

VIRGINIA COMMONWEALTH UNIVERSITY

LATEX GUIDELINES

(Revised 07/20/09)

I. Purpose: The purpose of these guidelines is to ensure that university employees experiencing confirmed or suspected latex allergies are provided with suitable non-latex substitute gloves and/or similar alternatives in accordance with the requirements of the Occupation Safety and Health Administration (OSHA) and the recommendations of the Centers of Disease Control and other governmental regulating and credentialing agencies.

A. The [OSHA Bloodborne Pathogen Standard](http://www.osha.gov/SLTC/latexallergy/control.html) (29 CFR 1910.1030) states: “The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided. Please note that hypoallergenic gloves, glove liners, or powderless gloves are not to be assumed to be non-latex or latex free.” Additional information concerning occupational latex-allergy prevention is available at the following URL: <http://www.osha.gov/SLTC/latexallergy/control.html>.

B. The Centers for Disease Control (CDC) has published guidelines (“Latex Allergy: A Prevention Guide) which recommend the limitation and/or replacement of latex gloves and other preventive measures for several laboratory applications. For more information regarding the CDC recommendations please visit the following URL: <http://www.cdc.gov/niosh/98-113.html>.

II. Latex Allergies

A. Latex allergy is a reaction to certain proteins in latex rubber. In sensitized persons, symptoms usually begin within minutes of exposure; but they can occur hours later and can be quite varied. Mild reactions to latex typically involve skin redness, rash, hives, or itching. More severe reactions may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat, and asthma (difficult breathing, coughing spells, and wheezing). While in rare instances shock may occur, the initial symptoms of latex allergy (among nonsensitized individuals) are usually not severe enough to be life threatening. Latex proteins become fastened to the lubricant powder used in some gloves. When workers change gloves, the protein/powder particles become airborne and can be inhaled.

B. There are two typical types of reactions to latex: irritant contact dermatitis and allergic contact dermatitis.

1. Irritant contact dermatitis is the development of dry, itchy, irritated areas on the skin, usually the hands. The skin irritation may be related to the wearing of latex gloves, and may be complicated by exposure to other materials and chemicals in the workplace. Repeated hand washing and drying and/or incomplete hand drying, use of cleaners and sanitizers, and exposure to powders added to the gloves may also induce this irritation. Irritant contact dermatitis is not a true allergy.

2. Allergic contact dermatitis (sometimes also referred to as “delayed hypersensitivity,” or “chemical sensitivity dermatitis”) results from exposure to chemicals added to latex during harvesting, processing, and/or manufacturing. These chemicals may cause skin reactions similar to those caused by poison ivy. As is the case with poison ivy, the skin rash usually begins 24 to

48 hours after contact and may progress to oozing blisters sometimes spreading away from the area of skin contacted by the latex. For more information concerning latex allergy symptomology please visit the following URL: <http://www.cdc.gov/niosh/98-113.html>

III. Procedures:

A. Employers must take the following steps to protect workers from latex allergy in the workplace:

1. Make non-latex gloves available to staff for all tasks that are unlikely to involve contact with infectious materials.

2. Suitable gloves for use in procedures involving infectious materials must be rated: “medical grade, Class I” by the Food and Drug Administration.

3. When latex allergy is suspected, affected employees must be provided with hypoallergenic (reduced protein, powder-free gloves) latex gloves and glove liners (if effective) or nonlatex gloves.

4. Ensure that routine housekeeping practices are effective in removing latex-containing dust from the workplace:

a. Identify areas contaminated with latex dust for frequent cleaning (upholstery, carpets, ventilation ducts, and plenums).

b. Ensure that ventilation filters and vacuum bags are replaced frequently in latex-contaminated areas.

5. Provide workers with education programs and training materials about latex allergy. For more information and access to instructional materials please visit the following URL: http://www.familyvillage.wisc.edu/lib_latx.htm#Articles

6. Periodically screen high-risk workers (employees who are known or suspected to be sensitized to latex) for latex allergy symptoms - detecting symptoms early and removing symptomatic workers from latex exposure are essential for preventing long-term health effects.

7. Evaluate current prevention strategies whenever a worker is diagnosed with latex allergy.

B. Employees are advised to take the following steps in order to limit latex exposure and allergy in the workplace:

1. Consider using non-latex gloves for all tasks that are not likely to involve contact with infectious materials.

2. When potential contact with infectious materials exists use nonlatex medical grade gloves, or hypoallergenic latex gloves with glove liners.

3. Use appropriate work practices to reduce latex allergies:

a. When wearing latex gloves, do not use oil-based hand creams or lotions (this may cause glove deterioration) unless they have been shown to reduce latex-related problems and maintain glove barrier protection.

b. After removing latex gloves, wash hands with a mild soap and dry thoroughly.

c. Use good housekeeping practices to remove latex-containing dust from the workplace:

i. Frequently clean areas contaminated with latex dust (upholstery, carpets, ventilation ducts, and plenum).

ii. Frequently change ventilation filters and vacuum bags used in latex-contaminated areas.

4. Participate in latex allergy prevention education and training provided by your employer:

a. Familiarize yourself with procedures for limiting latex allergy.

b. Learn to recognize the symptoms of latex allergy: skin rashes; hives; flushing; itching; nasal, eye, or sinus symptoms; asthma; and shock.

5. If you develop symptoms of latex allergy, avoid direct contact with latex gloves and other latex-containing products until you can see a physician experienced in treating latex allergy.

6. If you suspect you have latex allergy, consult with your physician to determine whether any of the following precautions should be taken:

a. Avoidance of contact with latex gloves and other latex-containing products.

b. Avoidance of areas where you might inhale the powder from latex gloves worn by other workers.

c. Informing your employer and your health care providers (physicians, nurses, dentists, etc.) that you have latex allergy.

d. Wearing of a medical alert bracelet.

7. Carefully follow your physician's instructions for dealing with allergic reactions to latex. For more information please contact Larry Mendoza at 827-0353 or email at lgmendoz@vcu.edu