

SGNA Guideline

Guideline for Preventing Sensitivity and Allergic Reactions to Natural Rubber Latex in the Workplace

Preface

Workers and patients exposed to latex gloves and other products containing natural rubber latex (NRL) may develop sensitivity or allergic reactions such as skin rashes; hives; nasal, eye, or sinus symptoms; asthma; and (rarely) shock. Latex allergy is an increasing problem in healthcare. An estimated 8% to 12% of healthcare workers are sensitized in comparison with 1% to 6% of the general population (National Institute for Occupational Safety and Health [NIOSH], 1997). A recent study of healthcare workers with frequent latex exposures showed asymptomatic persons to have a higher rate of allergy than in those with clinical symptoms (Brown, Schauble, & Hamilton, 1998). Just how much exposure is needed to sensitize individuals to latex is not known, but reduced exposure to latex proteins has been associated with a decrease in sensitization and symptoms.

Occupational latex allergy is one of the top priorities of the U.S. Occupational Safety and Health Administration (OSHA, 1999). No regulatory action is planned, but officials are in the process of collecting data for future action.

Definition of Terms

For the purpose of this document, the SGNA has adopted the following definitions:

Allergy refers to a state of hypersensitivity induced by exposure to a particular antigen (allergen), resulting in harmful immunologic reactions on subsequent exposures.

Atopy (Atopic) refers to an individual found to have IgE antibodies to one of more common environmental allergies, including latex (Taylor & Erkek, 2004).

Latex refers to NRL and includes products made from dry natural rubber. NRL is the product manufactured from a milky fluid derived from the rubber tree *Hevea brasiliensis*.

Sensitization is the process of developing an immunologic reaction to an antigen (Katz et al., 2005).

Sensitivity refers to a state of altered reactivity that develops after sensitization.

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Urticaria refers to a transient condition of the skin, usually caused by an allergic reaction, characterized by pale or reddened, irregular, elevated patches and severe itching.

General Principles

Background

The emergence and spread of hepatitis B virus and the discovery and spread of HIV prompted the Centers for Disease Control and Prevention to issue recommendations for universal precautions in 1987. These precautions resulted in a dramatic increase in the use of disposable, NRL gloves. The increased demand for gloves may have temporarily changed manufacturing procedures, resulting in a poor-quality, highly allergenic product. Increased awareness of latex allergy has resulted in more reports.

Healthcare workers develop sensitization from regular latex exposure, for example, wearing latex gloves or inhaling aerosolized latex in the workplace. In 2000, there were more than 600 product liability lawsuits pending over latex allergies (Kurtz, 2000). In 1999, the U.S. Food and Drug Administration (FDA) released a proposed guidance document entitled "Medical Glove Guidance Manual," which recommended protein and glove powder limits (FDA, 1999).

Products Containing Latex

A wide variety of products contain latex. The following are examples of products that may contain latex.

Emergency equipment

- Blood pressure cuffs
- Stethoscopes
- Electrode pads
- Endotracheal tubes
- Tourniquets
- Intravenous tubing
- Syringes
- Oral and nasal airways

Personal protective equipment

- Gloves
- Surgical masks
- Goggles
- Respirators

Household objects

- Carpeting
- Shoe soles
- Dishwashing gloves
- Baby bottle nipples
- Pacifiers
- Balloons
- Instant lottery tickets
- Toy balls
- Bathroom throw rugs
- Chewing gum
- Contraceptive sponges
- Condoms
- Elastic on diapers
- Bicycle helmets
- Socks
- Computer mouse pads
- Calculator/remote control buttons

Hospital supplies

- Anesthesia masks
- Adhesive tape

- Elastic bandages
- Catheters
- Wound drains
- Injection ports
- Rubber tops of multidose vials

Office supplies

- Rubber bands
- Art supplies
- Telephone cords
- Erasers

Note: Effective September 1997; all medical devices must be labeled regarding their latex content.

This ruling requires that medical devices containing NRL state, "Caution: This product contains natural rubber latex which may cause allergic reactions" (FDA, 1997; Hamilton et al., 2005).

