

STATE OF HAWAII DEPARTMENT OF HEALTH

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Testimony in OPPOSITION to House Bill 1238 Relating to Latex

REPRESENTATIVE DELLA AU BELATTI, CHAIR

HOUSE COMMITTEE ON HEALTH

Hearing Date: Wednesday, February 18, 2015 Room Number: 329

- 1 **Fiscal Implications:** The fiscal implications of enforcement are unclear but no moneys are
- 2 being requested under the governor's budget proposal.
- 3 **Department Testimony:** This bill would prohibit the use of latex gloves in healthcare facilities,
- 4 at EMS, and in food establishments. The bill is silent on the need for such a wholesale
- 5 prohibition and the department is unaware of any public health concerns to justify the
- 6 prohibition. There are no known instances where a latex glove used to touch food transmits an
- 7 allergic reaction to latex sensitive persons, the FDA and the Food Code remain silent on the type
- 8 of gloves to use, latex glove allergy has not been a topic at the Conference for Food Protection
- 9 (FDA Model Code) among many states implementing the "no bare hands" policy in their food
- rules, and the department has not investigated any consumer complaints regarding latex glove
- allergies being transferred from food handlers to consumer's food.
- The American College of Allergy, Asthma, and Immunology previously issued a
- statement accepting the use of latex gloves as mandated by accepted Universal Precautions
- standards; that the routine use of latex gloves by food handlers, housekeeping, transport and

- 1 medical personnel in low risk situations should be discouraged; but the use of low-latex allergen,
- 2 powder-free gloves is acceptable. However, this bill would prohibit the use of all latex gloves.
- Without such justification, the department OPPOSES this bill as unnecessary and a
- 4 distraction from other priorities.
- 5 **Offered Amendments:** None.



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February 15, 2015

HOUSE OF REPRESENTATIVES THE TWENTY-EIGHTH LEGISLATURE REGULAR SESSION OF 2015

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Support for HB 1238 - Relating to Latex

We are writing in support of HB1238 – "RELATING TO LATEX. Prohibits the use of latex gloves in dental health facilities, health care facilities, by personnel providing ambulance services or emergency medical services pursuant to the state comprehensive emergency medical services system, and in food establishments."

Latex allergy is a serious concern because it causes reactions ranging from mild rashes to difficulty breathing to deadly anaphylaxis. The allergy progresses with each exposure, and there is currently no medically approved treatment except strict avoidance. Approximately three million people in the general population of the United States have this allergy, and incidence is even higher in certain at-risk populations, such as children with spina bifida (up to 68%), health care workers (up to 17%), and anyone who has a history of other allergies, frequent surgeries, or frequent exposure to natural rubber latex gloves - including food service workers.

Research has shown that the latex proteins that cause allergic reactions can be transferred from natural rubber latex gloves to food. Latex-allergic individuals must be hyper vigilant about latex exposure, and need to be aware if the food they're eating in a restaurant might be a source of a potential allergic reaction. Passing this legislation will protect Hawaii residents and the millions of tourists who visit each year. This bill may also protect food service workers from occupational health risk.

For more information on latex allergy you can contact ALAA at alert@latexallergyresources.org or visit our website www.latexallergyresources.org

Thank you in advance for your support of HB1238.

Sincerely,

Sue Lockwood, CST Executive Director

Marsha S. Smith, RDH, BSDH President



HB 1238, Relating to Latex House Committee on Health Hearing—February 18, 2015 at 8:30 AM

Dear Chairwoman Belatti and Members of the House Committee on Health:

My name is Dr. Leslie Chun, and I am the Vice President of Medical Staff Services and the Chief Quality Officer at The Queen's Health Systems (QHS). We would like to offer comments in opposition to HB 1238, which would ban latex gloves in health and dental facilities, and food establishments. This legislation would compromise our providers' ability to provide the most appropriate care and would increase costs to our hospital by an estimated \$150,000 to \$175,000 per year.

As health care professionals, we appreciate that our patients and members of our staff might be sensitive to latex contact. In assuring patient and staff safety, QHS complies with national standards and guidance associated with latex in a health care environment established by the U.S. Centers for Disease Control and professional associations, including the American Dental, Medical and Nursing Associations.

As a health system, we have policies in place to ensure that we provide appropriate care to our patients. This includes screening patients for potential latex sensitivity to make sure that precautions are made, and providing non-latex products for use by our practitioners if that is necessary.

However, we feel that it is important to note that latex does have appropriate uses in a health care environment. For example, we have heard from some physicians that the use of latex gloves allows for greater sensitivity and dexterity when performing certain procedures, such as surgery. It is important for both patient care and patient safety that our providers be allowed to have flexibility in choosing the types of materials they use.

We share the legislature's commitment to ensuring that patients and staff who have latex sensitivities are properly protected. However, because latex does have an appropriate use in the health care environment we would ask that you oppose or amend this measure to allow providers the flexibility they need to ensure high-quality, safe care.

Thank you for your time and consideration of this matter.

Representative Della Au Belatti, Chair Representative Richard P. Creagan, Vice Chair House Committee on Health

Wednesday, February 18, 2015

Support for H. B. No. 1238 Related to Latex

I am a mother of a 16-year old daughter that has a severe latex allergy. My daughter's latex allergy was diagnosed at 2 years of age after a dental appointment; the dentist gloved hand imprint was left on my daughters face in the form of hives wherever the dentist had touched her. From a contact dermatitis, my daughter now has reactions from airborne latex particles. She became reactive to airborne latex at 5 yrs. old, at a birthday party where the clown was releasing the air out of the balloons. I didn't even carry Benadryl in those days; just removed her from the area and washed her hands and face.

