BY ORDER OF THE COMMANDER
59TH MEDICAL WING

59TH MEDICAL WING INSTRUCTION
44-110

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Medical

LATEX ALLERGY PROTOCOL

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This instruction implements Air Force Policy Directive 44-1, *Medical Operations*. It establishes policies and procedures for care of the patient or health care worker with known or suspected latex allergies/sensitivities and guidelines for the creation of a latex-safe environment within the 59th Medical Wing (MDW). This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. Chapter 55, Medical and Dental Care, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: **http://dpclo.defense.gov/privacy/SORNs/SORNs.html**. This instruction applies to all personnel assigned, attached, or on contract to the 59 MDW. This instruction does not apply to the 959th Medical Group, Air National Guard, or Air Force Reserve. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, Recommendation for Change of Publication. Requests for waivers must be submitted to the OPR listed above for consideration and approval. Ensure that all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed of in accordance with the Air Force Records Disposition Schedule which is located in the Air Force Records Information Management System. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

SUMMARY OF CHANGES

The publication has been revised. This rewrite of 59 MDWI 44-110 includes updated patient screening.

1. Overview.

1.1. Latex allergy is an acquired entity caused by recurrent exposure to natural latex products which may be found in latex gloves and many other medical/dental products such as blood pressure cuffs, tourniquets, vial stoppers, and orthodontic elastics (not all-inclusive).

1.2. Individuals at risk include health care workers, housekeeping staff, food handlers, patients who undergo frequent surgeries (ex spina bifida), and atopic individuals.

1.3. Latex allergy symptoms may range from localized skin rash or itching (typically on the hands) to anaphylactic shock, which can be fatal.

1.4. Reducing natural rubber latex product exposure may decrease the risk of developing a latex allergy and minimize the risk of an allergic reaction in latex-allergic individuals.

1.5. 59 MDW facilities are a latex-safe environment. Latex balloons will not be brought into any facility and powdered latex products are prohibited.

2. Prevention of Latex Allergy in the Workplace.

2.1. The following should be implemented whenever possible to protect workers from latex exposure and to reduce the presence of latex allergens in the work place.

2.1.1. Choose the right glove for the right task:

2.1.1.1. Use non-latex gloves for activities that are not likely to involve contact with infectious materials (food preparation, routine housekeeping, general maintenance, etc.).

2.1.1.2. Infectious materials exposure: Appropriate barrier protection is necessary when handling infectious materials. If latex gloves are desired, powder-free gloves with reduced protein content will be used. Additionally, latex gloves or other latex products will be labeled as such so all workers or visitors to the environment are aware of potential exposure.

2.1.1.3. Chemical exposure: Proper glove selection depends on numerous factors, such as chemical constituent, chemical concentration, exposure time and required dexterity. Refer to the applicable Safety Data Sheet for recommended personal protection.

2.1.1.3.1. To ensure adequate protection for employees, all chemical protective glove selections must be coordinated through Bioenvironmental Engineering.

2.1.1.3.2. “Hypoallergenic” latex gloves produced prior to the 1998 FDA regulation may contain latex despite being labeled “hypoallergenic”. These items should not be presumed to be natural rubber latex-free. However, they may reduce reactions to chemical additives in the latex glove.

2.1.2. Reduce the risk of latex reactions or failure of barrier protection.

2.1.2.1. Do not use creams or lotions that contain oil (e.g., mineral, jojoba, coconut, or palm), petroleum (gels or salves), or lanolin under latex or vinyl gloves. These products can degrade the gloves, compromising barrier integrity.

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

2.1.2.3. Frequently clean areas that may be contaminated with latex-containing dust (i.e., nurses station, upholstery, carpets, ventilation ducts, etc.). Powdered latex products are prohibited as environmental contamination can occur when powdered latex gloves are donned and doffed. To minimize the aerosolation of latex, never dry mop or sweep the work area.

