

MAINE STATE LEGISLATURE

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STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
11 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0011

JOHN ELIAS BALDACCI
GOVERNOR

PETER E. WALSH
ACTING COMMISSIONER

January 13, 2004

Health and Human Services Committee
Maine State House
Augusta, Maine 04333

Dear Honorable Chair Joint Standing Committee on Health and Human Services,

During the first regular session of the 121st Legislature, the Department of Human Services, Bureau of Health was assigned responsibility to respond to Chapter 70, LD 767, "Resolve, Directing the Department of Human Services to Enact Rules to Reduce the Health Risks Associated with Latex Gloves". Enclosed is the Bureau of Health report back to the Joint Standing Committee on Health and Human Services regarding the rules, development of protocols, the anticipated impact of the protocols, and whether legislation is required to further address allergies to latex gloves.

LD 767 included responsibilities for the Department of Labor to study the development of protocols regarding the use of latex gloves in other establishments. The DOL, Bureau of Labor Standards and the DHS, Bureau of Health worked collaboratively in developing their respective responses in order to assure a coordinated and comprehensive assessment of the impact of latex gloves and the development of model latex glove policies. As members review the two reports one will note similarities in format and content as several sections of the response apply to both areas.

- The enclosed report has four sections: Report to the Legislature which includes the impact of the rules for latex gloves, the proposed rules, model policy for patients, and model policy for employees. If after reviewing the report the Health and Human Services Committee agrees that rules should be promulgated, it is most appropriate, given their statutory responsibility, for the rules to be promulgated by the Bureau of Medical Services, as their Division of Licensing and Certification will have responsibility for monitoring compliance with the rules.

Thank you for the opportunity to provide information about latex gloves to your committee and the ability to be involved in the drafting of the rules.

Sincerely,

Peter E. Walsh
Acting Commissioner
Department of Human Services



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Report to Legislature

Impact of Rules: Bureau of Health/DHS, and other licensing boards

The creation of the rules would itself generate moderate costs for the Bureau of Health. These costs include distribution of draft rules to interested parties, holding of public hearings, and completion of the APA rulemaking process (i.e. response to public comments, re-distribution of revised rule, and final adoption).

The rule would become additional criteria for the following state agencies that inspect regulated entities for compliance:

- 1) Department of Human Services, Bureau of Medical Services, Division of Licensing and Certification, and,
- 2) Department of Human Services, Bureau of Health, Division of Health Engineering .

Discussion with contacts in these agencies indicates that the new rule is not expected to add significant expense to the audit process.

Inspectors from the various state agencies would need to be trained on the new rule. The Bureau of Health and Bureau of Labor Standards would incur expense to train approximately 50 inspectors. The training would cover compliance standards that need to be included in audits. The two bureaus are exploring the feasibility of developing an on-line presentation that could be used not only for inspectors but also for regulated entities. The cost for development and delivery of such a presentation would be about \$9,000 based upon an estimate offered by a video production and web delivery firm.

Impact of Rules: Regulated Entities

The impact on regulated entities includes:

- 1) Costs to develop and implement a latex glove protocol for employees;
- 2) Costs to train employees to screen consumers for latex sensitivity;
- 3) Costs to notify patients and the general public that latex gloves are used in providing services, if latex is used (such as permanent signs denoting "Latex Gloves in Use," or "Latex Safe Area."); and,
- 4) Cost to provide non-latex gloves. (approximately a 10 to 20% cost increase)

In total, we estimate that each regulated health care entity would have \$2,170 in costs for an employee health nurse to accomplish these tasks. Statewide, the cost impact is estimated at approximately a million dollars. We did not estimate time from all other employees, such as time to participate in training or complete a screening questionnaire, as this time is minimal.

The rule itself will provide a model protocol for both patients and employees. The cost is minimal for regulated entities to adapt the model provided or seek another model. One staff person's time, we estimate would average \$660 for this step. (See Cost Impact Summary, page 5.)