There is no cure for a latex allergy, only prevention of future reactions by avoidance of latex. With each latex exposure the person's reaction may increase to the next level.

I became aware of inconsistencies in latex allergy awareness and education, when my daughter was seeing an orthodontist at the age of 8. He was made aware of her latex allergy; he said it would not be a problem. At first she was seeing him in a consulting room separate from his treatments room. When she was 12 and had her braces applied she was then being treated in an open room that the orthodontist had 3 other patients at the same time he went from patient to patient. The orthodontist felt it was okay to just change from Latex gloves to latex free gloves to treat my daughter. She had 3 different reactions at 3 different appointments. The reactions progressed. As she walked out of the office her throat felt funny, her lips started to swell and her eyes became itchy and watery. I gave her Benadryl immediately and drove her straight to Maui Memorial ER we were fortunate that they are a latex- safe- facility. They treated her with prednisone and instructed me that she would require Benadryl around- the- clock for up to a week to treat the residual reactions. Her residual reactions lasted 3 full days. With the latex exposure at the orthodontist's office, my daughter now is required to carry an EPI pen where ever she goes. I did phone the orthodontist immediately after going to the ER and he said he didn't want my daughter to return to his office as "She is just too overly sensitive."

We did find a latex safe orthodontist to remove my daughter's braces. Even though they used latex free gloves, they did not understand the extent of latex allergies and the severity of potential reactions.

Latex is an airborne pathogen and, like dust, its residue floats in the air and remains on surfaces, including food. My daughter also reacts to food that has been touched with latex gloves or utensils. Upon digesting food that has been touched or exposed to latex her reactions start with a "funny feeling" in her throat and progresses to tongue and lip swelling requiring Benadryl.

There are over 40,000 latex products in our environment; the American Latex Allergy Association has provided a guide to help a person with a latex allergy to help maneuver through the many latex obstacles in everyday life. http://latexallergyresources.org/consumer-products

The one thing that is difficult to maneuver through as a person with a latex allergy, though, is the use of latex gloves. Medical facilities, dentist, emergency vehicles, and food entities do not display warning signs, or warn patrons by noting latex glove use on their menu.

Even grocery stores can be unsafe. We've had to leave a grocery store immediately due to my daughter starting to have a reaction. Once we got to the produce aisle when my daughter's throat started to "feel funny" and her eyes started to itch. Upon looking around we saw that the produce clerk was wearing latex gloves while putting the vegetables in the display bins.

Our family is fortunate that we have a farmer that produces CSA Baskets (produce). He has changed his harvesting practice to accommodate our needs, and has extended it to all his customers. He stopped using latex gloves and rubber bands and only uses twist ties when bundling the vegetables. He said it was a no brainer for him as the safety and wellbeing of his customers always come first. There was no increase in cost of his operating expense; it was just a matter of changing his ordering practice.

My daughter is a student at Maui High School and we have a 504 plan in place. Principal Bruce Anderson has been very supportive educating his staff about Latex allergy. Mr. Anderson even suggested that the video journalism students to do a PSA on latex allergy awareness and was accomplished as a PBS HIKI No Segment last year. http://vimeo.com/96538486. In this segment Principal Anderson mentions he educated staff and teachers and changed his ordering practices. He has told me there was no difference in cost and alternatives are readily available.

With my daughters 504 plan I needed to inquire about Emergency transport if that was ever required. Upon inquiring, before the 2013 school year, with American Medical Response that Hawaii has contracted for emergency vehicle transport, I found a difference of practice. The Oahu contact told me that they use only latex free gloves in their vehicles, but the Maui contact told me that they carry both latex and latex free that it was the preference of the EMT personal, as some prefer to use latex and some latex free. We need legislation in place to have consistency of care for public safety. If there is a traffic accident and the person is unresponsive not wearing a medical alert bracelet, exposing them to latex gloves could put them in danger if they have a latex sensitivity. Even being in a vehicle that carries both latex and latex free gloves puts the patient at risk. Latex is an airborne pathogen you do not have to be touched to be exposed to the latex airborne toxins that will cause you to react. Why would an emergency vehicle risk that? 1 in every 1000 people has a latex allergy or a sensitivity that can progress at any time why put someone at risk when latex free gloves are readily available.

With the Bare Hand food Code eating prepared food becomes another danger. A latex allergy sufferer must inquire if latex gloves have been used in the preparation and handling of the food. Even in harvesting of the vegetables, which the restaurant may not even be able to answer as food may be sourced from another facility. In October 2014 The Maui Culinary Arts director allowed a latex allergy informational table to be set up outside of the Paina building. We spoke to several culinary instructors and the program has changed their ordering practices and stock only latex free gloves. They have incorporated Allergy education in their programs including information on latex allergy awareness.

With our latex allergy awareness display several Student nurses came up and were very interested in learning more about latex allergy, they mentioned they are made aware of latex allergy but not the extent of it. One student nurse mentioned she gets a rash from rubber bands she did not realize that latex gloves were Natural Rubber Latex and she was at risk being exposed to latex.

