

LATEX SAFETY

A latex-safe environment is in everyone's best interest

How to adapt
to the needs of
workers and patients

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QUICK TAKE>>>>

Given the increasing number of both health care workers and patients who are allergic to latex, it has become critical for hospitals to create latex-safe environments. Though not an easy task, it is possible when departments work together especially with materials management. But due to financial implications, administration should be involved at the inception of an interdisciplinary committee charged with effecting change. One of the many issues to be addressed is constructing a comprehensive latex policy.

Since Sept. 30, 1998, the FDA has required manufacturers to label all medical devices containing latex. The label carries a warning for people allergic to natural rubber substances, stating: "Caution: This product contains natural rubber latex which may cause allergic reactions." This ruling also applies to medical device packaging.

Manufacturers have complied with the labeling and packaging requirements and, in many cases, have developed latex-free alternatives. However, not all products are available in a latex-free version, nor will all of them be considered clinically equivalent or acceptable. This means that the removal of all latex could be difficult and could disrupt patient care; so institutions should strive to become latex-safe as opposed to latex-free.

Those at risk

With repeated exposure to the latex allergen, health care workers and especially patients "with bladder extrophy, myelomeningocele, and/or a history of chronic or recurrent surgeries, spina bifida or an allergy to avocados, bananas, kiwi or passion fruit have the highest risk of becoming sensitized or having an allergic reaction," according to the Johns Hopkins Hospital's *Interdisciplinary Clinical Practice Manual*.

An interdisciplinary approach is necessary when developing a latex-safe envi-

ronment. High-level institutional support also is needed because this is a patient and staff safety issue. In addition, moving to a latex-safe environment has financial implications. Latex-free products, in general, are more costly, although the costs of nonlatex alternatives have been decreasing more recently. In 1996, The Johns Hopkins Hospital, Baltimore, developed its first latex policy for the pediatric OR and a year later, a formal housewide policy was instituted.

Since then, many changes have been instituted to ensure that Johns Hopkins continues to evolve as a latex-safe hospital. Part of those changes include the implementation of a comprehensive latex policy, which reflects interdisciplinary responsibilities and reflect the commitment to decreasing the amount of latex within the facility.

Current Hopkins policy responsibilities cover the medical staff, nursing, ancillary clinical staff, materials management, security, operating room posting staff, nutrition services, security and the legal/risk management department.

Where latex lies

Although labor intensive, a review of your current product catalog should be conducted to determine which products contain latex. From the initial review, generate a list to assist purchasing personnel in locating possible latex-free alternatives

and notify staff about what products contain latex. The limitations of any active list are the need for continual updating to keep the list current and accurate. When a new product is proposed, purchasing staff should routinely prescreen to determine if an item is latex-free. The products committee should be included in decisions on whether a product that contains latex is added to the system. If a product is purchased directly by a department as a special order, the department needs to assume the responsibility for checking the latex content. Health care

workers at the point-of-use also need to be aware of the product's latex content so the item will not inadvertently be used on a latex-allergic patient. Clinicians consciously using products that contain latex need to weigh any potential risk to a patient.

Safeguarding patients

According to the Johns Hopkins manual, the following actions should be taken for patients with a documented history of a natural rubber latex allergy when they are in the hospital, procedure areas

or operating rooms:

- Communicate a patient's latex allergy to all unit staff, the receiving unit when transferring the patient and transport staff.
- Post a sign that latex precautions are in effect.
- Inspect the room for any latex products and remove them.
- Use latex-free supplies.
- Provide only synthetic gloves for use.
- If a patient is in a semiprivate room, the latex precautions will need to be followed for both patients.