Implementing the employee protocol includes screening all current and newly hired employees for latex allergy. This can be done by questionnaire, rather than a laboratory test. The protocol also includes educating employees about latex sensitivity. Employers are already required by OSHA to offer education on Standard Precautions annually; we suggest that latex allergy education coincide with this annual training.

Screening patients and, in some cases, the general public, for latex sensitivity could mean revising forms and/or changing intake procedures. This screening is necessary for those patients who may be exposed to natural rubber latex gloves during their care; providers who do not use latex gloves do not need to screen patients. Most providers who use latex

gloves already have such a screening in place, since exposing a latex sensitive patient could invite a professional liability claim.

If latex gloves are used, the rule requires that a sign stating "Latex Gloves in Use," be displayed so that the general public is forewarned. The rule defines "general public" as any person who accompanies the patient and whose presence is needed by the patient. Under the rule, the provider will have a process to accommodate a latex-sensitive parent, for example, in order to care for a small child. The cost of developing this written procedure, and training staff to follow it is another impact of the rule:

Non-sterile nitrile gloves cost 10 to 20% more than non-sterile latex gloves. The majority of gloves purchased are non-sterile; sterile gloves are generally used only for surgical procedures. Many health care providers already use non-latex gloves for some or all of their patients. The rule does not require that latex gloves be eliminated, but rather that steps be taken so that latex gloves are used only when the benefits outweigh the risks. The rule may have some cost impact for those providers using latex gloves who had no process to screen employees or patients for latex sensitivity. We expect such providers to be relatively few, since the potential for a professional liability claim or a workers compensation claim should have inspired all providers to institute some latex-related rules themselves.

Emergency care is one area where use of latex gloves is unwise. Patients cannot feasibly be screened for latex sensitivity, when care is needed urgently. For ambulance services, Maine Emergency Medical Services has promulgated a rule requiring that emergency services be latex-free. This rule is effective August of 2004. The Bureau of Health's proposed rule on latex gloves states that emergency departments of hospitals are strongly encouraged to follow best practices and eliminate latex gloves altogether. Potential liability claims are another impetus for eliminating latex gloves in emergency rooms.

Workers compensation claims are another potential cost for providers who do not provide latex allergy education to employees. Since 1993, 119 Maine workers have filed

compensation claims for latex exposure. Studies estimate that between 10 and 17 percent of health care workers in the United States have become sensitive to latex, due to their exposure in their work. Data specific to Maine regarding costs of latex-related workers compensation claims was not available. A study of Oregon health care workers found that workers compensation claims for latex sensitivity or allergy averaged \$8,309 per injured worker with nearly 70% of claimants reporting less than one month of lost time (time off from work due to the injury). Eighty percent of claimants had dermatitis, a relatively minor reaction.

However a health care provider's employee can possibly have a much stronger reaction than dermatitis. Prolonged exposure may itself increase sensitivity to latex. Exposure can lead to severe allergies that restrict the employee to environments that are carefully controlled; for extreme cases, this can mean that the employee is house bound.

Ignoring the potential problems of latex exposure would be at the health care provider's peril, both as a care giver and as an employer. For this reason, the financial impact of the proposed rule on any single provider is nominal.

Legislation

We do not believe that legislation is required to ban the use of latex gloves, as there are other forces limiting their use. These forces include potential medical professional liability claims and potential workers compensation claims, both of which can cause significant expense for health care providers. However promulgation of the draft rules enclosed in this report may be helpful, as it requires health care agencies (hospital, home health and nursing facilities) to adopt formal policies related to the use of latex gloves with patients and employees. If the Health and Human Services Committee agrees that rules should be promulgated, it is most appropriate for the rules to be promulgated by the Bureau of Medical Services, as their Division of Licensing and Certification will have responsibility for monitoring compliance with the rules.

