



Policy

TITLE: Latex Allergy/Student

EFFECTIVE DATE: 1/1/10 Revised 3/22/22

APPROVER(S): Dean of Medical Education, OCS Head of School

NUMBER: Reference # OCS 400.14

Purpose

The purpose of this policy is to establish guidelines for the identification, follow-up and work practice modification for all OCS medical students with latex sensitivities or allergies to ensure a consistent safe workplace. Students will be classified in the category of Health Care Worker (HCW) on the Ochsner campuses. Health Care Workers with demonstrated latex sensitivity will be provided with engineering controls, protective apparel and other interventions that will minimize opportunities for development of a true latex allergy. HCW's with a diagnosed latex allergy will be provided a latex safe environment to the extent possible.

Definitions

- A. **Latex** refers to natural rubber latex and includes products made from dry natural rubber. Natural rubber latex is the product manufactured from a milky fluid derived mainly from the rubber tree, *Hevea brasiliensis*.
- B. **High-risk populations** are groups known to have a higher risk for latex allergic reactions and include persons:
 - with occupational exposure to latex,
 - diagnosed with myelodysplasia, myeloma, congenital urologic abnormalities, or Spina bifida
 - with history of asthma, hay fever, contact dermatitis, or autoimmune disease (i.e., Lupus),
 - with food allergies such as bananas, avocados, potatoes, tomatoes, kiwi fruit, peaches, papaya, fruit, or chestnuts and
 - who have exhibited contact dermatitis, itching or redness of the skin following the touching or wearing of latex products.
- C. **Sensitization** is the development of immunological memory in response to exposure to an antigen.
- D. **Sensitivity** is a clinical response that develops after sensitizations.
- E. **Allergic reactions** range from urticaria, rhinitis, conjunctivitis, angioedema, laryngeal edema, cardiovascular changes, GI upset, psychological distress, and bronchospasm, to severe life-threatening anaphylaxis.

- F. **Anaphylaxis** may occur with minimal exposure to latex products and may cause respiratory/cardiac arrest within minutes.
- G. **Latex-safe environment** is an environment in which every reasonable effort has been made to remove or contain latex sources.

Policy Statements

I. NEW STUDENTS

- A. All OCS students will complete a “Latex Allergy Questionnaire” at the time of their Ochsner orientation screening. The completed questionnaire will be used to determine students at high risk for latex sensitivity. This will become part of the student’s permanent health record.
- B. If the student states that he/she is allergic to latex, he/she will be instructed to obtain written medical documentation from the treating physician and bring to Employee Health and Wellness for inclusion in the employee health record. If the student does not have documentation, he/she will be referred to an allergist for diagnosis of latex sensitivity or latex allergy.
- C. Ochsner Employee and Wellness will consult with the clinical rotation supervisor to determine the amount of latex exposure when performing educational activities.
- D. Employee Health and Wellness will determine if a latex safe environment can be accommodated based on the student’s clinical rotation responsibilities.
- E. If accommodations can be made, Employee Health and Wellness will notify the student’s supervisor and inform the student of the accommodations to be followed to create a latex safe environment.

II. STUDENTS ON ROTATION

- A. OCS students on rotation who experience a contact dermatitis, itching, rash, wheezing, or other allergic symptoms while wearing latex gloves will complete a “Employee Report of Occupational Injury and Illness” form, obtain their clinical supervisor’s signature and report to Employee Health and Wellness with the completed form.
- B. Employee Health and Wellness will have the student complete the “Latex Allergy Questionnaire” if they have not completed the form previously.
- C. The employee health nurse will review the completed questionnaire and occupational injury report and refer the student for medical evaluation and allergy testing.
- D. After the MD has evaluated the student, he will send a written report with recommendations to Employee Health and Wellness.
- E. If the student is found to be allergic to latex, Employee Health and Wellness will review the job description and consult with the student’s clinical supervisor to determine the amount of latex exposure when performing the normal duties of the clinical education activities.
- F. If accommodation can be made, Employee Health will notify the student’s clinical supervisor and inform the student of accommodations to be made.

Enforcement

Failure to comply with this policy may result in progressive discipline up to and including termination of employment for employees or termination of contract or service for third-party personnel, students or volunteers.

Attachments

Latex Allergy Questionnaire- Appendix1

OCHSNER HEALTH SYSTEM
EMPLOYEE HEALTH & WELLNESS
LATEX ALLERGY QUESTIONNAIRE

NAME: _____
(PLEASE PRINT)

SS # _____

- | | | | |
|----|--|-----|----|
| 1. | HAVE YOU BEEN DIAGNOSED BY AN MD AS "LATEX ALLERGIC"? | YES | NO |
| 2. | HAVE YOU EVER SUFFERED FROM: | | |
| | ?? ALLERGIC RHINITIS (RUNNY NOSE) | YES | NO |
| | ?? ALLERGIC CONJUNCTIVITIS | YES | NO |
| | ?? ASTHMA, BRONCHITIS | YES | NO |
| | ?? ECZEMA | YES | NO |
| | ?? HAY FEVER | YES | NO |
| | ?? HIVES | YES | NO |
| | ?? SINUS PROBLEMS | YES | NO |
| | ?? UNEXPLAINED RASH | YES | NO |
| | ?? REACTION TO BAND-AIDS/TAPES | YES | NO |
| 3. | HAVE YOU BEEN DIAGNOSED WITH: | | |
| | ?? MYELOMENINGOCELE | YES | NO |
| | ?? MENINGOCELE | YES | NO |
| | ?? SPINA BIFIDA | YES | NO |
| 4. | HAVE YOU EVER HAD ANY OF THE FOLLOWING SYMPTOMS
AFTER A DENTAL APPOINTMENT? | | |
| | ?? ITCHING | YES | NO |
| | ?? TEARING | YES | NO |
| | ?? FATIGUE/DROWSY | YES | NO |
| | ?? SNEEZING | YES | NO |
| | ?? RUNNY NOSE | YES | NO |
| 5. | HAVE YOU EVER HAD A REACTION AFTER EATING: | | |
| | ?? AVOCADOES | YES | NO |
| | ?? POTATOES | YES | NO |
| | ?? TOMATOES | YES | NO |
| | ?? BANANAS | YES | NO |
| | ?? KIWI | YES | NO |
| | ?? PAPAYA | YES | NO |
| | ?? CHESTNUTS | YES | NO |

If yes to any of the above, please explain:

EMPLOYEE SIGNATURE

DATE

EMPLOYEE HEALTH NURSE

DATE