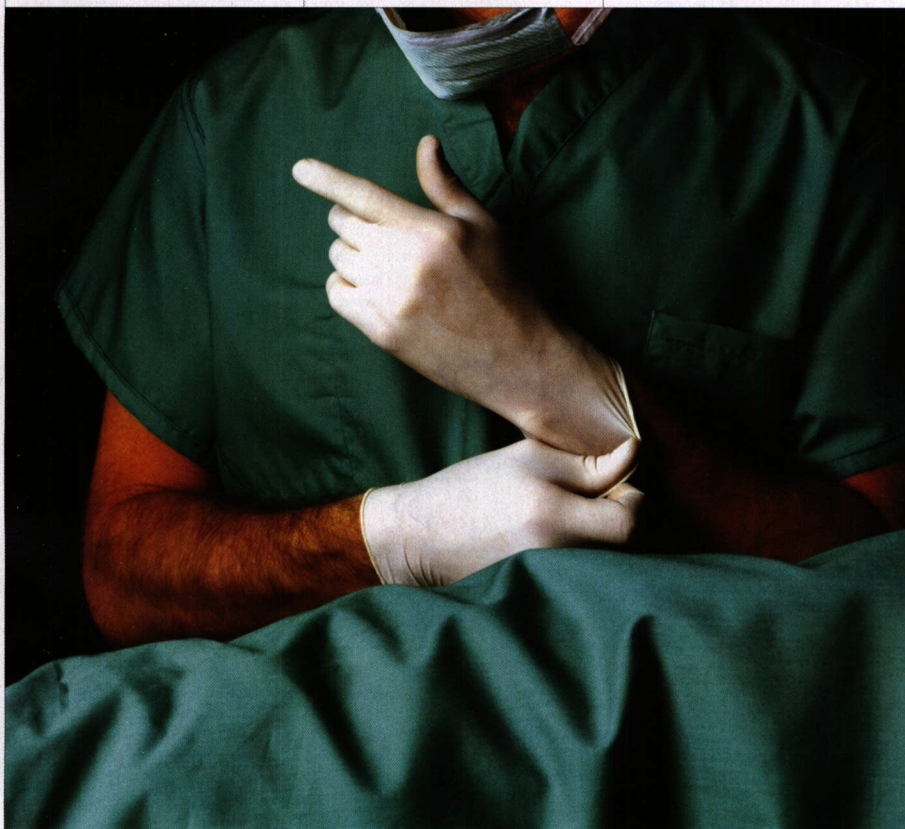


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- When a latex-allergic patient is scheduled for surgery, the allergy should be documented on the operating room schedule and, if possible, the patient should be scheduled for the first case of the day.

A major source

With the advent of universal/standard precautions, there has been a dramatic increase in gloves used by health care workers, according to Robert Brown, M.D., professor, Anesthesiology and Critical Care Medicine & Bloomberg School of Public Health at Johns Hopkins University. Gloves worn by both clinical and nonclinical staff account for most of the health care worker latex exposures via inhalation or dermal routes. Powdered and nonpowdered gloves are used for nonsterile and sterile situations as a barrier for the safety of the staff member.

According to Edward Lehman, M.D., "The cornstarch powder allows for easy application of the gloves, but is released into the air and binds with the latex protein in the glove to be aerosolized." (He authored the article, "Selecting the Right Glove: Understanding Latex Allergy and

Glove Chemistry." To read it visit www.immune.rubber.nr3.html.) Powder-free latex glove alternatives are made with ingredients such as vinyl, nitrile, neoprene and polyisoprene. In 1998, Johns Hopkins replaced its nonsterile, latex examination gloves and sterile procedure gloves with powder-free, nitrile gloves. In 2007, a decision was made to remove latex surgical gloves and replace them with gloves made of neoprene and polyisoprene. The latter change required the support from the OR executive committee and communication to all OR staff. Surgeons were given the opportunity to fully evaluate the alternatives and choose (based on the gloves offered) the glove to which they would be willing to change.

Once vendors were chosen, all units using surgical gloves were involved in the product switch. The hospitalwide plan included selecting a timeframe for implementation, communication of the plan, planned depletion of the current latex glove supplies with removal of any remaining supplies on the implementation date, replacement with the latex-free alternatives and follow-up with end users for any post-implementation issues.

What more can you do?

To further facilitate a latex-safe environment, contractors and vendors also should be regulated by the institution's latex policy. More than eight years ago at Johns Hopkins, area florists were notified that the delivery of arrangements containing latex balloons would not be accepted.

Staff members and vendors are prohibited from using latex balloons for departmental events. In addition, family members who bring latex balloons for patients are stopped at hospital entrances and the balloons are temporarily kept by hospital staff and returned when visitors leave.

The American Red Cross, which regularly conducts on-campus blood drives for hospital staff, is required to use latex-free gloves.

Nutrition services should be advised of patients with a latex allergy so bananas, avocados, kiwi or passion fruit are not placed on patient food-service trays. All food-service workers use nonlatex gloves for both patient and public food preparation and delivery.

Because medical products containing latex will most likely be in every hospital's inventory (e.g., tourniquets and catheters), it is important that staff read packaging and question a product's latex content if it isn't clear.

Frequently, there is new and temporary staff in a hospital who require ongoing education to maintain latex-safe awareness, according to Brown. Like other safety measures (e.g., sharps safety), conversion to a latex-safe environment will have financial implications because latex-free products are more costly than latex products.

However, Brown says, "providing the safest environment for patients, even for a low-incidence risk exposure, is the right thing to do from a moral, ethical and clinical perspective." **MMHC**

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At risk

An interdisciplinary committee should be created to ensure a latex-safe environment is created within a hospital. The following are terms about which committee members should be knowledgeable:

- **Latex-aware**—an individual or institution that is informed about latex allergies and practices: latex avoidance for staff and patients.
- **Latex-sensitized patient**—any individual with a confirmed positive skin test or serologic test for latex specific IgE antibodies, but without obvious clinical symptoms.
- **Latex-allergic patient**—any sensitized individual with confirmed positive skin test or serologic test for latex specific IgE antibodies with clinical symptoms.
- **Latex-safe environment**—an area with minimal latex allergen, insufficient to elicit a latex allergic reaction.
- **Latex-free environment**—an area with no latex allergen.



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