Cost Impact Summary

Develop and implement a latex glove protocol

The tasks included in this phase are:

- 1) adapting the model protocols for employees and for patients;
- 2) presenting the protocol to internal committees for approval.
- 3) revising employee health forms and patient intake/admission forms; and,
- 4) distributing and collecting a latex screening questionnaire to current employees.

$$\text{Estimated Time X Avg. RN salary (hospital, home health, nursing)} \\ \underline{30 \text{ hours}} \text{ X } \underline{\$22.00} = \$660$$

$$\text{Estimated Time X Avg. RN salary (independent medical/dental practice)} \\ \underline{10 \text{ hours}} \text{ X } \underline{\$22.00} = \$220$$

Develop and implement employee training

This phase includes the following tasks:

- 1) Adapt/access training materials available from NIOSH, Bureau of Health and Bureau of Labor Standards;
- 2) Integrate materials into new employee orientation and annual Standard Precautions training; and,
- 3) Notify all employees of new policy.

$$\text{Estimated Time X Avg. RN salary (hospital, home health, nursing)} \\ \underline{30 \text{ hours}} \text{ X } \underline{\$22.00} = \$660$$

$$\text{Estimated Time X Avg. RN salary (independent medical/dental practice)} \\ \underline{10 \text{ hours}} \text{ X } \underline{\$22.00} = \$220$$

Develop public notice materials

This step is to create or purchase signs to notify the General Public that latex gloves are in use. Signs are to be posted so that the General Public is aware where latex gloves are being used, and if necessary, can request a latex safe environment.

$$\text{Estimated Time X Avg. RN salary (hospital, home health, nursing)} \\ \underline{10 \text{ hours}} \text{ X } \underline{\$22.00} = \$220$$

$$\text{Estimated Time X Avg. RN salary (independent medical/dental practice)} \\ \underline{3 \text{ hours}} \times \underline{\$22.00} = \$66$$

Implement a Latex Safe Environment

This phase includes

- 1) Assessing the environment where latex gloves are in use;
- 2) Adjusting inventory systems to assure that non-latex gloves are readily available; and,
- 3) Devising a procedure by which latex-sensitive and latex-allergic patients are flagged and treated in latex safe rooms.

Estimated Time X Avg. RN salary (hospital, home health, nursing)

$$\underline{30 \text{ hours}} \times \underline{\$22.00} = \$660$$

Estimated Time X Avg. RN salary (independent medical/dental practice)

$$\underline{15 \text{ hours}} \times \underline{\$22.00} = \$330$$

Total Time/Expense Per Applicable hospital, home health, nursing entity \$2,200

Total Time/Expense Per Applicable independent medical/dental practice \$836

Number of Applicable Entities

Hospitals	37
Home Health Agencies	67
Nursing Facilities	120
Physician practices (est.)	450
Dental practices (est.)	200

Subtotal hospital, home health, nursing 224 X \$2,200 = \$492,800

Subtotal independent medical/dental practice 650 X \$836 = \$543,400

TOTAL estimated cost \$1,036,200

RULES

I. Purpose

The purpose of these rules is to protect employees and the public who are or may be allergic to latex from exposure to latex gloves. By reducing latex exposure for everyone, the rule may have the effect of decreasing the number of people who become latex sensitive or allergic. The rules require employers and certain businesses to develop and implement a protocol to promote use of non-latex gloves and to control the use of natural rubber latex gloves. In addition, the protocol shall address methods of protecting latex-sensitive and latex-allergic employees and consumers by decreasing exposure to natural rubber latex gloves.

II. Rationale

Exposure to latex gloves is the most common way for people to develop an allergy or sensitivity to latex. Symptoms can range from skin rashes to anaphylactic shock, and may result in death. The only treatment is to eliminate exposure to natural rubber latex. Latex allergies have increased in recent years, in parallel to widespread use of latex gloves to protect health care workers from diseases such as HIV, hepatitis, and AIDS. Manufacturers also changed their method for producing natural rubber latex gloves; this change made natural rubber latex gloves a more potent allergen.

