

Department of Veterans Affairs  
Washington, DC 20420

VA DIRECTIVE 7701  
Transmittal Sheet  
July 8, 1998

**LATEX SENSITIVITY/ALLERGY**

1. **REASON FOR ISSUE:** This directive establishes policy for the management of natural rubber latex sensitivity/allergy for patients and employees.
2. **SUMMARY OF CONTENTS:** This directive sets forth the polices and responsibilities for managing and implementing VA's latex sensitivity and allergy policy.
3. **RESPONSIBLE OFFICE:** Office of Occupational Safety and Health (00S1), Assistant Secretary for Human Resources and Administration (006)/Designated Agency Safety and Health Official (00S). If you have any questions concerning this directive, contact the Office of Occupational Safety and Health at (202) 273-9745.
4. **RESCISSION:** None.

**CERTIFIED BY:**

**BY DIRECTION OF THE  
SECRETARY OF VETERANS AFFAIRS:**

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**LATEX SENSITIVITY/ALLERGY**

**1. PURPOSE.** This directive establishes Department of Veterans Affairs (VA) policy for the management of natural latex sensitivity/allergy for patients, volunteers, and employees. With this policy, VA establishes requirements more encompassing than those required by regulatory agencies (i.e., OSHA and FDA). If a regulatory agency establishes more strict requirements the more strict requirements take precedent.

**2. POLICY/BACKGROUND**

a. **Policy.** It is the policy of VA to prevent, wherever feasible, exposure to natural latex by at-risk patients and employees.

**b. Background**

(1) Natural rubber comes from the milky sap of certain species of plants. Natural rubber is made into natural rubber latex through a manufacturing process. Natural rubber latex, also known as natural latex, sensitivity/allergy may be the result of a genetic predisposition of the immune system to negatively react to natural latex. The risk of latex sensitivity/allergy exists when a person having a predisposition to react to natural latex comes into contact with natural latex. The degree to which a person having a natural latex sensitivity/allergy reacts to the natural rubber proteins in natural latex is dependent on the sensitivity of the patient, how the natural rubber proteins enter the body (e.g., inhalation of powder or direct skin contact), the rate the natural rubber proteins enter the body, and the frequency or magnitude of exposure to the natural latex. Responses of persons with natural latex sensitivity/allergy vary from mild irritation to serious (e.g., respiratory distress) or life threatening reactions (e.g., anaphylactic shock). Often a natural latex sensitivity/allergy may be mistaken for skin irritation or allergies from other agents. Likewise, the reverse is also true, and sensitivities/allergies to other substances may be mistaken for a natural latex sensitivity/allergy. In persons with mild forms of natural latex sensitivity/allergy, there is no way to predict if the reaction will become more severe.

(2) Health care workers have been identified by the Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), professional associations, and unions as being at an increased risk of developing or aggravating a predisposition to natural latex sensitivity/allergy. The Designated Agency Safety and Health Official's Letter OOS-97-6, dated June 26, 1997, and the Veterans Health Administration (VHA) letter, dated January 17, 1997, provides additional information concerning natural latex sensitivity/allergy.

(3) The National Institute for Occupational Safety and Health (NIOSH) recommends, in an alert dated June 1997, that employers adopt policies to protect workers from undue natural latex exposure. This directive is in alignment with those recommendations.

(4) This directive addresses natural latex protein sensitivity/allergy and does not address other substances (e.g., rubber accelerators such as thiurams, carbamates, and benzothiazoles) contained in some latex products that may cause sensitivity/allergic reactions.

(5) Synthetic latex does not contain natural rubber.

(6) Veterans Integrated Service Network (VISN) Directors have been provided the videos "Protecting Against Latex Allergy" by the Spina Bifida Association of America and "The Latex Allergy Dilemma" by Envision Incorporated, which can be used for training.

### 3. RESPONSIBILITIES

#### a. Facility Directors must:

(1) Minimize employee contact and exposure with natural latex. Specifically:

(a) Procure only gloves that are synthetic or have the lowest available content of natural latex protein;

(b) Ensure that employees use the correct protective gloves for the identified task, i.e., use natural latex gloves only when indicated; food service, housekeeping, sanitation, laundry, central service, and similar workers do not require this type of glove in order to perform their duties; and

(c) Implement procedures to advise at risk patients (e.g., verbally) prior to the use of natural latex gloves that such use will expose them to natural latex.

(2) Eliminate materials recognized as vehicles for or assisting with the absorption of natural latex, where possible. Specifically:

(a) Purchase or use of powdered natural latex gloves only when their use is deemed medically essential; and

(b) Use skin emulsions/moisturizers that are made to be used in medical settings and do not hasten the absorption of natural latex through the skin.

(3) Provide reasonable accommodations for those with natural latex sensitivity/allergy. Refer health care workers with symptoms of natural latex sensitivity/allergy to the Employee Occupational Health Practitioner for possible referral to an allergist. Where there is a potential sensitivity/allergy the Employee Occupational Health Practitioner will work with the facility industrial hygienist or safety official, human resource specialist, and appropriate supervisors to provide reasonable accommodations. For example, if an employee is allergic to latex, he/she will be provided appropriate equipment to allow them to do their job.

