



ANMF (Vic Branch) Policy

Exposure to latex allergens

1. Introduction

The Australian Nursing and Midwifery Federation (Victorian Branch) (ANMF (Vic Branch)) recognises that some nurses and midwives working in healthcare environments and other industries may be exposed to latex allergens during the course of their work, creating a risk to their health and safety.

Latex allergy reactions have become an increasing occupational health and safety issue, especially amongst health care workers, in recent years. This coincides with the increase in latex glove use following the introduction of universal precautions. The most significant exposure to latex by healthcare workers is through the use of disposable latex gloves, however it can also be present in items such as: IV tubes and catheters, blood pressure cuffs, syringes, adhesive tapes/ bandages, rubber bands and balloons.¹ Sensitivity to latex can develop over a period of time as a result of frequent exposure to the substance.

Whilst specific treatment is not available at this point, reduction of exposure to the allergen, and therefore the hazard, is a means of effectively reducing the likelihood of development of the sensitivity, as well as avoidance of latex products in sensitised individuals².

2. Objective

The ANMF (Vic Branch) objective is to support the prevention and management of risks to the health and safety of Victorian nurses and midwives, arising from exposure to latex allergens during the course of their work.

3. Scope

This policy applies to all ANMF (Vic Branch) members, and all nurses and midwives eligible for ANMF (Vic Branch) membership in Victorian healthcare environments and other industries.

4. Definitions

Latex: comes from the natural (sap) substance produced by the rubber tree and is used extensively in the manufacture of various rubber products found at home and at work and in healthcare products. Several types of synthetic rubber are also referred to as 'latex' but these are produced from petrochemicals and do not contain the proteins that cause latex allergic reactions.

Latex Allergy: allergic reactions to natural rubber latex are caused by the release of latex protein allergens which are able to readily cross skin and mucosal surfaces on direct contact. For persons who are latex sensitive, this can result in an allergic reaction, ranging from a localised, mild skin irritation to asthma or to more severe systemic, anaphylactic reactions. The amount of latex

¹ Latex Sensitivity, WorkSafe WA Department of Commerce, 2009 (internet – www.docep.wa.gov.au)

² Latex Allergy for Health Professionals, Dr Frank Thien, The Australasian Society of Clinical Immunology and Allergy, Oct 2007

exposure required in order to develop an allergic reaction or sensitisation is unknown, but the risk is increased by frequent exposure.³

Cause of Latex sensitisation: the most significant risk factor for latex sensitisation is the use of powdered latex gloves and the presence of cornstarch powder which is used to make them easier to put on. Latex protein allergens can be leached from the gloves and adsorbed to the cornstarch powder within gloves which can irritate the skin. When the gloves are donned or removed, the latex allergen coated cornstarch particles become aerosolised and can be inhaled, and so are a source of respiratory sensitisation and triggering of attacks⁴.

Types of allergic reactions to latex:

Irritant Contact Dermatitis - This is the most common problem and can occur within minutes of skin contact with latex. Reactions may include itching, redness and swelling of the skin.

Immediate Latex Hypersensitivity (Type 1) reaction - occurs immediately after contact with latex products or the inhaled latex containing particles. Localised urticaria, generalised swelling, itching of the skin and eyes, rhinitis, sneezing, asthma or progressing up to an anaphylactic reaction, however this is rare.

Contact Allergic Dermatitis (Delayed or Type IV hypersensitivity reaction) - this is a type of allergic contact dermatitis that may be caused by the chemicals used in latex production. Reactions are limited to areas of contact. They occur several hours after exposure and are not usually life threatening.

5. Policy

- 5.1 Under the Victorian Occupational Health and Safety Act 2004, all employees have a right to perform their work in an environment that is safe and without risks to health from exposure to latex allergens.
- 5.2 Powdered latex gloves must not be used for any purpose at the workplace and should be eliminated from supply department stocks.
- 5.3 So far as is reasonably practicable, work environments should be made 'latex free' environments, in order to both reduce the exposure of nurses and midwives in the work environment to the latex allergen, and in order to protect any nurses, midwives or members of the public who may have a latex sensitivity or allergy.
- 5.4 Latex free gloves and where possible, other latex free medical equipment should be sourced and made available to the affected staff for their use at the workplace, to eliminate exposure to latex allergens.
- 5.5 Latex balloons must be prohibited in all areas of facilities as they contain powder and are subject to gas leakage which may result in latex allergens becoming airborne. Patients and visitors should be advised of this requirement in admission literature and signage should be displayed at all entrances to the facility.
- 5.6 If an employee is believed to be developing a latex allergy, the affected person should be offered sensitivity testing at the employer's expense and a management plan for managing any detected allergy should be developed by the employee's treating doctor. Liaison should be undertaken between the treating doctor and the OH&S Manager of the facility to ensure appropriate protective measures are implemented.