Since the allergic reaction can be very severe and unanticipated, this rule requires health care providers to use latex gloves only after they have confirmed that the patient has no known allergy to latex. The provider may use latex gloves when benefits outweigh the risks. Health care providers also are required to educate their employees and support treatment of latex allergies; in addition, providers must reasonably accommodate latex sensitive employees. Reasonable accommodation can include removing natural rubber latex gloves and other latex-containing products from the employee's work environment.

III. Definitions

Applicable Entity

An applicable entity is any employer whose employees use latex gloves in providing health care services to patients. The term "health care provider" includes but is not limited to private health care provider practices, long term care facilities, nursing homes, hospitals, home health agencies, and hospices.

Population at Risk of Developing A Latex Allergy Include:

1. Spina bifida patients. (Up to 67% of spina bifida patients are latex sensitive.)
2. Children or adults with congenital urological anomalies.
3. Patients who have undergone multiple surgical procedures, especially during the first years of life.
4. Workers who regularly use or have repeated exposure to latex gloves or latex products in their jobs.
5. Any person with a history of multiple food allergies, especially foods such as bananas, chestnuts, kiwi, avocados, or other tropical fruits.
6. Asthma, allergic rhinitis and hand dermatitis in a latex glove wearer raises the risk of developing latex allergy. Latex exposure can exacerbate asthma and allergic rhinitis episodes.

Dry Natural Rubber Latex (DNRL)

Natural latex processed to diminish the level of natural latex proteins, which reduces leaching. Examples of products made from dry natural rubber include syringe plungers, vial stoppers, and injection ports on IV tubing. There is a lower level of natural latex proteins in products produced by the dry natural rubber process.

Emergency Service or Department

This term refers to an organized service including ambulance service that is available twenty-four (24) hours a day, seven (7) days a week, and has the capability to evaluate, treat or stabilize and to refer to an appropriate outside resource all persons who present themselves for treatment.

Employee

The term "employee" shall refer to any individual employed or permitted to work by an employer. Any person who qualifies as an independent contractor is not an employee.

General Public

The General Public includes any person other than the Health Care Consumer who is present in a patient care area where latex gloves may be used. The Consumer's parent, spouse, significant other, legal guardian, immediate family are examples. The Applicable Entity can define this term in individual cases, according to their internal policy and standard procedure.

Health Care Consumer

The Health Care Consumer is the person directly receiving health services; this person could also be called the patient or client.

Latex Allergic Reactions:

An actual allergic reaction to latex as manifested by a history of anaphylaxis during surgery or when exposed to latex containing products, watery eyes, urticaria, rhinitis or wheezing when exposed to latex products, and positive latex allergy testing (skin prick or RAST). The range of reactions spans from Type I to Type IV, the primary difference is the time span of the reaction. These outer limits of reactions are defined below.

Type I Allergic Reaction: also known as "immediate hypersensitivity." The majority of Type I reactions are local urticaria (hives) where the latex product has directly touched the skin. Other Type I reactions include hay fever, allergic

conjunctivitis (runny nose, itchy eyes). A systemic reaction (anaphylaxis) is much less common. Symptoms generally develop within 30 minutes of the exposure to latex.

Type IV Allergic Reaction: also known as “delayed hypersensitivity.” This reaction shows as contact dermatitis rash, a rash similar to poison-ivy a day or two after exposure. Areas that touched latex may get red, inflamed, or blistered. Type IV reactions can occur anywhere from 6 to 48 hours after exposure. A person who has had a Type IV reaction may later have a Type I reaction.

Latex Exposure Routes:

Exposure to latex proteins can occur via skin contact, contact with mucus membranes (e.g. via wounds, oral or genital exposure), intravenous routes, and inhalation (proteins may leach from gloves into the powder which is then airborne when gloves are put on and taken off). Repeated exposure to latex proteins can result in development of the antibody formation, and allergic reactions.

