this protective strategy. It is not a substitute for preventing or adequately controlling exposure, but is an additional requirement to protect your health. The purpose of health surveillance is to detect early changes of disease to ensure the adverse effects are minimised. Exposure to sensitisers e.g. latex may cause sensitisation. Sensitisation is as a result of changes in the immune system that normally protects the body from the harmful effects of contaminants in the air we breathe or substances that we come into contact with.

The symptoms are:

- Acute reactions – localised itching, sore throat, runny nose and eyes, swelling of lips, redness or swelling of skin, shortness of breath or wheeze
- Chronic reactions – contact dermatitis, red scaly itchy rash on hands.

Recruitment Screening and Periodic Assessments:

- Initial baseline screening will be via employment screening through the Occupational Health Service, when information will be collected prior to working with a known sensitiser
- Subsequently, a responsible person in the workplace will monitor the employee at intervals throughout their potential exposure
- Should there be any change in the employees' health or their answers to the questionnaire, then it may be necessary for them to be seen by an OH nurse or physician
- It may be necessary for management to adapt or alter the working environment and may, in severe cases, involve redeployment in order to reduce the risks to health upon the advice of the Occupational Health Service.

COSHH Health Surveillance

(Latex Surveillance Questionnaire for administration by responsible person e.g. line manager)
Administer this questionnaire annually or at other intervals to be advised by the OHS

For the Employee	
Name (exposed employee):	Job Title:

Please answer the following questions by marking 'Yes' or 'No' with an 'x'

	In the last 12 months, or since last inspection, have you had any of the following:	Yes	No
1	Persistent problems affecting the skin on fingers or hands?		
2	Persistent problems affecting nose and eyes?		
3	Persistent problems affecting chest?		
4	Have you had any significant symptoms that you attribute to use of latex gloves?		

Signed: _____ **Date:** _____
(exposed employee)

For the Responsible Person

- If all the answers are No, then this employee may continue as before
- If exposure continues, follow-up is normally advised in 12 months
- If the response is yes to any question, this person should be referred to the Occupational Health Service prior to working with or continuing to work with latex or other allergens. Referral made to OHS? yes no (please circle).
- **This COSHH record requires to be kept for 40 years**
- **Signed:** _____ **Date:** _____
(responsible person)

Identification and Risk Management of **Patients and staff** NRL Sensitivity Allergy

Through a risk assessment process, all clinical areas, where possible, should reduce the latex products and equipment used to as low as is reasonable practicable. When replacing any products or equipment, latex free alternatives should be sourced. It would be beneficial to create an inventory of latex products within each work area.

Patients need to be encouraged to disclose if they have a NRL allergy by being asked about allergies and rashes related to contact with rubber and food allergies. All NHS Dumfries and Galloway admission letters, whether for admissions to wards, out patient appointments or day cases, should now include the following question:

“Are you allergic or do you react to any medicines, foods, or other products such as Latex? If so, please inform the department before your visit or admission. Thank you.”

- Notices should be prominently placed in patient waiting areas which read “Are you allergic or do you react to any medicines, foods or other substances, including latex? If so, please inform staff before receiving any treatment.” (see appendix 7) Information Leaflet and Signage)
- Patients reporting an allergy must be assessed using a screening tool. Each area has electronic or paper admission screening documentation, but see guidance flow chart, on the next page, for specific latex sensitivity screening tool.

GUIDANCE STAFF AND PATIENT LATEX SENSITIVITY SCREENING TOOL

Appendix 5

Do you have any Allergies?

If No

NO ACTION

If Yes

Do you have an allergic reaction to any of the following ?

- | | | |
|-----------|---------------|--------------|
| Avocados | Grapes | Pears |
| Bananas | Kiwi | Pistachios |
| Celery | Mangoes | Potatoes |
| Apples | Figs | Peaches |
| Cherries | Melons | Ragweed |
| Chestnuts | Papaya | Strawberries |
| Ficus | Passion Fruit | Tomatoes |

OR

- | | |
|-------------------|----------------------------|
| Balloons | Elastic Waistbands |
| Latex | Rubber Bands/balls |
| Condoms | Erasers |
| Dental Blocks | Elastic Dressings/bandages |
| Hot Water Bottles | Rubber Gloves |

OR

Do you have any of the following conditions ?

