Health & Safety Management Manual



Latex & Dermatitis Guidance

Latex:

Introduction

NHS Greater Glasgow and Clyde recognises its duties under the Health and Safety at Work Act, the Control of Substances Hazardous to Health (COSHH) Regulations, and the Management of Health and Safety at Work Regulations (1999). These require the Board to provide a safe environment for both its staff and patients and to protect them from hazards, which may arise in the course of health care activities.

Under these regulations the organisation has a duty to control exposure to 'hazardous substances'. Latex is regarded as a hazardous substance under the definition within the regulations. The organisation also has a duty to attempt to control exposure by elimination, substitution or by limiting exposure to the hazardous substance. This is known as the hierarchy of control.

Responsibilities

As stated above the responsibility to manage Latex lies with the organisation, this is cascaded down the management line from the Chief Executive- Chief Operating Officer and the various director to manager/ heads of department/lead clinicians and safety management manual holders.

A more concise list of responsibilities and how latex is managed is provided in NHS GGC Safe use of Latex Policy. Individual members of staff also have a responsibility to Co-operate with the organisation regarding latex as also stipulated in the Safe use of Latex Policy.

https://www.nhsggc.scot/downloads/latex/?wpdmdl=67614&refresh=63f497d5e7cde1676974037&ind=1676973991369&filename=nhsggc_health_safety_policy_latex.pdf

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 the allergies either through direct contact with the skin, or by inhalation of powder. These can be found in ever day products used in healthcare organisations e.g. some gloves, medicines, equipment

Who is most at risk?

Those individuals exposed to NRL on a regular basis in occupations where single-use gloves are frequently used e.g. workers in healthcare, catering, hairdressing and electronics trades:

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Further guidance and information can be accessed from:

Information on health and safety management including Incident management and Risk Assessment can be accessed in the Health & Safety Management Manual at https://www.nhsggc.scot/staff-recruitment/hrconnect/safety-health-and-wellbeing/management-manual/

Information on incident reporting and COSHH can be accessed at https://www.nhsggc.scot/staff-recruitment/hrconnect/safety-health-and-wellbeing/policies-quidance-documents-and-forms/

A list of products known to contain latex can be accessed at the following link under the tab "Product Information" - "Products Containing Latex"

http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Pages/default.aspx

The NHSGGC Infection Control Policy on Personal Protective Equipment can be accessed at

http://library.nhsggc.org.uk/mediaAssets/Infection%20Control/Microsoft%20Word%20-%20PPE%202008.doc.pdf

Information on Latex published by the Health & Safety Executive can be accessed at http://www.hse.gov.uk/latex/index.htm

Dermatitis:

Healthcare workers (and nurses in particular) are one of the groups reporting the highest incidence of work-related dermatitis (also known as eczema) due to frequent hand washing, exposure to irritant and allergenic chemicals, and frequent or persistent glove wearing.

What does it feel like?

Someone who has dermatitis may experience symptoms of dryness, redness, itching and pain which can develop into **flaking**, **scaling cracks**, **swelling** and **blisters** the signs and symptoms of this condition can be so bad that the sufferer is unable to carry on at work.

What causes irritant contact dermatitis?

It can occur quickly after contact with a strong irritant, or over a longer period from repeated contact with weaker irritants. Irritants can be chemical, biological, mechanical or physical. Repeated and prolonged contact with water (e.g. more than 20 hand washes or having wet hands for more than 2 hours per shift) can also cause irritant dermatitis.

What causes allergic contact dermatitis?

This can occur when the sufferer develops an allergy to a substance. Once someone is 'sensitised', it is likely to be permanent and any skin contact with that substance will cause allergic contact dermatitis, often skin sensitizers are also irritants.

These are some of the more common causes of irritant and allergic contact dermatitis:





Irritant contact dermatitis	Allergic contact dermatitis
 Wet work Soaps, shampoos and detergents Solvents Some food (e.g. onions) Oils and greases Dusts Acids and alkalis 	 Some hair dyes UV cured printing inks Adhesives Some food (e.g. shellfish, flour) Wet cement Some plants (e.g. chrysanthemums)

What to do if you suspect you have occupational Dermatitis

- 1. Alert your manager that you have a problem with your skin.
- Initially try to reduce your use of alcohol gel by using soap and water to wash hands. Pat dry your skin with white paper towels.
- 3. Apply hospital moisturiser as often as possible and at least 5 times a shift and before any breaks.
- 4. If skin problems develop with your hands see your GP for a diagnosis and treatment as soon as possible.
- 5. Contact Occupational health for a selfreferral appointment to assess your hands and for advice on alternative products.



Further guidance and information can be accessed from:

www.hse.gov.uk/skin/employ/dermatitis.htm

http://www.nhs.uk/conditions/eczema-(contact-dermatitis)/pages/introduction.aspx