Types of Reactions to Latex

Three types of reactions can occur in persons using latex products: irritant contact dermatitis, allergic contact dermatitis, and latex allergy.

Irritant Contact Dermatitis (Contact Dermatitis)

The most common reaction to latex products is irritant contact dermatitis. This is exhibited by the development of dry, itchy, irritated areas on the skin, usually the hands. It may occur on the first exposure and is not life threatening (Hepner & Castells, 2003). Irritant reactions reduce the barrier properties of the skin, allowing latex antigens to enter microabrasions and cracks in the skin surface and placing susceptible persons at risk for repeated exposure (Muller, 2003). The alkaline pH of most powdered gloves is the most likely cause of this reaction (Hepner & Castells, 2003). Irritant contact dermatitis symptoms can be improved by thorough washing and drying of hands, using powdered-free gloves, and frequent changing of gloves to prevent irritation from sweat (Reines & Seifert, 2005). *This is not a true allergy.*

Allergic Contact Dermatitis (Delayed Hypersensitivity or Type IV)

Delayed hypersensitivity (Type IV) results from exposure to chemicals added during harvesting, processing, or manufacturing of latex (Amado & Taylor, 2006; Huber & Terezhalmay, 2006). These chemicals can cause erythema, pruritus, and vesicles. The rash usually begins 24 to 48 hours after contact, and may progress to blisters or spread, but can present as early as 8 hours or as late as 5 days (Muller, 2003). *This is not a true allergy.*

Latex Allergy (Type I Hypersensitivity)

True latex allergy (Type I) is more serious than either of the two preceding conditions and could lead to anaphylactic reactions. Certain proteins in latex may cause sensitization, with or without symptoms. It is unknown how much exposure is needed to cause sensitization or symptoms. Exposures at even low levels can trigger allergic reactions in some sensitized individuals. Sensitization appears to be

permanent, although the normal course of the immune response to latex remains unclear (Burt, 1998). Recent studies show that contact desensitization of Type I latex allergic individuals may be possible (Hepner & Castells, 2003).

Reactions usually begin within minutes of exposure to latex, but they can occur hours later. Mild reactions involve skin redness, hives, or itching. Angioedema may present from mucosal exposure and is characterized by localized, nonpitting swelling commonly affecting the lips, face, limbs, trunk, and abdominal viscera. Edema to the upper airway or larynx can be severe or life threatening (Huber & Terezhalmay, 2006). Other severe reactions may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat, and asthma (NIOSH, 1997) and may be more directly related to airborne latex proteins released from powdered gloves. Rarely, shock may occur.

Who Is at Risk for Developing Latex Allergy?

- Workers with ongoing latex exposure, for example, those in healthcare who frequently change latex gloves.
- Atopic individuals (persons with a tendency to have multiple allergic conditions such as urticaria, asthma, allergic rhinitis) (Muller, 2003).
- Persons with allergies to certain foods: especially avocado, chestnuts, kiwi fruit, and banana. Potatoes, tomatoes, papaya, passion fruit, grapes, pineapples, peaches, watermelons, nectarines, mangoes, guavas, strawberries, and cherries have also been documented as foods that cause allergic reactions in half the patients who are also latex allergic (ANA, 1997, Taylor & Erkek, 2004).
- Persons with spina bifida, or a history of multiple surgical procedures.

Diagnosis of Latex Allergy

Diagnosis of latex sensitization should include the following (Hamilton, Peterson, & Ownby, 2002; Hepner & Castells, 2003; Huber & Terezhalmay, 2006; NIOSH, 1997).