2.1.3. Recognize symptoms of latex allergy (i.e., skin-rash, hives, flushing, itching; nasal, eye or throat symptoms; asthma, and shock). If latex allergy is suspected, treat appropriately, recommend strict avoidance of natural rubber latex exposure, and refer the individual to a physician for further evaluation and/or referral. Refer to section 3.

3. Evaluation of Latex Allergies.

3.1. Personnel with suspected latex allergic reactions will report to their supervisor immediately. Active duty members will report to their Primary Care Manager (PCM) and civilian employees will report to the Occupational Medicine Clinic. Tricare beneficiaries with suspected latex allergy can be referred to and evaluated by Allergy/Immunology or Dermatology if needed/desired.

3.2. There currently is no standardized, validated latex testing.

3.2.1. For active duty personnel, the consulting service or PCM will annotate a suspected or confirmed latex allergy in AF Form 469, *Duty Limiting Conditions Report*, and follow current policy for medical standards for accession or retention.

3.3. The consulting service or PCM will refer those with suspected or confirmed latex allergy to Public Health to initiate an occupational exposure investigation.

3.4. Supervisors of civilian personnel will consult with the Civilian Personnel Office for proper guidance. On occasion, when the clinical course is not satisfactory, the latex allergy may necessitate the worker be removed from the workplace.

4. Patient Screening at the 59 MDW.

4.1. During initial procedural assessment, all patients will be screened by a health care provider (physician, dentist, nurse practitioner, nurse) for medication allergies to include latex allergies.

4.1.1. Ambulatory Surgical Center latex-allergic patients undergoing a procedure will be annotated in the electronic medical record and/or paper medical record.

4.1.2. The identification of a latex-allergy in patients being evaluated in medical clinics will have the allergy documented in MHS GENESIS.

4.1.3. Latex allergic patients evaluated in the dental clinic will have the allergy annotated in the dental health history.

4.1.4. For latex-allergic patients being transferred or admitted to an outside facility, latex allergy will be documented on the SF 600, *Chronological Record of Medical Care*.

4.2. In order to identify high-risk patients, the following Latex Allergy Screening Questionnaire from Allergy & Asthma Network, **https://allergyasthmanetwork.org/allergies/latex-allergy**, may be utilized by the medical/dental treatment team.

4.2.1. If patient answers yes to any question in the above questionnaire, consider initiating an Allergy/Immunology consult if needed for severe reactions, consider ordering an EpiPen, and recommend strict avoidance of latex.

4.2.2. All clinical areas which may encounter latex-allergic patients should have area-specific protocols which address how they will care for those patients. Suggestions are included below.

5. Latex Allergy Prevention in Personnel with Known or Suspected Latex Allergies.

5.1. The facility will ensure that latex-free products are available to sensitized personnel.

5.2. Latex-allergic patients are recommended to:

5.2.1. Avoid direct and indirect contact and exposure to natural rubber latex-containing products. Potential alternatives include nitrile gloves, when barrier protection against infectious materials is necessary, and vinyl or synthetic gloves for activities that do not require such protection.

5.2.2. Inform first aid responders, medical, and dental personnel of the latex allergy.

5.2.3. Alert supervisor if latex-based products are used in the duty section.

5.2.4. Maintain an EpiPen and anaphylaxis action plan on person.

5.2.5. Wear a medic alert identification device (necklace, bracelet).

5.2.6. Routinely follow up with PCM or consulting service for counseling on latex allergy and treatment. The PCM in consultation with the consultant may recommend removal of the worker from the workplace if the condition progresses.

5.2.7. Provide his/her supervisor with recommendations to minimize latex exposure.

5.2.8. Recognize symptoms of a latex reaction and seek immediate medical attention.

5.2.9. When traveling to remote areas, consider carrying non-latex sterile gloves.

5.3. The only treatment for latex allergy is avoidance.

5.4. If the latex-allergic patient is a child, alert school and/or day care providers.

5.5. Face masks can reduce latex exposure, but do not completely prevent latex reactions.

6. Perioperative/Operative/Procedural Latex Precautions.

6.1. **Procedural Scheduling.**

6.1.1. When possible, schedule the patient as the first case in the morning to allow airborne latex from the previous day to settle.