- | | |
|--|--|
| Contact Dermatitis | Auto-immune Disease (Lupus etc) Eczema |
| Spina Bifida | Asthma |
| Multiple Surgical operations or genitourinary procedures | |

If No

LOW RISK OF LATEX SENSITIVITY

use non latex gloves where possible OR powder free, low protein, latex gloves, and observe for reactions

If any reactions listed in green box subsequently occur

If Yes

Have you ever experienced any of the following types of allergic reactions ?

- Breathlessness (other than asthma)
- Congestion
- Skin redness
- Hives
- Itching
- Swelling of face/ lips or tongue
- Conjunctivitis
- Runny nose
- Anaphylaxis

If Yes to any

HIGH RISK of latex sensitivity – latex safe environment is essential

Patient identify on 'Patient alert card' or SBAR or highlight on electronic system e.g. MIDIS, Sapphire etc, to ensure information shared with all members of team e.g. wards, O.T, GP, waiting list, theatre etc give latex information leaflet AND refer to specific ward and department protocols for further advice.

Staff - Occupational Health will highlight latex sensitivity/allergy on cohort, give latex information leaflet, commence Health surveillance, consider RAST test or specialist referral? RIDDOR, obtain consent to inform manager and G. P. collaboratively complete Risk Assessment of work area MUST use non latex gloves

If No to all

Patients with NRL Allergy and Their Care (Generic Guidelines/Protocols)

Note: The following information is given as guidance only. Individual departments/areas must conduct risk assessments relevant to their specialty. Flow chart appendix 5 may prove useful and Reference must be made to local procedures/protocols

1. Out Patient/Assessment Clinics and Emergency Department

This may be the first hospital point of contact for the patient, so it is important to identify any allergy/sensitivity.

Line manager will ensure that all staff will be trained to be aware of the implications of NRL allergy/sensitivity and the need to screen patients. Staff should be aware of risk groups, which include:

- Atopic patients
- Health Care Workers
- Individuals with multiple allergies/sensitivities

If a patient is identified as having a latex allergy, then:

- Highlight allergy on electronic system in use (e.g. EDIS, SAPPHIRE, MIDIS, TOPAZ or paper Patient Alert card/SBAR)
- Alert medical staff who may arrange appropriate investigations
- Alert other staff who may be in contact with the patient
- Ensure that NRL free products are used. If this is impossible, cover couches with sheets and other NRL items with a latex free material. Areas should have dedicated examination trolleys that contain NRL free products and all emergency resuscitation equipment must be NRL free.

2. Plaster Rooms/X-Ray Department/Physiotherapy Department and OT

Areas/sections within these departments should not be used for at least one hour before screening or treating an NRL allergic patient if NRL has been used. All patients should have been screened prior to reaching this stage, but staff should ask patients if they have allergies and use the flow chart appendix 5 if appropriate.

3. Ward Areas

All staff need to be aware when a patient with an NRL allergy is admitted – use of electronic systems, (e.g. EDIS, SAPPHIRE, MIDIS, TOPAZ) and OR 'Patient Alert Card', SBAR and or Basic Information/Referral Form.

The patient should be nursed in a room from which all items containing NRL have been removed. A clear notice should be on the door (see appendix 7 Information Leaflet and Signage). NRL free gloves must be used.

4. Theatres/Reception Recovery/ITU

The surgical team responsible for the patient must inform theatre staff, the anaesthetist and ITU/Ward staff of a patient with known or suspected NRL allergy/sensitivity **before** admission to hospital where possible. The whole team, including porters and ancillary staff, need to know so that the necessary precautions can be taken. Please refer to theatre protocols for further detailed information.

5. Maternity Services

Antenatal patients should be screened regarding NRL allergy/sensitivity when booking (usually 8 to 10 weeks) and this documented on SWHHR (Scottish Women's and Held Record) so that their Midwife and GP are aware for home and surgery visits.

A stock of NRL free equipment should be kept in the delivery suite ready for use with the relevant protocols. Antenatal and care in labour - ensure that only NRL free equipment is used. All other care as per ward protocols.

Information Leaflet and Signage

UK National Support Groups

Latex Allergy Support Group

P O Box 27
Filey, YO14 9YH
Helpline 07071 225838 (7-10pm Mon-Fri)
www.lasg.co.uk

The Anaphylaxis Campaign

P O Box 275
Farnborough
Hampshire GU14 6SX
Tel: 01252 542029
www.anaphylaxis.or.uk/

Allergy UK tel 01322619898

www.allergyuk.org/

Emergency Bracelets

MedicAlert

www.medicalert.co.uk
Tel: 0800581420

American Latex Allergy Association

www.latexallergyresources.org/

This leaflet is intended only for general information. Please contact your own doctor or clinic for further information.