One lady told me about her experience at the dentist. She told the dental Hygienist she was allergic to the latex gloves, the hygienist did not believe her she touch the patient on the arm and no reaction was present so the hygienist continued to treat her, while wearing the latex gloves. The lady told me when she got home is when the reaction hit her. She was sick for a whole week. Allergic reactions don't always occur immediately; they can be slow and take 20 minutes to a few hours to appear. There have been several deaths of children having reactions hours after being exposed to allergens. The same can happen with a latex allergy.

If you have a latex sensitivity, eat out and get gastric symptoms, you may just think that food didn't agree with you, but it may be from the latex glove use in the preparation of the food. Latex residual remains on a surface for 24 hours. You cannot see it nor smell it, you will digest it, if food has been prepared with latex gloves.

I belong to a latex allergy support group. Daily we hear of a member's story recounting their reactions that they have had from food handled with latex gloves. Even though precautions are taken by screening restaurants carefully on their latex glove use, it is not enough. Food maybe outsourced, or farmers in the field may have used latex gloves while harvesting.

Traveling is also difficult. In 2012, my daughter's school went on a national park adventure traveling by plane, car and train throughout the western United States to Yellowstone, Grand Tetons and Yosemite. At that time, the airlines could not guarantee that latex gloves would not be used in the cabin. The airlines instructed me that I could bring latex-free gloves for the flight crew to use while we were on board. They could not guarantee that the food that they were serving would be latex-free, so we took our own. With the TSA restrictions of what you are allowed to carry on board we were limited to dry crackers. Most snacks, energy bars and treats available in vending machines have a latex-based adhesive seal In order for the adhesive to not to touch the treat, a scissors is required to open the package, which was not allowed in our carry-on bag. Being that we traveled from Hawaii we had several stops and connections on different airlines requiring an overnight stop over. The hotel was able to provide a latex-safe room but advised us that the kitchen did use latex gloves. We were unable to eat at the airport as the food vendors also used latex gloves. It was two days before my daughter was able to eat a latex-safe meal at Olive Garden that has a corporate "No latex Glove Use" policy.

One of the stops was to a Six Flags amusement park. It was nice to see the food concessions all used latex free gloves. However, my daughter had a prepackaged Ice cream treat and developed an allergic reaction. My daughter could smell the latex in the wrapper when she took a bite of the ice cream with the open wrapper still attached to the ice cream stick. Her throat started to get tight and her lips and tongue tingled. She required 50 mg of Benadryl and had residual reactions for remaining 3 days of the vacation.

The passing of HB 1238 is very important. The bill will help with consistency and continuity of care. Remove the risk of developing a latex sensitivity /allergy from overexposure of latex in the workplace

These are the current latex allergy statistics from the American Latex Allergy Association: it is estimated that...

- 18-73% of people with Spina Bifida
- 38% of dental care workers
- 34% of children who have three or more surgical procedures
- 10-17% of Health care workers
- 11% of rubber industry workers
- 6.8 % of atopic (allergies) individuals
- 8.3% of the general population
- Also recently it was noted that 11% of the elderly also have a latex allergy http://www.immunityageing.com/content/11/1/7

There are many alternative products: vinyl, nitrile, poly, and new synthetic gloves and medical supplies. There are even latex-free finger cots. There is no increase in cost for latex-free gloves. In fact, latex-free gloves are cheaper by 1-2 dollars, per the Uline Business supply catalog.

http://www.uline.com/Grp_366/Nitrile-

 $\underline{Gloves?keywords=latex+free+gloves\&pricode=WF908\&AdKeyword=latex\%20free\%20gloves\&AdMatchtype=e\&gclid=COfjw9T8zMMCFY9ffgodNoAArA\&gclsrc=aw.ds$

Three states have Latex Legislation in place Rhode Island, Arizona and Oregon. It would be wonderful if Hawaii joins them.

Rhode Island: Enacted 2001 - H 5907A Latex Glove Safety Act enacted on 7/13/01

http://latexallergyresources.org/articles/food-service-rhode-island

http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/DOH_2008_.pdf

Arizona updated the food code to ban latex gloves and latex utensils

http://www.fda.gov/ohrms/dockets/ac/03/slides/3977s2 Herrington.ppt

https://extension.arizona.edu/sites/extension.arizona.edu/files/resources/fs04handlingreadytoeat.pdf

Oregon latex glove ban

http://latexallergyresources.org/articles/oregon-soon-ban-latex-glove-use

Oregon: Dept. of Human Services Food Protection Program State Rule OAR 333-150-000 Section 3-30415: Bans use of latex gloves in food service

facilities Went into effect 7/1/2006.

www.oregon.gov/DHS/ph/foodsafety/docs/foodsanitationrulesweb.pdf

Hawaii House Bill 1238 is very important. Removing latex gloves use in medical/dental/health facilities, emergency response and transport vehicles, and all food entities will help to remove a substantial risk to a person with latex allergy. It will also remove the risk of employees being exposed to the over use of latex which increases their risk of developing a latex allergy.

Thank you for this opportunity to share my family's personal experience and encourage your support of HB 1238

Anne Marie Owens Jacintho 880 Naalae Road PO Box 473, Kula Maui, Hawaii 96790

HM 808-878-2660 cell 808-280-5056

I am writing to you in support of the Hawaii HB 1238 bill with regards to latex regulations. I was diagnosed with a latex allergy when I was about 4 years old and over the course of my life I have watched it grow and progress from a reaction as simple as a rash to something as complex as temporary paralysis, tachycardia, anaphylaxis, potential kidney damage and so, so much more. This is, unfortunately, a progressive disease that has no cure and very few, very risky, treatments. I am not writing to you for sympathy, but contrarily to raise awareness so that you can make sure that nobody else has to go through what my family and I have been through.