Latex Free/Powder-Free Gloves (May Be Used On All Latex Precaution patients):

Non-latex gloves that contain a certain level of powder can be labeled as “powder-free.” These gloves can safely be used on the latex allergic patient.

Latex-Safe Environment

An area that has been deemed “latex-safe” will be free of latex gloves and contain products with minimal latex proteins and will not elicit an allergic response in a latex sensitive or latex allergic individual.

Low Protein Latex Gloves (Not For Use on Latex Allergic Patient)

Latex gloves that contain a certain level of latex proteins can be labeled as low protein. These gloves may also be powder-free. Low protein gloves can decrease the potential for a reaction but still should not be used in the latex allergic individual.

Natural Rubber Latex (NRL)

Sap of the rubber tree used in the manufacture of many rubber products contain proteins, which cause allergic reactions in many individuals. Many non-latex containing substitute products are available.

Non Latex Gloves

See Synthetic Latex.

Synthetic Latex

Synthetic latex **does not contain the natural latex protein** that could cause a type I hypersensitivity (systemic allergic) response with exposure. However, these synthetic products may contain chemicals that may cause a contact irritant dermatitis in some individuals. Examples of synthetic latex include nitrile, polyurethane or neoprene.

IV. Protocols

A. General Overview

Each Applicable Entity shall develop and implement protocols for the purpose of:

- designating procedures to detect latex sensitivity among Employees
- outlining procedures to respond and manage the Employees' latex sensitivity, when diagnosis is confirmed;
- providing procedures to notify and protect Health Care Consumers and the General Public who may be latex sensitive or latex allergic; and,
- specifying the circumstances under which latex gloves are used, if at all.

B. Constituent-Specific Protocols

1. Employee Protocol

The protocol regarding Employee exposure must include:

- a. A procedure by which
 - i. all current Employees whose latex allergy status is unknown; and,
 - ii. all newly hired Employeesare asked whether they have experienced symptoms of latex sensitivity in the past;
- b. A procedure to refer Employees for screening, if latex sensitivity is suspected;
- c. A policy regarding the provision of non-latex gloves to employees and a latex-safe work environment should a sensitivity or allergy be diagnosed;
- d. An outline of steps that will be taken to protect the latex sensitive Employee from further exposure to latex gloves;
- e. A provision to educate all current and newly hired Employees about symptoms of latex sensitivity and allergy (if latex gloves are used). Education should also address when, if ever, latex gloves are used.

Note: A latex sensitive or allergic Employee may need to remove other latex-containing products from his/her environment. This rule does not address these other exposures.

Education regarding latex sensitivity would logically be part of Universal Precaution education, which is required by OSHA.

2. Health Care Consumer Protocol

The protocol regarding Health Care Consumers must include:

- a. A method to screen Health Care Consumers for latex sensitivity if they could be exposed to latex gloves in their visit with the health care provider;
- b. A procedure by which the latex sensitive or latex allergic Health Care Consumer will be protected from exposure to latex gloves.

Due to the urgency of these services, screening Health Care Consumers who have presented for care in an Emergency Service or Emergency Department for latex allergy is impractical and potentially dangerous, and may result in exposing latex sensitive patients. To promote patient safety and reduce liability for inadvertent exposure, emergency service providers are strongly encouraged to eliminate the use of latex gloves.

3. General Public Protocol

In order to warn the General Public of potential latex exposure, the Applicable Entity shall post a noticeable placard stating "Latex Gloves in Use," such that the General Public will see the placard before entering into the patient care area. The sign can also advise the General Public whom to talk to, if he or she is latex sensitive or allergic.

The Applicable Entity needs to be prepared to accommodate the General Public whose presence is needed by the Health Care Consumer and who is latex sensitive. Making the environment safe for the latex allergic General Public will include removing all products that contain latex.