Latex is widely used in healthcare settings because it gives such good protection against infections, so you have to be on special guard here by following this advice carefully:

INFORM the following of your allergy - make sure they appreciate its significance and that they know how to manage your allergy safely. If necessary, show this leaflet:

Hospital Doctor **Family Doctor** **Dentist**
Nurse **Radiographer** **Chiroprapist**
Physiotherapist

ESPECIALLY if you are undergoing an:

Operation **Internal examination**
X-ray procedure **Catheterisation**

INSIST that you are **NOT** examined by **ANYONE** who wears latex gloves

CONSIDER carrying with you:

- Latex free gloves – nitrile or vinyl
- Medicalert bracelet or necklace – stating 'allergic to natural rubber latex'

REMIND the doctor, nurse or dentist that certain injection vials contain rubber bungs or stoppers e.g.

Local anaesthetics **Vaccines**

REMEMBER to also inform the following:

Pharmacist **Hairdresser** **Beautician**
Employer **School** **Friends**
Relatives **Garage (servicing)**

Patient Information Sheet

Latex Allergy

What is latex?

In the context of latex allergy, 'latex' refers to natural rubber latex, which comes from the Hevea Brasiliensis tree, grown mainly in Thailand and Malaysia.

What does it contain?

Mainly water and rubber polymer, along with sugar, resins and **proteins**, which cause the **allergy**.

Why do people become allergic to latex?

It is probably a combination of two things:

- People are much more likely in general to develop allergic diseases nowadays - e.g. asthma, hay fever, eczema, peanut allergy
- increasing exposure to latex containing products.

What symptoms can latex allergy cause?

This is variable, depending on severity of allergy and route of exposure (direct or airborne). Symptoms generally appear within 30 minutes.

- Itching and swelling at site of contact
- Itchy/runny nose with sneezing
- Itchy watery eyes
- Itch and swelling of mouth, tongue, throat
- Wheezing
- Rarely anaphylaxis (breathing difficulty, collapse)

Can latex allergy be life threatening?

There have been deaths caused by this allergy. We think that this is a rare event, but the very possibility requires it to be taken seriously. The most important things to do are:

- Avoid **unnecessary** contact with latex, which would run the risk of making you more sensitive, with greater likelihood of severe reaction
- Be aware of the main dangers – see below
- Seek medical advice if latex exposure causes -
- **Wheezing**
- **Tongue or throat swelling**
- **If you feel unwell e.g. faint or dizzy**

This may mean that you require to carry rescue treatment in case of a severe allergic reaction, **but only your doctor can make this decision.**

What are the main dangers for me?

Latex is more dangerous when it contacts a mucosal surface (such as the mouth, nose or genitalia) than intact skin. This may occur either by:

- **DIRECT CONTACT** e.g. blowing up balloons, condoms and diaphragm contraceptives or the glove of a dentist, surgeon or gynaecologist
- When **BREATHED IN** from airborne carriage of latex particles, such as occurs with powdered gloves or balloons

In this situation, symptoms may proceed rapidly, due to speedy absorption of the latex allergen.

What sorts of things contain latex?

Unfortunately, many (estimated 40,000) but do not despair, lists of products which contain latex are readily available from support groups, websites and you should make it a priority to obtain these to learn where it is likely to be present.

In general, 'stretchy' rubber products, such as gloves or rubber bands are much more likely to be a problem than 'hard' ones such as tyres, which contain little protein.

However, because latex can crop up in many unlikely places, such as self-sealing envelopes and waterproof mascara, the lists are important to refer to, particularly if you have anything more than the mildest of symptoms.

Fruit and vegetables

Some people with latex allergy also react to certain fruit and vegetables, such as banana, kiwi, avocado, tomato or potato. This is because these foods and latex contain similar proteins, which can cross-react.

It can sometimes be difficult to be certain which allergy came first – the latex or the food.

Reactions may also be caused by any food which has been handled by people wearing latex gloves e.g. in restaurants, canteens and packing facilities



LATEX

SAFE

ZONE

**DO NOT BRING ANY LATEX GLOVES OR EQUIPMENT INTO
THIS AREA , MARK ALL PATIENT RECORDS, INFORM ALL
DEPARTMENTS**

Important Notice

Are you allergic or do you react to any medicines, foods or other products e.g. latex (stretchy rubber products like balloons, rubber gloves, condoms)?

Please inform staff