Here is my story:

I was born premature and therefore, I had numerous health problems in infancy. Most likely, the combination of latex exposure (from latex gloves and equipment in the hospital) and my family history of latex allergies caused the onset of my allergy. Initially, I had simple contact dermatitis, so as long as I didn't touch a large amount of latex, then I wouldn't have a reaction. Unfortunately, when I was diagnosed, most doctors were not aware that latex was a progressive allergy, meaning that every exposure I had could potentially make my allergy worse. So as a result, I also did not have this information...

My allergy finally progressed to a new stage when I was 14; I began to have facial swelling. I noticed that I became extremely ill when balloons were nearby and I was unable to use certain products that I then noticed contained latex. There was an incident where my dentist grabbed the wrong gloves (possibly due to her latex-glove-grabbing muscle memory) and I woke up the next morning with a swollen face and lips. I found that there were many restaurants where I thought that I had gotten food poisoning and so I stopped eating there (I now know that I was having gastro anaphylaxis due to their use of latex gloves). I learned very quickly what I reacted to and I adapted.

I had been semi-reaction-free for a few years until a hospital made a grave mistake. I was admitted to a hospital, about two years ago, because I had esophageal ulcers. Upon admittance, I was given a flu shot – a latex-laced flu shot (and yes, I had already warned them about my latex allergy). I spent the next few days in and out of consciousness with cycling bouts of heart palpitations, extreme fevers, and swelling that rendered one of my arms temporarily useless. I partially recovered (very slowly) and I thought that it was behind me, until my next hospitalization occurred in March of last year. I went in for a simple outpatient sinus surgery and wound up staying in the hospital for six days. I had been given the wrong IV (latex), had the wrong syringes used (latex), had been given medication that was housed in a latex container, and had many other unfortunate exposures. I woke up after the surgery just in time to save my own life. I felt liquid filling up my lungs, my legs, my arms, and my chest. I felt my whole body swelling up (ironically) like a balloon. Over the course of the next few days I had six doctors and countless nurses working around the clock trying to save my life. While I was fortunate enough to leave that hospital with my life. I also left with a great deal of irreparable damage.

Suddenly, at 22 years old, my life drastically changed. I had to be worried about doctor's offices (latex gloves), grocery stores (latex gloves and balloons –a double whammy), the way my food was prepared and packaged (latex gloves, adhesives,

and other things), the clothes I wore, and so much more. If I am ever in need of emergency assistance, I will not be able to get it. Police officers, firefighters, and most importantly EMTs often times use latex gloves. My Medical ID bracelet doesn't do much good if they check it while wearing their latex gloves. In one year, I graduated college, temporarily became a quadriplegic, learned how to pee in a bedpan, had a crash cart called on me, and almost lost my life to my illness (which will most likely happen if things do not change). People like me are in great need of some help and are desperately looking for some hope.

Please do not read my case and think that this was a 1 in a million type of situation. It's not. If it was, then this bill would not have been put forward. If you do not believe me, then look on the American Latex Allergy Association's website under "Latex Allergy Stories." Or, if you search on Google, then you will see numerous testimonies just like mine. There have been too many of us whose lives have been risked or lost because of the unnecessary use of this allergen. Please, please, help us put a stop to it.

Thank you for your time,

Jillian LeMaster-Dwyer

Here are some photos for your reference.



During:



After:



To: The Honorable Members of the House of Representatives for the State of Hawaii

Testimony for <u>HB1238</u> Relating to Latex

Report Title: Health; Latex; Latex Gloves; Prohibitions; Dental Health Facilities; Health Care Facilities; Ambulances; Emergency

Medical Services; Food Establishments

I was sitting in my comfy chair at home, settling in to watch a favorite TV program, and I started to itch, more and more. I began to feel a funny feeling in my throat and face. I looked in the mirror, and saw my face was swollen twice its size, and my eyes were starting to swell closed. I rushed to the ER, and was treated for a severe, life-threatening allergic reaction called anaphylaxis. I was there for 8 hours and upon discharge, I was given a prescription for many doses of prednisone, and a recommendation to have allergy testing done. After more trips to the ER for 4 more anaphylactic reactions, and 6 years later, my allergist tested me, and found I was allergic to natural rubber latex (NRL). The allergist explained to me that the gloves I wore at work, in the Medical Laboratory were made from latex (NRL), and I was allergic to them

My name is Alice Boyd, and I live in Western Massachusetts; I have been allergic to latex since 1989. My profession is that of a Medical Laboratory Scientist, performing the blood tests, identifying the bacteria causing your infection, and preparing blood if you need to have a transfusion. I was also the Chairperson of my Hospital's Latex Allergy Task force, until I was forced to retire from my job because of the multiple allergic reactions to latex. I had worked for 35 years.

Since 1989 I have lost track of the additional number of anaphylactic reactions that I have had since I was diagnosed, but it must be close to 10.

Once I knew what to avoid, I was able to avoid places and things I knew had latex, but unless a specific effort is made to remove residual latex, and properly clean it up, the latex particles remain.