- *History and physical examination* by a knowledgeable physician. This is the initial step in the diagnostic process, followed by blood and serological testing.
- *Skin prick test*. An in vivo test, which involves scratching or pricking the skin through a drop of liquid containing latex proteins. A positive result for the reaction is shown by itching, swelling, or redness at the site.
- *RAST* (radioallergosorbent test) immunoassay. This is an in vitro test approved by the FDA to detect IgE antibodies in serum of sensitized individuals. This blood test is useful in conjunction with a history and physical examination when in vivo tests cannot be performed or in cases where antihistamines continue to be used. In vitro testing eliminates the risk of possible systemic reactions (FDA, 2001).
- *Glove-use test*, which involves wearing a finger cot or whole latex glove, as well as a non-latex finger cot or glove for control, and observing for the development of rash, erythema, and pruritus.
- *Patch test* (in vivo provocation test) used to differentiate among irritant contact dermatitis, allergic contact dermatitis, and NRL allergies. A positive result for the test is

shown by itching, swelling, redness, or blistering where the patch covered the skin.

Treating Latex Allergy

Once an individual becomes allergic to latex, special precautions are needed to prevent exposures during work as well as during medical or dental care. Certain medications may reduce allergy symptoms, but complete latex avoidance is the most effective approach.

Conclusions

Latex allergy in the workplace can result in potentially serious health problems. Such health problems can be minimized by following the recommendations outlined in this article.

Recommendations

The following recommendations for preventing latex allergy in the workplace (NIOSH, 1997; OSHA, 1999) are based on current knowledge and a common sense approach to minimizing latex-related health problems. Evolving manufacturing technology and improvements in measurement methods may lead to changes in these recommendations in the future. For now, adoption of these recommendations, wherever feasible, will contribute to the reduction of exposure and risk for the development of latex allergy.

Employers

Latex allergy can be prevented only if employers adopt policies to protect workers from undue latex exposures. The SGNA recommends that employers take the following steps to protect workers from latex exposure and allergy in the workplace.

- Consider implementing preemployment screening for latex sensitivity.
- Consider designated latex-safe areas in all offices and clinics or convert your entire office, clinic, or hospital into a latex-safe environment (Lieberman, 2002; Muller, 2003).
- Provide workers with non-latex gloves when there is little potential for contact with blood or body fluids.
- Select powder-free, reduced-protein gloves if choosing latex gloves for protection from blood or body fluids. The goal of this recommendation is to reduce exposure to allergy-causing proteins (antigens). Until well-accepted standardized tests are available, total protein serves as a useful indicator of the exposure of concern. Protein levels below 50 mg/g are considered the least allergenic (Muller, 2003).
- Select nitrile, neoprene, or polyisoprene gloves as an alternative to latex gloves, when needed for prolonged exposure of blood and body fluids. These gloves are comparable to latex as a barrier protection. Vinyl does not provide adequate protection and is not considered a sufficient barrier against blood and body fluids (Reines & Seifert, 2005; Taylor & Erkek, 2004).
- Practice good housekeeping methods to remove latex-containing dust from the workplace. These include:
 - identifying areas contaminated with latex dust for frequent cleaning (e.g., upholstery, carpets, ventilation ducts).

2. ensuring that ventilation filters and vacuum bags are changed frequently in latex-contaminated areas.
- G. Provide workers with education programs and training materials about latex allergy.
- H. Develop policies and procedures for healthcare workers with latex allergies (Elliott, 2002). These include:
 1. screening high-risk workers for latex allergy symptoms.
 2. removing symptomatic workers from latex exposure.
 3. evaluating current prevention strategies whenever a worker is diagnosed with latex allergy.

Refer to Appendix A for examples of questions for a latex sensitivity screening questionnaire.

Healthcare Workers

Healthcare workers should take the following steps to protect themselves from latex exposure and allergy in the workplace.