(4) Job applicants may not be asked about the existence, nature, or severity of a latex sensitivity/allergy, only about their ability to perform specific job functions. The mere existence of a latex sensitivity/allergy is not a reason for not hiring a job applicant.

#### b. The Facility Chief of Staff

(1) Ensures that diagnostic testing of workers/volunteers with a positive history of natural latex sensitivity/allergy (contact dermatitis, pruritis, urticaria, erythema, burning or tearing eyes, angioedema, laryngeal swelling, bronchospasm, hypotension, tachycardia, and anaphylaxis) or would qualify as an at risk patient is performed as appropriate. Routine diagnostic tests of workers/volunteers who do not have a positive history of natural latex sensitivity/allergy or would qualify as an at risk patient is not recommended.

(2) Ensures that the Employee Occupational Health Practitioner is notified when a claim concerning latex sensitivity/allergy has been filed.

c. **The Human Resource Specialist.** The Human Resource Specialist shall ensure that if an injury/illness occurs involving latex, Office of Workers' Compensation Programs (OWCP) Form CA-2, Notice of Occupational Disease and Claim for Compensation, would be completed using the following codes:

(1) **Source Code.** The "source" code used would be either:

(a) 0771 for natural latex; or

(b) 0772 for a chemical component of latex (e.g., thiurams);

(2) **Type Code.** A "type" code would also be selected from the currently available codes (e.g., 710 for inhalation or 730 for absorption);

(3) **Nature of Injury.** The "nature of injury" should include a statement of either:

(a) Sensitivity/allergy of a systemic/respiratory and/or cardiovascular nature; or

(b) Sensitivity/allergy of a dermal/cutaneous [e.g., uricaria and flushing] nature.

(4) **Injury/Illness.** If an injury/illness does not require a CA-2 to be submitted to OWCP, the document would be filed in the employee's medical record.

d. **Facility Safety Committee.** The Facility Safety Committee shall review facility strategies for reducing employee exposure to natural latex whenever a worker is diagnosed with latex allergy/sensitivity.

#### 4. REFERENCES

a. Recordkeeping and Reporting Guidelines for Federal Agencies, OSHA Publication 2014.

b. Designated Agency Safety and Health Official's Letter 00S-97-6, Occupational Latex Allergies, dated June 26, 1997.

c. Public Law 91-596, Occupational Safety and Health Act of 1970, dated December 29, 1970.

d. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees, dated February 26, 1980.

e. 29 Code of Federal Regulations 1910.1200, Hazard Communication, dated February 9, 1994.

f. Health Industry Manufacturers Association: Natural Rubber Latex Allergy FACT SHEET.

g. NIOSH Alert (June 1997): Preventing Allergic Reactions to Natural Rubber Latex in the Workplace.

h. Natural rubber latex skin testing reagents: Safety and diagnostic accuracy of nonammoniated latex, ammoniated latex, and latex rubber glove

extracts J Allergy Clin Immunology November 1996, Volume 98, November 5, Part 1.

i. Barrier Durability of Latex and Vinyl Medical Gloves in Clinical Settings American Industrial Hygiene Association, September 1997, page 672 - 676, by A. Douglas, T.R. Simon, and M. Goddard.

j. Chief Administration Officers Letter IL 16-97-001, Latex Information, dated January 17, 1997.

k. Designated Agency Safety and Health Official Letter 00S-98-2, Coding Office of Workers' Compensation Claims Forms With Revised "Type" and "Source" Codes, dated February 20, 1998.

## 5. DEFINITIONS

a. **An At Risk Patient.** An at risk patient for natural latex sensitivity/allergy is one who has been identified as having past reactions or who is in a high risk clinical group (i.e., having had spina bifida, genitourinary anomalies and neurological impairments, multiple surgeries).

b. **Diagnosis/identification.** Diagnosis/identification of individuals with natural latex sensitivity/allergy is primarily based on clinical screening in which the individual is questioned about their history of symptoms elicited by exposure to natural latex products (e.g., balloons, gloves) and whether they are in a high risk group for clinical natural latex symptoms. Clinical symptoms, such as urticaria, may be good predictors of IgE-mediated natural latex sensitivity/allergy.

c. **Diagnostic Tests.** There are a variety of diagnostic tests used as aids to the clinical history for identification of latex-allergic individuals. Most diagnostic tests are experimental and have not been approved for clinical use. Currently, there are three assays that are approved by Food and Drug Administration (FDA) for the measurement of latex specific IgE antibodies in serum. However, FDA recommends that these assays should only be used as a confirmatory test, rather than screening, for persons in whom natural rubber latex sensitivity/allergy is suspected based on clinical history and risk factors. The correlation between the concentration of latex specific IgE antibodies in serum and the severity of symptoms is unpredictable. Latex puncture skin testing reagent is pending FDA approval for use in adults (18 years and older).