V. Compliance

Compliance with this rule will be monitored by the Division of Licensing and Certification within the Bureau of Medical Services under the Department of Human Services. The Bureau of Health will provide technical assistance to the surveyors for issues pertaining to patient care. For issues pertaining to employees, surveyors will refer violations to the Maine Department of Labor.

MODEL POLICY - PATIENTS

Policy Title: Minimizing Natural Rubber Latex Glove Exposure for Patients

Policy Statement: [Facility Name] seeks to minimize exposure to natural latex rubber gloves for patients who are or may be latex sensitive, and to decrease exposure for all people to help prevent latex allergies.

LATEX GLOVE POLICIES:

1. Patients are screened for history of reaction to natural rubber latex or conditions that predispose the patient to latex allergy during nursing assessment and/or physician history and physical (H&P).
2. Establish LATEX PRECAUTIONS for:
 1. Spina bifida patients. (Up to 67% of spina bifida patients are latex sensitive.)
 2. Children or adults with congenital urological anomalies.
 3. Patients who have undergone multiple surgical procedures, especially during the first years of life.
 4. Workers who regularly use or have repeated exposure to latex gloves or latex products in their jobs.
 5. Any person with a history of multiple food allergies, especially foods such as bananas, chestnuts, kiwi, avocados, or other tropical fruits.
 6. Any patient whose sensitivity to latex is unknown and you are not able to determine (e.g. an emergency room patient who cannot communicate).

ESTABLISH LATEX PRECAUTIONS

A) Identify the Latex Sensitive Patient:

- Document the need for latex precautions in the patient's medical record
- Place orange bracelet on patient. Write "latex" on the bracelet warning strip.

- Label the patient's manual medical record (chart) "Latex Sensitive."
- Post "latex precaution" sign outside patient's room door.

B) Caring for the Latex Sensitive Patient:

- Careful attention should be paid to washing hands **prior to touching** the patient. This will remove any latex proteins that may be on your hands from previously wearing natural rubber latex gloves.
- Wear non-latex gloves when caring for patient or cleaning room unless otherwise prescribed by physician, health care provider, advance practice nurse, or midwife.
- Follow the health care provider's orders for glove selection during sterile procedures.
- Do not use equipment or products from pre-made sets if latex gloves or other rubber products are included in the set, as other equipment in the set may be contaminated with latex proteins.
- Take other precautions against patient exposures, such as natural rubber latex gloves used in food handling or laundry processing. (Latex proteins are water soluble and can get into food.)

NOTE: While latex gloves are the most frequent cause of exposure, other products containing latex can also cause problems for the sensitive or allergic patient. Creating a latex safe environment involves much more than removing latex gloves from the patient area. Products such as stethoscopes, IV ports, tourniquets, and blood pressure cuffs may also contain latex; policies and procedures to address these sources of latex is beyond this sample protocol's scope.

C) Staff Notification:

- **Advance notification** must be given to the patient care unit receiving a latex sensitive patient, such as the Operating Room or Radiology.

NOTE: Patient care units need to protect latex sensitive patients from all sources of exposure, not just gloves. This section of the model protocol is simply to encourage communication between caregivers so that the patient is not inadvertently exposed to latex gloves. Providers are strongly encouraged to evaluate all potential latex sources.

MODEL POLICY – EMPLOYEES

Policy Title: Monitoring and Managing Employees' Natural Rubber Latex Glove Exposure

Policy Statement: [Facility Name] seeks to respond effectively when an employee has symptoms of a sensitivity or allergy to natural rubber latex gloves.

LATEX SENSITIVITY SCREENING:

1. All current employees, within 3 months of the effective date of rule, and employees hired thereafter are screened for history of reaction to natural rubber latex or conditions that predispose the employee to latex allergy.
2. Screening shall consist of a questionnaire. This questionnaire will become part of the employee's permanent health record.
3. The employee's supervisor and/or the Employee Health Department will follow up with any employee who indicates that:
 - a. he/she is latex sensitive or allergic;
 - b. he/she has had a symptom of latex sensitivity or allergy; or,
 - c. he/she does not know his/her latex allergy status.

