



## LATEX ALLERGIES

The extensive gloving required by current universal precaution standards and the predominant use of latex and latex-bearing powder in gloves has caused a dramatic increase in the incidence of irritant contact dermatitis and allergic reactions in healthcare professionals.

According to the National Institute for Occupational Safety and Health (NIOSH), the incidence of latex allergies is on the rise with 12 percent of healthcare workers affected. Once a healthcare worker has begun to develop sensitivity, the signs and symptoms of latex sensitivity continue to increase until the professional takes steps to prevent repeated exposure.

Latex use hit a previously unknown high in 1987 when the Centers for Disease Control (CDC) recommended universal precautions for healthcare workers and facilities.

These precautions led to a dramatically increased need for gloves. To cope with the growing demands for gloves and the decreasing supply of pure latex, glove manufacturers had to make changes that lessened the purity of the latex found in gloves. The use of latex with a higher percentage of impurities has put more healthcare professionals at risk for the development of latex allergies.

The latex used in rubber gloves comes from the rubber tree *Hevea Brasiliensis*. This latex is also used in medical devices from catheters to syringes, and everyday products such as balloons, rubber bands and telephone cords. It is important to be aware of all objects containing latex because once sensitivity is developed; it can become more severe with further exposure. Although direct skin exposure is the largest cause of sensitivity, airborne latex proteins can lead to inhalation-based sensitivities as well. Individuals with asthma or inhalant allergies, e.g., ragweed, are at a higher risk to develop a latex allergy.

**Symptoms:** Symptoms of a latex allergy are similar to other allergic responses:

Itching                      Watery or burning eyes                      Sneezing                      Coughing

These are only a few of the potential warning signs. As always, see your doctor if you have any concerns that you have or are developing a latex allergy.

**Protection:** There are simple ways you can protect yourself from latex exposure and allergy:

- Use non-latex gloves for any activities that will not involve direct contact with infectious material.
- If you must use latex gloves, use powder-free gloves with reduced protein content.
- Do not use oil-based hand creams or lotions with latex gloves. These lotions can deteriorate the gloves.
- Wash and dry hands thoroughly after removing the latex gloves.



- Keep the areas contaminated with latex dust clean.

Avoidance of latex is the only means to assure prevention of a latex allergy, and protection from its symptoms in a person who has already developed a latex allergy.

## **Definitions relative to latex allergies:**

**Latex sensitivity** – a medical diagnosis of reaction to latex, ranging in reverse order from irritant contact dermatitis, allergic contact dermatitis (Type IV), to severe systemic allergic reaction (Type I).

**Allergic Contact Dermatitis (ACD) (Type IV)** – produces skin lesions or a crusty thickened appearance of the skin. The reaction usually appears some time after exposure, so sensitized individuals may not always associate it with latex gloves. The rash may persist for 7-10 days, and is usually limited to the area where the skin came into contact with the latex. ACD may also include contact pruritus, erythema, vesicular lesions, eczema and contact urticaria. Type IV reactions may occur alone, or may be accompanied by a Type I response. Individuals with Type IV reactions are at increased risk for developing Type I response hypersensitivity.

**IgE-mediated hypersensitivity (Type I)** – this response to latex is more unusual. Immediate reactions within 30 minutes to 1 hour from exposure may affect the skin, upper respiratory tract, lower respiratory tract or gastrointestinal tract. Skin manifestations include flushing, swelling and contact urticaria. Other manifestations are runny eyes and nose, symptoms of asthma, especially expiratory wheezing, diarrhea and/or vomiting.

**Irritant Contact Dermatitis (ICD)** – ICD is different than ACD in that with ICD an external agent directly damages the skin, such as sweating and chafing due to prolonged glove use. ICD usually manifests itself as dry, crusty lesions where skin is exposed to latex.

**Accommodations** – provision to healthcare workers, including Travelers, of specific supplies, and /or recommended environmental changes which will decrease the risk of exposure to allergen.

## **Identification and accommodation:**

The Company has a policy of identification and accommodation for Travelers who have developed latex sensitivity. If you believe you have such sensitivity, please request a copy of the Latex Allergy Assessment form from your Quality Management Specialist (QMS). Please have your physician complete the form and return it to your QMS before beginning your assignment.

Subsequent action and accommodation is dictated by the severity of the allergy, as documented by the physician on the Latex Allergy Physician Release form. The accommodations may include (but are not limited to) the following ranked in descending order of the severity of the allergy:



### **Contact allergy to latex:**

If you have a documented contact allergy to latex, we will provide you with latex-free or powder-free gloves for use in any healthcare facilities that do not already provide such items for their own staff.

### **Inhalant allergy to latex:**

If you have a declared allergy to latex, once you have interviewed for an assignment and accepted an offer, the Clinical Liaison (CL) will inform the human resources department at the facility of your allergy to determine the availability of latex risk management procedures at the institution.

Depending upon your individual triggers for an allergic reaction, the CL will ascertain if the facility:

1. Is entirely latex-free,
2. Can assign Traveler to an already latex-free unit, and/or
3. Can provide a powder-free and/or latex-free unit to protect the Traveler from inhalants.

Only when such accommodations can be arranged, will the assignment be confirmed with the facility and/or the Traveler given the approval by their Recruiter or Quality Management Specialist to depart for the assignment.

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Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date