- A. Use non-latex gloves for activities that are not likely to involve contact with infectious materials.
 1. Select a reduced-powder or powder-free glove with reduced protein content for those activities where contact with blood or body fluids is anticipated and latex gloves are used.
 2. Understand that hypoallergenic latex gloves do not reduce the risk of latex allergy; however, they may reduce reactions to chemical additives in the latex.
 3. Use appropriate work practices to reduce the chance of reactions to latex:
 - a. When wearing latex gloves, do not use oil-based hand creams or lotions unless they have been shown to reduce latex-related problems.
 - b. After removing latex gloves, wash hands with a mild soap and dry thoroughly.
 4. Take advantage of all latex allergy education and training provided by your employer.
 5. Use topical barrier products and cotton glove liners to prevent direct contact of latex with the skin if you have irritant reactions to latex gloves (Muller, 2003).
 6. Avoid direct contact with latex gloves and other latex-containing products if you develop symptoms of latex allergy. Consult a physician experienced in treating latex allergy.
 7. Report allergic events related to latex medical devices to the FDA MedWatch program (phone 1-800-FDA-1088; fax 1-800-FDA-0178) (ANA, 1997).
- B. If you have a known latex allergy:
 1. Avoid contact with latex gloves and other latex-containing products.
 2. Avoid areas where you might inhale the powder from latex gloves worn by other workers.
 3. Tell your employer and healthcare providers that you have latex allergy.
 4. Wear a medical alert bracelet.
 5. Carefully follow your physician's instructions for dealing with allergic reactions to latex. This may include carrying autoinjectable epinephrine at all times (Muller, 2003).
- A. Screen all patients for allergies. Those being identified as sensitive or allergic to latex should be treated in a manner that minimizes the risk of an allergic reaction. Avoidance of latex-containing products and a latex-free environment are mandatory in the case of sensitized individuals (Hepner & Castells, 2003).
- B. Assess patients for predisposition or actual allergy to latex. Whenever possible, prescreen preoperative patients before admission. Pertinent information that might prove helpful includes:
 1. presence of atopy, including hay fever, food allergy (especially avocado, chestnuts, kiwi fruit, and banana), childhood or adult eczema, and asthma.
 2. multiple surgeries.
 3. intraoperative urticaria, angioedema, respiratory distress, or difficulty with ventilation.
 4. history of latex exposure; type of latex device; and nature and duration of exposure.
 5. work-related symptoms of possible latex allergy, such as cutaneous symptoms (dermatitis, eczema, urticaria) or respiratory symptoms (rhinorrhea, pruritus, sneezing, cough, wheeze, and shortness of breath).
 6. spina bifida.
 7. other symptoms such as itchy hands, localized angioedema, possible systemic anaphylactic symptoms with the use of household latex cleaning gloves, balloons, condoms, and diaphragms.
- C. Latex-free supplies must be available for use on patients with latex allergies. Refer to Appendix B for examples of items to include on a latex-free cart.
- D. Remove all sources of latex from the immediate patient environment, especially latex gloves, tourniquets, elastic straps, etc.
- E. If the patient develops an allergic reaction, remove suspected allergen and provide immediate care as needed and directed by the physician. This may include intravenous fluids, airway management, and resuscitation medications (Hepner & Castells, 2003).
- F. Follow institutional policies regarding puncturing of vial stoppers containing latex. Filter needles used to withdraw medications have not been proven to reduce the latex content of the medications. The literature identifies three main approaches to vial closures (El-Atti Martinelli, Yourich, Wasicek, & Weber, 2006; Hamilton et al., 2005):
 1. *Removal of vial stoppers*: Vial stoppers or closures may contain synthetic rubber or a mixture of synthetic and natural rubber latex. Removal of vial stoppers may lead to microbial contamination and the solution may already contain latex leached during manufacturing and storage.
 2. *One-stick—rule*: The stoppers on vials are punctured only once, medications are drawn into a non-latex syringe, and the patient is observed following medication administration. Closed-vial system is maintained but does not address the possibility of leached latex.
 3. *Catalog-avoidance approach*: Pharmacy staff review, identify, and catalog medications packaged in vials containing latex. This requires time to develop and maintain the catalog and may lead to inaccurate or incomplete information.

Patients

Healthcare workers should take the following steps to protect patients:

Refer to institutional policies and procedures for specific information on the care of patients with latex sensitivities.