Latex particles can attach themselves to any surface they touch. In food preparation, when latex gloves are used, latex particles attach to the food when it is handled by someone wearing latex gloves. If the latex gloves are also powdered, that latex ridden powder becomes airborne, and settles out onto all the surfaces in the kitchen – the food that hasn't been handled yet, the pots and pans, the counters, and even on the clothes of the people working in that kitchen. If the foods are cooked, some of the latex proteins that cause the allergy are destroyed (denatured), if the temperature is high enough, but not always. Banning the use of latex gloves in hospitals, medical/dental offices, ambulances, food preparation, and schools would eliminate these dangers, prevent reactions and prevent new people becoming allergic to latex.

When powdered latex gloves are used by medical personnel - latex particles can become airborne when the latex particle attaches to the powder used in powdered latex gloves. Old rubber that is beginning to degrade, and is brittle, can also shed latex into the air.

I once refused to be transported to the hospital via an ambulance in which latex gloves were used. They said they also had vinyl gloves, and would use them during my transport. I tried to explain to the ambulance crew that there was still residual latex dust from their prior use of latex gloves in the ambulance, meaning the air inside the ambulance was filled with latex dust, and everything was already contaminated. It took the most of the Medical Community 20 years to realize the dangers of using latex, but many are resistant.

Today, more people are still becoming allergic to latex. Latex gloves are still used by some hospitals, medical and dental offices, and ambulances. It is nearly impossible for someone experiencing an anaphylactic reaction to get life-saving treatment if the ambulance and hospital use latex gloves. A trip to the dentist or the doctor's office using latex gloves can result in a life-threatening reaction. Now the food service industry has emerged as a new source latex

allergies. I wonder how many diners frequenting restaurants that use latex gloves, become allergic to latex from those exposures? I also wonder how many restaurant workers have also developed the allergy after using latex gloves? Additionally, some hair and nail salons, barbers, and massage therapists have also started using latex gloves.

Currently it is reported that 1% of the general population in the US (3 million people) are allergic to latex. 6% of medical workers are allergic, doctors included. An article in one of the medical Journals tells the story of a surgical pathologist, who reacted while processing surgical specimen, and wearing latex gloves http://www.medscape.com/viewarticle/508570

This allergy to latex, drastically changes your life. I used to be quite active. I have 4 children, and was actively involved in their activities. I served 7 years on my Town's School Board, and volunteered many hours in the Schools teaching mini-courses for the students – I showed them science could be fun, not scary. I also loved to travel.

Now, because of this latex allergy, I am disabled, and essentially housebound. A trip out is a rarity, and involves taking major precautions – taking extra medication (antihistamines) beyond those that I already take on a daily basis, bringing along several additional kinds of anti-histamines, bringing a dose of Prednisone and bringing along my Epi-pen (Epinephrine). I also need to call ahead to be sure the place I am visiting does not use Latex gloves, or have latex Balloons. You would be surprised how many places do not know. Their immediate response is yes, we use latex gloves. Luckily, most, when they check further, discover their gloves are NOT latex, but some still use latex gloves to clean, to re-stock, an in the case of restaurants, to prepare food. Many restaurants also use rubber gloves to wash their dishes. I am fortunate that my hospital and my dentist are latex safe, but many are not.

I still try to travel, but most attempts result in dramatic episodes when I am exposed to latex – that wasn't supposed to be there. For example, I was exposed on a Caribbean Cruise, and needed to be sent via an Air Ambulance to Florida, where I was a patient in the hospital for 7 days. The Chef on the cruise ship assured me that he did not use latex gloves. After checking with his supplier, he discovered that the meat and vegetables used in his kitchen had been handled with latex gloves by the supplier. My body detected that, and I almost died!!

I encourage you to pass this legislation.

Additional information about latex allergy can be found at The American Latex Allergy Association web site – **latexallergyresources.org/**

3 other States have realized how dangerous the use of latex gloves can be, and have passed legislation banning the use of latex gloves in food preparation. By passing this legislation, trips to hospitals, medical and dental offices, ambulance transports and restaurants will be safer for those of us with latex allergy. In addition, this legislation will prevent medical, dental and food service/ restaurant workers from developing a latex allergy.

Sincerely,

Alice F. Boyd BSMT(ASCP)
57 Tannery Road
Southwick, Massachusetts 01077

HB1238

Debra Scott, tourist and frequent traveler 2330 St Francis Dr Sacramento, CA 95821

Thank you for preparing a bill to ban the use of latex gloves in food service and health care. I would like to tell you a bit about how this affects me, as a tourist.

For our 10th anniversary, my husband and I wanted to celebrate in Maui. Our 2003 honeymoon (before my latex allergy became severe) was in Kauai and we wanted to go back, but explore one of the other islands. By 2013, my sensitivity to latex had progressed to the point where, per my allergist, I had zero tolerance for natural rubber latex in any form, contact, airborne, or ingested. Many of my reactions by now required lifesaving epinephrine, ambulance and hours spent in the emergency department restoring vitals and pulmonary function. Food handled with latex gloves in any part of the farm to fork process caused me to go into severe anaphylaxis, due to the transfer of latex proteins from the gloves to the food. Even groceries I had to wash repeatedly to remove any possible traces. I also could no longer enter any building or office where latex gloves were in use, because I would react within minutes of walking in the door.

For our Maui trip, I worked for several months, trying to find the needed combination of latex free hotel, nearby latex free restaurants and latex free emergency care (ambulance and emergency dept) so that I would be able to survive the vacation without serious repercussions. As our anniversary approached, I finally told my husband we would have to settle for someplace close by, where the options were safer. We were both very disappointed.

If HB 1238 and SB911 are enacted, we will be able to finally recreate our honeymoon dream.

