



QUINTE HEALTHCARE CORPORATION

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Surgical – Latex Allergy Management in the Operating Room

Title: Surgical – Latex Allergy Management in the Operating Room		Policy No:	3.23.7
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Department:	Surgical	Policy Lead:	Anaesthesia Medical Director
Approved By:	Surgical Program Advisory Committee		

1. POLICY

The intent of this policy is to provide guidelines for a latex-safe environment to protect patients and staff with a hypersensitivity to latex against an anaphylactic or allergic reaction. Natural rubber latex allergy poses a significant medical concern affecting health care workers, as well as the general population. For the latex sensitive or allergic patient or staff member, all products containing latex must be removed from the Operating Room (OR) prior to the set up and for the duration of the surgical procedure. No products containing latex will come into contact with the patient during their peri-operative experience, unless no alternative latex free product is available and the benefits outweigh the risks. See Appendix A - *Guidelines for Latex Allergy Management in the OR*

2. DEFINITIONS

Latex: Known as natural rubber latex, this milky cytosol is acquired by tapping the commercial rubber tree, *Hevea brasiliensis*.

Latex allergy (*type immunoglobulin E [IgE]-mediated/immediate hypersensitivity response*): A localized or systemic allergic response to one or more specific proteins (i.e., antigens) found in latex to which the individual has been sensitized and has developed antibodies.

Latex-free environment: An environment in which all latex-containing products, not simply gloves, have been removed. This state is considered unattainable due to the pervasive nature of latex products.

Latex-safe environment: An environment in which every reasonable effort has been made to remove high-allergen and airborne latex sources from coming into direct contact with affected individuals. The airborne latex protein load should be less than 0.6 ng per cubic meter.

Latex precautions: Interventions to prevent reactions in people (eg, patients, health care workers) allergic to latex proteins.

Pegged Case: Emergency surgical cases booked to be completed by the first available OR team as dictated by priority code.

3. PROCEDURE

Pre-operative Risk Mitigation and Professional Responsibilities

The patient must be monitored by all team members throughout their perioperative journey for signs and symptoms of a latex allergy or reaction (e.g., rash, redness, urticarial, localized swelling) and symptoms of anaphylaxis (bronchospasm, laryngeal edema, hypotension, tachycardia, angioedema and respiratory or cardiac arrest) (ORNAC, 2017). For more information on allergic reactions to latex, review Appendix B- *Background Information and Types of Reactions to Latex*

Physician Responsibilities: If patients have potential or known latex sensitivity or allergy, it is the responsibility of the physician to communicate this to the OR Booking office when booking the scheduled procedure. Latex sensitivity or allergy must be communicated on the booking sheet when pegging an Emergency case to prevent latex products from being opened during set up.

OR Bookings Responsibilities: Indicate latex allergy/sensitivity on the OR daily schedule list.

Preoperative Clinic Nurse Responsibilities: Review allergies and sensitivities with the patient during the preoperative clinic visit or telephone screening. If the patient states that they have a latex allergy, confirm this is noted on the Request for Surgery form. If the allergy is not noted, notify OR Bookings to add this to the daily schedule and input it in patient's online record

For pegged cases notify the OR clerk or the OR Charge Nurse directly

Same Day Surgery Nurse Responsibilities: Review allergies and sensitivities with patient upon admission. If the patient has a latex allergy/sensitivity ensure they are identified by wearing a red allergy bracelet. Check the OR schedule to confirm that the latex allergy is noted on schedule. If it has not been, notify the OR clerk or Charge Nurse immediately.

Circulating Nurse Responsibilities: Inform the OR team of patient's latex allergy/sensitivity, ensure a 'latex safe environment' is established (e.g., use latex free gloves, silicone catheter etc.), and place 'Latex Allergy' sign on the door of the OR suite. Confirm patient's latex allergy/sensitivity with the patient and team during the Surgical Safety Checklist. Document use of latex precautions in the OR documentation record.

If no substitute non-latex product is available for certain supplies, inform surgeon and anaesthetist of product's latex content. At QHC, Anaesthesia will determine the need for any deviations from this policy for patients they deem to be at a higher risk for anaphylaxis. Document the use of the product in the notes section of the OR documentation.

Scrub Nurse Responsibilities: Set up for the procedure using non-latex gloves.

The scrub nurse may change to latex gloves if the patient does not have a latex allergy/sensitivity (confirmed once the patient is in the room or by circulating nurse)

Recovery Room Nurse Responsibilities: Provide a latex- safe environment for patients in the Post Anesthetic Recovery Room. Inform the inpatient unit that the patient has a latex allergy prior to transfer to the unit.

In situations where a staff member has a latex sensitivity or allergy, a latex-free environment will be established and latex precautions will be implemented.

APPENDICES AND REFERENCES

Appendices: Appendix A – Guidelines for Latex Allergy Management in the O.R.
Appendix B – Background Information and Types of Reactions to Latex

References:

Association of periOperative Registered Nurses (AORN). (2014). Safe environment of care. In *Perioperative Standards and Recommended Practices*. (pp. 241-243). Denver, CO: AORN Inc.

Association of periOperative Registered Nurses (AORN). (2011). Latex Guideline. In *Perioperative Standards and Recommended Practices*. (pp. 525-537). Denver, CO: AORN Inc.

Hamilton Health Sciences (HHS). (2013). *Care of the perioperative patient with a known or suspected latex allergy: Clinical policies*. Hamilton, ON: HHS.

Mertes, P. M., Malinowsky, J. M., Jouffroy, L., Aberer, W., Terreehorst, I., Brockow, K., & Demoly, P. (2011). Reducing the risk of anaphylaxis during anesthesia: Updated guidelines for clinical practice. *Journal of Investigational Allergology and Clinical Immunology*, 21(6), 442.

NHS Plus, Royal College of Physicians, Faculty of Occupational Medicine. (2008). *Latex allergy: Occupational aspects of management. A national guideline*. London, UK: RCP.

Operating Room Nurses Association of Canada (ORNAC). (2017). *Standards, guidelines, and position statements for perioperative registered nursing practice* (13th ed.). Toronto, ON: ORNAC Executive.

Rothrock, J.C. (2017). *Alexander's care of the patient in surgery*. (16th ed.). St. Louis, MI: Elsevier.

Royal Cornwall Hospitals. (2015). *National Health Services clinical guideline: Guidelines for the anaesthetic management of patients with a latex allergy*. Retrieved from <http://www.perioperativecpd.com/files/aestheticmanagementofpatientswithlatexaller.pdf>

Cross References:

QHC Policy: 3.18.10- Patient- Allergy Management