

CONSIDERATIONS:

1. Latex allergies are a reaction to proteins found in natural rubber latex. Repeated exposure to natural rubber latex increases the risk of sensitization and may result in mild to severe and potentially life threatening reactions. An allergic reaction can occur from contact or inhalation.
2. Latex reactions include:
 - a. Irritant contact dermatitis
 - b. Allergic contact dermatitis
 - c. Latex allergy, including anaphylaxis
3. People at risk for latex allergy include anyone who has had multiple exposures to latex including:
 - a. Children with spina bifida
 - b. People with urogenital conditions
 - c. History of multiple procedures involving latex products
 - d. Health care workers
 - e. Rubber industry workers
 - f. People with family history of allergies
4. Latex gloves, which contain powder, exacerbate latex exposure. The proteins responsible for latex allergy attach to this powder. When powdered gloves are worn, more protein reaches skin, and when these gloves are changed, the particles of powder are released into the air and inhaled.
5. To reduce patient and clinician exposure to latex:
 - a. Use latex-free gloves
 - b. Use powder-free gloves
 - c. Use low-protein, powder-free gloves
6. See attached list of medical products frequently used in home healthcare which contain latex.
7. Note that our organization purchases latex-free supplies and equipment, however patient homes may contain latex products.

EQUIPMENT:

Latex free gloves, vinyl or synthetic

Latex free supplies as appropriate to perform necessary procedures

Epinephrine auto injector, if ordered by patient's physician

Cotton gauze or stockinet

PROCEDURE:

1. Assess if patient has a latex allergy.
2. Assess patient for signs and symptoms of latex sensitivity at each visit.
3. If patient has latex allergy:
 - a. Use only latex-free gloves, sterile and non-sterile
4. When taking vital signs, apply cotton gauze or stockinet to stethoscope, blood pressure cuff/tubing or patient's arm to protect skin from exposure.
5. When giving injections:

- a. Remove medicine stoppers from all vials prior to preparing medications
 - b. Use ampules whenever possible
 - c. Use latex free syringes
 - d. When performing venipuncture use latex-free tourniquets. If not available, create a skin barrier with gauze or stockinet
6. For IV patients:
 - a. Notify IV company of latex allergy
 - b. IV pharmacy is responsible for sending latex-free supplies
 - c. Cover all tubing, bags, ports with latex free tape
 - d. Deliver medications through latex-free needleless caps
 7. For patients requiring urinary catheterization:
 - a. Use only 100% silicone Foley catheters
 - b. Do not use silicone-coated catheters
 8. Teach patient/caregiver:
 - a. To avoid latex containing products
 - b. To use medical alert tag
 - c. To notify all healthcare providers (including dentists) about latex sensitivity
 - d. To carry an epinephrine auto-injector, if ordered by physician
 - e. How to use the prescribed epinephrine auto-injector

AFTER CARE:

1. Document in patient record:
 - a. Patient's sensitivity to latex in "allergy" section of EMR
 - b. Latex reaction and management
 - c. Treatment of latex reaction
 - d. Use of latex free supplies
 - e. Patient and family education
 - f. Patient/caregiver understanding of instructions
 - g. Communication with physician

REFERENCE:

Mayo Clinic (2011). Latex Allergies (2011) retrieved May 3, 2012 from

<http://www.mayoclinic.com/health/latex-allergy/DS00621>

National Institute for Occupational Safety and Health (2010). Occupational Hazards in Home Healthcare. DHHS (NIOSH) Publication No.2010-125.

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