I would also like to add testimony regarding latex in health care and restaurants, based on my personal experiences with over 100 anaphylactic reactions just since 2010. First, in medical care, I can not have a needed surgical procedure that uses special equipment, because the only facilities equipped for it near me use latex gloves. I have had to change my PCP of 6 years when my doctor moved his office, because others on his floor use latex. I have had to change my pain medicine doctor, who would not stop using latex gloves, and change again when I repeatedly reacted to the latex gym equipment attached to the office of the new doctor, who became afraid for me to even enter the clinic anymore after witnessing several of my reactions from the airborne latex in the gym. I cannot go to needed physical therapy because of latex therapy equipment in all PT offices. Even dental care has become difficult to obtain as all of the exposures to latex have made me so sensitive that I now react to even the use of rubber bands and printers (commercial printers often have a latex overspray)

Recently as a tourist in France I had a severe latex reaction (from a restaurant) and the ambulance that came had latex gloves and caused my reaction to get significantly worse. I had to wait, barely able to breathe, until they could strip another rig down and send that. I had been told the ambulances only used latex free gloves in my research before that trip. That turned out to be not true.

In food service during a trip to Washington state, I enquired at a restaurant and was assured they only used vinyl gloves on food. After a couple bites of the bread, I went into anaphylaxis, used epi, took benedryl. It was soon clear that I was going to need a second epi, so went to ER for anaphylaxis treatment. I called the restaurant the next day and found out where the bread was made. That bakery used latex gloves.

As a tourist in Europe, a restaurant assured me months in advance they only used latex free gloves. When the waiter stepped close to recommend a menu item to me, I immediately reacted with severe throat swelling and asthma from latex residue on his clothes. The manager then confirmed that latex gloves were in use in the kitchen after all. Reaction developed quickly to full anaphylaxis, requiring 2 epis before ambulance could arrive. Transported to hospital for treatment.

Another recent exposure was to latex gloves in use at Whole Foods in my hometown. WF normally does not use latex on anything. I was already having a reaction and did not know the source. I was surprised to see what looked like latex at the seafood counter and asked the fish handler to show me the box. When he pulled a latex glove out for me my reaction turned to full anaphylaxis. I used epi and all my rescue meds and was transported by ambulance immediately to ER, treated en route with rescue meds, oxygen, and IV, then treated further at the ER where I went into a rebound reaction requiring yet another epi, etc.

Latex gloves are dangerous, and completely unnecessary with many safe alternatives available, including just washing hands thoroughly. I grew up traveling around the world with my family and continued to enjoy frequent travel as an adult until recently. I have had to severely limit tourism and can only travel to places I have spent months researching to make sure it will be safe. I have family and friends in Hawaii, and cannot come to visit them as the situation is now. Please pass this bill, and make Hawaii a welcoming place to explore and reconnect for me, and for more than 3 million people in America who have latex allergy.

Thank you for hearing my testimony

Debra Scott

My name is Mary Catherine Gennaro, DO. I am a board certified family physician from Plymouth, NH. Thank you for allowing me this opportunity to comment on HB 1238. I believe there is sufficient scientific data to support the prohibition of latex gloves and products from all aspects of medicine, dental, Emergency Medical Systems as well as food service.

If approved this measure would reduce the costs of days lost from work, workman's compensation and disability payments and legal costs ^{1,2,3} as well as medical costs both obvious (medications, ambulance rides, ER visits and hidden costs for premedication for procedures or travel to other areas for late safe treatments). An EpiPen costs \$300/use, the individual must immediately take a liquid or dissolvable antihistamine then go to the ER via ambulance – the EpiPen only buys you 20 minutes if it works-and be monitored 8-12 hours while getting IV medication and IV access to your blood stream in case you go into shock. If you go into shock then you must be on a ventilator. There is also the hidden cost of having to be pre-medicated for all procedures. My routine procedures are often \$500-\$1000 more than cost should be, as I have to check into the ER to get IV steroids and antihistamines over the course of 2 hours. It is time to take an honest look at the use of latex in our environment.

I have had to become an expert in latex allergy. I am not an expert because I research and interview people in a controlled environments that I can manipulate. I am an expert because over the past 20 years I have read the literature, presented on this topic, treated patients with this allergy, kept my latex allergic son safe and I personally live with this allergy every single day of my life. My life and the life of my child and many others depend on me being an expert.

It is from this perspective that I wish to provide testimony in favor of HB 1238.

Why is latex allergy so important?

Latex allergy is a worldwide health issue. In the United States alone it is estimated that 1:19 people have this allergy. ⁵ Johns Hopkins-the birthplace of the latex glove – banned it in 2008. They took the safety of their employees and their patients very seriously. ⁶

According to a study done in Spain people with latex allergy are the 4 th largest group of allergy sufferers.⁷ This same study has also found the presence of carcinogenic material in latex gloves.⁸

Seventeen percent of healthcare workers and now food service employees 9, higher for dental workers, and approximately sixty-eight percent of children with Spina Bifida are affected. Recent studies indicate approximately 11% of our elderly population are allergic. 10 Also at risk is anyone with multiple surgeries due to exposure of latex through mucous membranes as well as anyone who uses latex gloves or other latex containing supplies routinely. 11 Also at risk is anyone who

works in the rubber industry. The Cleveland Clinic sites the number of latex allergic Rubber Industry Employees as 5- 10%. 12

There is only one way to develop this allergy and that is exposure to latex. There is no treatment.