³ Latex Allergy - Information for Health Professionals, New York, US (internet - www.health.state.ny.us)

⁴ Latex Allergy for Health Professionals, Dr Frank Thien, The Australasian Society of Clinical Immunology and Allergy, Oct 2007

- 5.7 Under the Equal Opportunity Act (2010) an employer is required to take proactive steps to accommodate an employee who has a sensitivity or allergy to latex. This may include alterations to the work environment, in order to eliminate or minimise the risk of exposure, and/or modification to an employee's duties, which might be on a temporary or permanent basis. At a member's request ANMF will be involved in discussions around any adjustments made to an employee's role.
- 5.8 Where the employer provides hand care products to staff, these should be non-oil-based, so as to prevent deterioration of both powder-free low allergen latex gloves and latex-free gloves.
- 5.9 Employers should provide easy and ready access to hand washing amenities after any latex product exposure.

6. Key elements

6.1 Employers

The ANMF (Vic Branch) requires employers to prevent and minimise the risk of exposure to latex allergens through:

- 6.1.1 Implementation of a management policy to prevent potential exposure to latex allergens.
- 6.1.2 Implementation of risk management processes to identify, assess and control latex exposure hazards and risks.
- 6.1.3 Implementation of an appropriate procurement policy for purchasing and sourcing latex free gloves and other health care products, where possible.
- 6.1.4 Integration of latex allergen exposure prevention into workplace OHS arrangements – including OHS representation, consultation and issue resolution.
- 6.1.5 Communication to all staff to raise awareness about exposure to latex allergens and involvement of staff in the prevention and management strategies implemented.
- 6.1.6 Provision of training to all staff to educate them about exposure to latex allergy, including symptoms, preventative and management strategies.
- 6.1.7 Action plans which outline management responsibilities, timelines and resource allocation for latex allergen exposure prevention at workplace and organisation levels.
- 6.1.8 Provision of knowledge and skills in managing issues around exposure to latex allergens for managers and supervisors.

6.2 Consultation

- 6.2.1 The participation of and consultation with staff and their representatives, including the ANMF (Vic Branch) and Health & Safety Representatives (HSRs), is critical to the effective implementation of relevant and sustainable policies and procedures and risk control strategies for preventing and managing the risks associated with exposure to latex allergens.
- 6.2.2 Appropriate consultative and representative structures (including HSRs and OHS Committees) are necessary so as to encourage staff to report injuries/illness and unresolved issues related to exposure from latex allergens at the workplace to both management and / or HSRs.

6.3 Health and Safety Representatives (HSRs)

The ANMF (Vic Branch) supports involvement of HSRs in prevention of exposure to latex allergens through:

- 6.3.1 Encourage staff to report all incidents of dermatitis and asthma
- 6.3.2 Representation and consultation with employers
- 6.3.3 Health and Safety Committee (HSC) formulation and participation

- 6.3.4 Review and dissemination of plans for prevention of exposure to latex allergens
- 6.3.5 Workplace OHS issue resolution
- 6.3.6 Provisional Improvement Notices (PINs) or requests for WorkSafe Inspectors to attend the workplace if employers have not acted to resolve latex exposure issues

6.4 ANMF (Vic Branch) members

The ANMF (Vic Branch) supports involvement of members in the prevention of work-related fatigue through:

- 6.4.1 Reporting fatigue issues to management and HSRs
- 6.4.2 Consultation through HSRs on work-related fatigue control measures

7. Relevant legislation

- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Victorian Equal Opportunity Act (2010)

8. Relevant guidance

- ANMF (Vic Branch)'s Occupational Health and Safety Policy
- Latex Allergy – Occupational aspects of management – A National Guideline – Royal College of Physicians, 2008
- Latex Allergy – Occupational aspects of management – Evidence-based guidance for Healthcare Professionals – Royal College of Physicians, 2008