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SAMPLE LATEX ALLERGY SCREENING TOOL

Date _____	Name _____			
			Yes	No
1. Have you ever had an anaphylactic reaction to latex devices/products?			_____	_____
If yes, under what circumstances did it occur?				
2. Have you ever been told by a doctor that you have an allergy to any latex product?			_____	_____
If yes, to what specifically did the doctor say you were allergic to?				
3. Do you have any congenital abnormalities (spina bifida, myeloma, myelodysplasia)?			_____	_____
4. Have you had a reaction to the following personal sources of latex?				
	Yes	No	Yes	No
Balloons	_____	_____	Latex birth control devices	_____
Rubber gloves	_____	_____	Erasers	_____
Hot water bottles	_____	_____	Face masks	_____
Rubber bands, balls	_____	_____	Elastic bandages	_____
Foam pillows	_____	_____	Cuffs, elastic waist bands	_____
Baby bottles, nipples	_____	_____	Ostomy bags	_____
Pacifiers, teething rings	_____	_____	Shoes or other footwear	_____
Belts, bras, suspenders	_____	_____	Other _____	_____
5. After handling latex products, have you experienced any of the following?				
	Yes	No	Yes	No
Difficulty breathing	_____	_____	Redness	_____
Runny nose/congestion	_____	_____	Cracking or chapping hands	_____
Itching hands or eyes	_____	_____	Swelling	_____
Hives	_____	_____	Other _____	_____
6. Do you have a history of the following?				
	Yes	No	Yes	No
Contact dermatitis	_____	_____	Eczema	_____
Asthma	_____	_____	Autoimmune disease	_____
Hay fever	_____	_____	(e.g., Lupus)	_____
7. Do you have allergies to any of the following?			Yes	No
			_____	_____
	Recent onset	Long-standing	Recent onset	Long-standing
_____ Bananas	_____	_____	_____ Kiwis	_____
_____ Avocados	_____	_____	_____ Chestnuts	_____
_____ Potatoes	_____	_____	_____ Peaches	_____
_____ Tomatoes	_____	_____	_____ Papaya	_____
_____ Poinsettia	_____	_____	_____ Other	_____
If yes, describe the reaction:				
			Yes	No
8. Does your occupation involve contact with products containing latex?			_____	_____
If yes, which products?				

Appendix A. This sample is a tool for assessing patients or staff who report latex allergy. Multiple “yes” responses to these questions may suggest latex allergy, and precautions should be implemented. From West Shore Endoscopy Center, Camp Hill, PA. Reprinted with permission.

LATEX-FREE PRODUCT CART CONTENTS	
Item	Quantity
For staff use	
Examination gloves	1 box each, variety of sizes
Isolation gowns	2 each
Isolation masks	2 each
For perioperative use	
Isolation masks	1 box
Nurses' caps	4 boxes
Patient gowns	2 each
Sterile drapes	2 each
Surgeons' caps	1 box
Sterile gloves	4 pair each, variety of sizes
For patient use	
Airway	1 each, variety of sizes
Angiocath catheters	2 each, variety of sizes
Arm board	1 each, variety of sizes
Blood pressure cuff	1 each
Blood pressure cuff for Dinamap	1 each
Drain, cap	1 each
Dressing, transparent	2 each
Electrodes	1 package
Foley catheter	2 each
Gauze 4 × 4 in.	6 packages
Intravenous sets	1 set each: adult set, burette, T-connector, extension set, pediatric set
Incontinence underpad	1 package
Lavage tube	1 each
Nasal cannula	1 each
Needles	4 each
Nasogastric tube	2 each
Oxygen mask	1 each: simple, resuscitation, rebreathing
Pulse oximeter finger probe	1 each
Salem sump drain	2 each
Sharps container	1 each
Steri-Strips	2 packages
Stethoscope, disposable	1 each
Suction catheter	5 each
Syringes, glass	1 (50 ml), 4 (10 ml), 5 (5 ml), 5 (3 ml)
Tape, nonallergenic	1 roll
Tape, Transpore	1 roll
Thermometer probe covers	1 box each, tympanic and oral/rectal

Appendix B. From "Latex allergy: Implementation of an agency program," by A. L. Hammer and P. R. Paulson, 1997, *Gastroenterology Nursing*, 20(5), pp. 156–161. Reprinted with permission.