Why is latex such a potent allergen?

Traditionally latex has been thought of as a glove, a ball, or a thing, not an organic substance. This is incorrect. Natural rubber latex is a plant based protein that runs as sap from the *Hevea Brasiliensis* tree. It is similar to sap that runs through maple trees. It is as much a product of a plant, like a peanut, and can be as dangerous. However, unlike peanut or other plants, natural rubber latex is found in over 40,000 common products. Products like IV tubing, stoppers on medicine bottles, mattresses, blood pressure cuff and its tubing, syringes, dental products, packaging and food that has been cross contaminated by the latex glove or packaging.

Donald H. Beezhold, et.al. did an experiment that showed the protein from the latex glove transferred (contaminated/altered) to the food 100% of the time regardless of manufacturer. There was no transfer of protein from the vinyl. ¹³

The latex protein leaches onto food every time someone wearing latex gloves or latex utensils touches the food. It also leaches into medication. ¹⁴ There have been, to my knowledge, no advances in the technology that prevent this. Also, no one knows how low a dose of latex is needed to incite anaphylaxis in a latex allergic person. ¹⁵

The expensive advances in technology and higher cost low protein gloves are just as dangerous to those of us already allergic as any latex glove and although the rate that workers are developing the allergy may be lower it is not 0%.

This health problem is 100% preventable if we don't use latex at all. It is time to look at latex and its use honestly and ask "why is latex still in use?"

How does this allergy manifest?

The allergy manifests in many ways from rash to full-blown anaphylactic shock, which can lead to death. My own allergy started as a rash on my hands and progressed over 2 (1990-1992) years to internal and external swelling (angioedema) with severe abdominal pain, severe diarrhea, racing heart, flushing and shortness of breath. This has happened to me at work as an ER doctor and family doctor as well as after consuming food in a restaurant that used latex gloves.

Every time I accidently ingest or breath latex through latex contaminated food or airborne particles from gloves or balloons (these were un-powdered balloons) I develop anaphylactic symptoms. This has been a progressive disease for me as it is for many.

This allergy is insidious. It comes on slowly and we often have no idea we have the problem. There is no cure only avoidance.

Is there documentation of reactions by people eating food contaminated with latex gloves?

Yes there are documented cases of allergic reactions to latex that had contaminated food proven through studies. 13,16

What are the current recommendations for glove use?

According to the National Institute for Occupational Safety and Health (NIOSH) the current recommendation is that non-latex gloves be used "for activities that are not likely to involve contact with infectious materials (food preparation, routine housekeeping, maintenance etc." ¹⁷ Every article I read that addressed this issue regardless of country of origin said the same thing. Do not use latex gloves in food handling or when there is no risk of infection.

Universal Precautions were developed to handle hospital level infections. Universal Precautions speaks to dealing with bodily fluids and handling infectious material. It also states that gloves cannot be washed and reused and that you must wash your hands after glove use to prevent contamination from anything that did get on your hands. And you must change your gloves after every procedure or contact. ¹⁸

If there is a serious threat of infection, for example the Ebola virus then double glove with nitrile gloves with cuffs is the only recommended glove, not latex. ¹⁸

I have heard reports of chefs and food service employees stating that latex is the best way to prevent contamination with salmonella. Clearly they do no understand how gloves are to be used.

Gloves are used to protect the food from cross contamination but this only works if the gloves are changed after each use and if the employee washes his/her hands every time they change the gloves. That is what we do in medicine. They still must maintain a clean station and they must wash their hands. Latex has been shown to fail¹⁹ and in the less expensive, unregulated latex gloves the restaurant industry uses the gloves only provide a false sense of security. If the medical, dental and food industry truly want to use a glove for protection against even the deadliest disease then they should use the less expensive nitrile glove. ¹⁹

Do Latex Gloves meet the definition of a "safe material"?

No. The FDA Food Code a "safe material" as:

an article manufactured from or composed of materials that may not reasonably be expected to result, directly or indirectly, in their becoming a component or otherwise affecting the characteristics of any FOOD. ²⁰

Latex gloves and utensils do not meet this FDA safety standard. Latex is known to contaminate food and any surface it touches 100% of the time. It stays on the surface for 24 hours regardless of washing. It becomes a part of that food and it alters it. Touching food or medication with latex is similar to spreading a thin film of peanut butter on the cheese sandwich of a peanut allergic patron. The difference is you can see and smell the peanut butter. You can taste it.

Latex film is invisible, odorless and tasteless on food. It can be airborne (land on the food) from taking gloves on and off or balloons in the area. It is invisible but it is there, unknown to us and it can be deadly. I am not allergic to cheese. I am allergic to latex. If you hand me a cheese sandwich handled with latex gloves I will begin to have a severe reaction in about 20 minutes. This has happened to me with both food and medication multiple times. This alters the cheese sandwich or medication from a safe product to a deadly poison for me, and at least 3 million people like me

Does the FDA know they are not safe?

Yes. Since 1997 the CDC states there is only one way to prevent latex allergy and that is to avoid latex. The CDC/NIOSH recommend against using latex gloves and products when coming into contact with food or medications or latex allergic people.

In 2008 Johns Hopkins Hospital banned the use of latex gloves ⁶ and many hospitals, including my own, did so as well. My husband performs microsurgery with non-latex gloves without risk of infection or contamination from the gloves and with excellent sense of touch. I have started IV's, drew blood and took care of patients with HIV using vinyl gloves.