6.1.2. If a case cannot be scheduled as the first case, to the greatest extent practical, all latex items must be removed from the operating room or treatment area, allow all latex particles to settle and then terminally clean the room prior to start of procedure.

6.2. Intravenous line (IV) access:

6.2.1. Do not inject or withdraw fluid through the latex port; use a three-way stopcock when connecting the tubing.

6.2.2. Consider starting IV line on unit pre-surgery.

6.2.3. Arm boards should be covered with bandage roll (i.e., Kerlix) prior to use.

6.3. Medication issues.

6.3.1. Use medication from a glass ampule using a micro filter needle for withdrawal, or if such ampules are not available, remove the stopper and draw medication directly from an opened multi-dose vial. Only preservative-free local medications will be utilized for patients receiving local anesthesia.

6.3.2. Minimize mixing/agitating lyophilized drugs (examples are antibiotic drugs in powder form that require reconstitution in multi-dose vials with rubber stoppers).

6.3.3. Use stopcocks rather than latex ports to inject medication.

6.3.4. Administer chemoprophylaxis as directed.

6.4. Immunization Issues are addressed by following Advisory Committee on Immunization Practices guidelines: **http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf**

7. Additional Health Care Worker Considerations. To the greatest possible extent:

7.1. Remove all latex products from the room. If there is a question about a product, remove it from the room, and consult Materials Management. Avoid the use of all latex products. When in doubt, don't use the product.

7.2. Use non-latex tourniquets only.

7.3. Use non-latex blood pressure cuffs.

7.4. Ensure the oxygen masks, face masks, oxygen tubing, Jackson-Reese, pulse oximetry probes, etc., are latex-free.

7.5. Use only latex-free gloves, sterile and non-sterile.

7.6. Use only latex-free IV tubing with non-latex ports and heplocks.

7.7. Use stopcocks to inject drugs into the IV. DO NOT USE LATEX PORTS, LATEX HEPLOCKS, OR T-CONNECTORS. The Baxter Interlink IV System is latex-free.

7.8. Use a latex-free stethoscope. Cover tubing if unable to locate a latex free scope.

7.9. Cover mattress carefully and completely (they contain latex products). Cover rubber bumpers with tape.

7.10. Use latex-free syringes. Ampules should be used, if possible, for medication administration.

7.11. Use only silicone or latex-free catheters and drains.

7.12. Ensure all tape in the room is latex-free.

7.13. Instruct patient and family on precautions and their active participation. Annotate patient and/or family latex teaching in MHS GENESIS.

8. Education.

8.1. Staff Educational Program:

8.1.1. All individuals newly assigned to the 59 MDW will receive latex allergy education.

8.1.2. Recurrent medical training will occur at the required intervals determined by 59 MDW Education and Training.

8.2. Patient education: The education should be ongoing and documented during routine outpatient visits.

9. Dental Facilities. Follows USAF Guidelines for Infection Prevention and Control for treatment of latex-allergic patients as directed by the Air Force Medical Service Dental Clinical Practice Guidelines.

9.1. Dental Facilities will maintain standard operating procedures checklist for specific dental treatment room procedural steps to be used when treating latex-allergic patients.

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Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 44-1, *Medical Operations*, 9 June 2016

Adopted Forms

AF Form 469, *Duty Limiting Condition Report*

AF Form 847, *Recommendation for Change of Publication*

SF Form 600, *Chronological Record of Medical Care*

Abbreviations and Acronyms

IAW—In Accordance With

IV—Intravenous

MDW—Medical Wing

PCM—Primary Care Manager