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Tackling latex allergies in patients and nursing staff.

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A new report from the National Patient Safety Agency (NPSA, 2005a) highlighted once again the risks to both health care staff and patients from latex used in the manufacture of medical equipment.

The fact that latex, a type of rubber used in items such as gloves, stethoscopes and nasogastric tubes, can result in an allergic reaction is not a new discovery. In 1996 the Medical Devices Agency identified different types of latex allergy that can affect both patients and staff, and in 1999 the Health and Safety Executive issued guidance to health care workers about the use of latex gloves (HSE, 1999). However, the new NPSA report looks at the response of NHS organisations to latex allergies and whether they have taken adequate measures to protect staff and patients.

What is latex allergy?

Latex comes from rubber tree sap, which is then subjected to a complex manufacturing process involving the addition of chemicals. These chemicals, or the protein contained in latex that makes it elastic, are what causes the allergic reaction.

Latex is used in a variety of medical products including gloves (Box 1). Some latex gloves are coated with powder so they are easier to put on. However, this powder contains tiny particles of latex protein and when the gloves are removed this is spread into the atmosphere. This means patients and health care workers do not necessarily have to come into direct contact with medical equipment containing latex to experience an allergic reaction.

Symptoms of latex allergy include:

- Conjunctivitis;
- Sneezing;
- Coughing;
- Urticaria;

- Swelling;
- Rhinitis;
- Allergic contact dermatitis;
- Asthma;
- Severe respiratory difficulties;
- Anaphylactic shock.

These symptoms and their severity vary from person to person but three types of sensitivity have been identified (Medical Devices Agency, 1996):

- Irritation: non-allergic condition with mild symptoms that disappear once contact with latex is over;
- Delayed hypersensitivity: mostly caused by an allergy to residues of agents used in the manufacture of gloves. Symptoms include rashes and blistering of the skin;
- Immediate hypersensitivity: reaction to the protein found in the latex. This can lead to local or generalised urticaria and oedema, rhinitis, conjunctivitis, asthma and, in extreme cases, anaphylaxis.

The extent of the problem

The number of people who could be affected by an allergic reaction is not known, although it is estimated that one per cent of the population may be at risk (NPSA, 2005b). It is also possible that it is more likely to affect groups who come into repeated contact with latex medical products - people who have repeated operations and health care staff.

The purpose of the report was to discover more about how NHS organisations have responded to the risks posed by latex sensitivity and to recommend solutions that would help ensure the risks to health care staff and patients are minimised.

The new NPSA report is based on a survey of 251 health care organisations. It found that 40 per cent of health care organisations in England and Wales do not have a policy for staff who come into contact with products containing latex.

Where there are policies in place, the survey found that while some trusts did provide comprehensive advice, others had not done as much, providing inconsistent advice or reacting to events rather than preparing for them. The report concludes there is a long way to go before there is a consistent approach to latex across the NHS.

Implications for nursing

The report notes that this inconsistent approach to latex policies across the NHS can have a crucial impact on nurses. Although most of the problems with latex allergies among nurses can be resolved by the provision of non-latex gloves, a sensitivity to latex acquired at work can nevertheless have serious implications for an individual's professional and

personal life.

Some of the incidents reported in the NPSA survey include: nurses whose eczema was exacerbated by contact with latex; nurses having to leave their posts because of latex allergies; nurses having to carry their own supply of gloves; and numerous reports of outstanding legal claims and complaints against trusts.

Implications for patients

The results of the survey indicate that an increasing number of patients are presenting with a history of latex allergy and the lack of consistent policies is affecting their care.

Although many trusts do have adequate policies for identifying and caring for patients with a latex allergy, the report states that many do not and some rely on the patients themselves to inform staff of their allergy. This failure to identify patients who have latex allergy can lead to potentially dangerous incidents.

Organisations reported a variety of incidents, including: patients not being identified on theatre lists as having latex allergies; patients having anaphylactic reactions to transvaginal scan covers; and operations being cancelled as theatres were not warned that a patient had a latex allergy.

Recommendations

In order to provide a consistent approach to dealing with latex allergies and to protect patients and staff, the guidance makes a number of recommendations that should be adopted across the NHS to minimise risk (NPSA, 2005a).

Eliminate latex completely where possible

The guidance notes that latex has become a very useful element in the provision of health care as it has a variety of important uses.

However, some of the trusts that replied to the survey have taken steps to ensure that, where appropriate, latex is removed from all clinical areas. Measures taken include creating latex-free areas such as operating theatres and resuscitation trolleys and providing non-latex gloves.

Trusts can also ensure that they only use latex when it is proven to be the best option.

Identify patients with an allergy to latex

Unfortunately too many NHS organisations rely on patients to inform nurses that they are sensitised to latex. It is important that trusts adopt proactive measures to identify these patients and also to disseminate this information to the relevant colleagues and departments by, for example, labelling patient notes.

Protecting patients

It is crucial that trusts have policies in place to protect patients who do have a latex allergy. These should include:

- Clear protocols for nurses to follow when treating these patients;
- Freely available latex-free equipment to enable nurses to treat them without delay;
- Patients who frequently attend NHS organisations, for example outpatient clinics, should be provided with latex-free products that they can take with them. Similarly, nurses who have to visit these patients in their homes should be able to easily access latex-free products;
- A latex-free environment, which includes ensuring there is no contamination in the atmosphere or on surfaces, should be available for the treatment of patients with the allergy.

Educating the public

Although trusts should not rely on patients to inform them of a latex allergy, much could be done to educate them on how to identify the risks and avoid sensitivity reactions. Warning notices in areas that may contain latex would also be helpful.

Educating health care workers

It is crucial that nurses are able to identify sensitivity in themselves and patients and understand the measures that they can take to minimise the risk, such as using non-latex gloves. Nurses should also ensure that they are aware of any policies regarding latex allergy in their trust.

Identification

For these recommendations to be effective it is important that trusts and staff are able to identify which products contain latex. Manufacturers should begin labelling all their equipment and packaging as soon as possible to ensure that nurses can choose the correct product (NPSA, 2005a). The use of a symbol is being considered to identify products as containing latex. This article has been double-blind peer-reviewed.

For related articles on this subject and links to relevant websites see www.nursingtimes.net

Health and Safety Executive (1999) *Latex and You*. Surrey: HSE Books.

Medical Devices Agency (1996) *Latex Sensitization in the Healthcare Setting (Use of Latex Gloves)* (Device Bulletin). (MDA DB 9601) London: Medical Devices Agency.

NPSA (2005a) *Report of the survey of the responses of NHS organisations to the risks of patient and staff sensitivity to natural rubber latex*. Available at: www.npsa.nhs.uk/site/media/documents/1080_Latex_survey_FINAL.pdf

NPSA (2005b) *Patient Safety Information*. Available at: www.npsa.nhs.uk/site/media/documents/1079_Patient_safety_information.pdf

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