The Employee Health Department may administer a laboratory test (such as skin prick or RAST), if it deems necessary.

4. The Employee Health Department shall refer the employee to his/her personal physician and request that the findings be shared with the Employee Health Department.
5. If a latex sensitivity or allergy is confirmed, the Employee Health Department will survey the employee's work environment and take every reasonable measure to ensure that the employee will not be exposed to natural rubber latex gloves.

6. The Employee Health Department will counsel the employee about avoiding natural rubber latex gloves or other latex-containing products, so that the employee can minimize his exposure to them while performing his normal job duties.

Note: An employee who is latex sensitive or allergic will need to have not only natural rubber latex gloves but also other latex-containing products removed from his work environment. This rule is focused only on latex gloves.

LATEX SENSITIVITY TRAINING

1. All current employees, within 3 months of the effective date of rule, and all employees hired thereafter shall receive training about latex sensitivity and latex allergy.
2. As a result of training, employees will be able to
 - a. Assess personal risk of sensitization;
 - b. Recognize symptoms of latex sensitivity and allergy; and,
 - c. Know to whom they should report latex allergy symptoms.
3. All supervisors shall receive training on detecting latex allergy symptoms amongst their subordinates. Supervisors will refer to the Employee Health Department employees who develop symptoms of dermatitis, respiratory problems, or generalized reactions that may be linked to natural rubber latex glove exposure.
4. Latex sensitivity training is included in new employee orientation and annual Universal Precautions training.

MANAGING THE LATEX SENSITIVE EMPLOYEE

1. An employee who reports a latex allergy symptom shall as soon as possible be referred to the Employee Health Department.
2. The Employee Health Department and/or the employee's own physician will document the symptoms. The Employee Health Department will determine a course of action once the findings are available. If the employee's latex allergy is confirmed, actions may include
 - a. removing the employee from work areas where natural rubber latex gloves are in use;
 - b. accommodating the employee's latex allergy by providing nitrile or non-latex gloves; and/or,
 - c. modifying the employee's work duties so that the employee is no longer exposed to natural rubber latex gloves.
3. If the employee's latex allergy cannot be confirmed, the supervisor and the Employee Health Department will
 - a. have the employee evaluated and treated as deemed appropriate based upon the type of reaction;
 - b. work with the employee and supervisor to eliminate the reaction; and/or,
 - c. refer the employee for further evaluation, if the reaction persists after preventive measures have been taken.
4. The Employee Health Department shall set a schedule to monitor the employee for continued latex allergy symptoms. This periodic monitoring is to ensure that further steps are taken if the employee's symptoms worsen. Such further steps may include
 - a. referring the employee to an allergist (if the employee has not been seen by an allergist);

- b. evaluating whether the work modifications are sufficient to decrease the employee's symptoms; and/or,
 - c. making more changes to the employee's work environment.
- 5. If symptoms are not manageable by modifying the employee's use and exposure to natural rubber latex gloves, the employee will be offered appropriate relocation or reassignment to an area where exposure to natural rubber latex gloves will be
 - a. decreased enough for the employee's symptoms to cease; or,
 - b. eliminated entirely.
- 6. Alternative work assignments will be made in accordance with existing policies, procedures, and laws. The employee who is latex sensitive shall be treated the same as
 - a. any other employee,
 - b. any other disabled employee (if applicable), or
 - c. any other workers compensation claimant (if applicable)for the sake of employment, benefits, and other employment-related matters.

Note: An employee who is latex sensitive or allergic will need to have not only natural rubber latex gloves but also other latex-containing products removed from his work environment. This rule is focused only on latex gloves.