If we do not need the expensive latex gloves in our medical community why does a chef feel he/she needs them in their kitchen? When we banned them from our hospitals the FDA and the CDC were well aware. If this were a violation of Universal Precautions they would have sanctioned us all by now. If this were going to cause a problem with infection we would know by now. Not using latex has only improved healthcare.

The 2013 Food Code has added the following:

Natural rubber latex gloves have been reported to cause allergic reactions in some individuals who wear latex gloves during food preparation, and even in individuals eating food prepared by food employees wearing latex gloves (refer to Annex 2, 3-304.15).²¹

Clearly they are aware there is a problem with latex.

Is there an alternative to Latex?

Yes. Nitrile is actually the glove of choice if you are worried about serious infection like Ebola¹⁹ but there are vinyl gloves, plastic gloves, etc. There are multiple choices and every manufacturer who produces latex gloves makes the alternatives as well.

CONCLUSION:

The CDC states the only way to prevent is avoidance. The only way to treat this allergy is avoidance. CDC/NIOSH states that only people handling infectious diseases should be using latex gloves. They recommend that food service workers should not be using latex gloves. ²²

Multiple exposures to this allergen increase the risk of developing this allergy as well as the life-threatening reactions. Eating latex every time we eat at a restaurant or having it injected into us when we receive medication puts all people at risk to develop the allergy and have an allergic reaction. This could explain why some adults and children, like my son, are developing the allergy in spite of no known risk factors.

The cost savings to employers, consumers, patients as well as the government and legal system would be worth the short-term inconvenience of transitioning to a latex safe environment.

This allergy is 100% preventable. Rhode Island, Arizona and Oregon have banned latex from food service. Johns Hopkins banned it from their hospital. We are not asking you to build anything onto your building or increase your out of pocket expenses to cover us under the American with Disabilities Act. We are asking that you allow us our rights under the ADA and use less expensive credible alternatives to latex that do not alter food, medication and our environment (airborne).

We are asking you to prevent the continued development of latex allergy. Latex allergy is 100% preventable but it has a 0% cure rate. There is nothing that can be done for us other than avoidance. Again I ask why are we still using latex products?

I would like to end by quoting a paragraph from the article A System in Need of Repair- Medical Device Regulation: the Example of Latex Medical Gloves:

Since the American Public has exposures via medical and dental care, as well as in food service, this issue should be the focus of public health, occupational health, and patient safety, but in the United States, it is more of a silent epidemic, seemingly un-newsworthy. Unfortunately, the needless exposure causing the sensitization to latex still occurs, albeit on a reduced scale, and to this day, latex allergy remains an ongoing issue being battled in the courts, the legislature and within government agencies. Americans, consumers , health care workers and patients should not have to make a sacrifice between the safety of and the protection from medical devices. ²³

I sincerely hope that you look favorably on HB 1238 and protect all of us, those who already have the allergy and those of us who will develop it through exposure; there are many proven, less expensive alternatives that do not alter our food, environment or medication. There is no reason to use latex gloves.

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Mandy.gen@gmail.com

Citations:

- 1. Phillips, DPhil., V.L., Martha A. Goodrich, MD, MPH, and Timothy J. Sullivan, MD. "Health Care Worker Disability Due to Latex Allergy and Asthma: A Cost Analysis." *American Journal of Public Health* 89.7 (1999): 1024. Print.
- 2. Gelman, Jon. "Social Security Disability Benefits Awarded to Nurse Who Became Sensitized to Latex." *Findlaw.com.* 1 Jan. 2008. Web. 13 Feb. 2015. http://corporate.findlaw.com/litigation-disputes/social-security-disability-benefits-awarded-to-nurse-who-became.html#sthash.d6DjiHmX.dpuf.
- 3. "Meade v Shangri La." *Mdcourts.gov.* 1 Jan. 2012. Web. 15 Feb. 2015. http://mdcourts.gov/opinions/coa/2012/128a08.pdf.
- 4. Neugut, MD, PHD, Alfred I., Anita T. Ghatak, MPH, and Rachel L. Miller, MD. "Anaphylaxis in the United States: An Investigation Into Its Epidemiology." *Archive of Internal Medicine* 161.1 (2001): 15-21. Print.
- **5.** Grzybowski, PhD, MPH, Mary, Dennis R. Ownby, MD, Emanuel P. Rivers, MD, MPH, Douglas Ander, MD, and Richard M. Nowak, MD. "The Prevalence of Latex-Specific IgE in Patients Presenting to an Urban Emergency Department." *ANNALS OF EMERGENCY MEDICINE* 40.4 (2002): 411-19. Print.
- 6. "Rubber Gloves: "Born" and Now Banished At Johns Hopkins." *Johns Hopkins Medicine*. Johns Hopkins Hospital, 14 Jan. 2008. Web. 15 Feb. 2015. http://www.hopkinsmedicine.org/news/media/releases/rubber_gloves born and now banished at johns hopkins
- 7. Collado, Carlos Albarrán, Adoración Carpintero Montoro, Luis Sánchez Pérez, and Pilar Vicente García. "LATEX ALLERGY IN SPAIN: SITUATION OVERVIEW SUMMARY." *SPANISH LATEX ALLERGY ASSOCIATION Spanish Associations Registry, Interior Ministry, N° 166,921* (2007). Print.p.14
- 8. Collado, Carlos Albarrán, Adoración Carpintero Montoro, Luis Sánchez Pérez, and Pilar Vicente García. "LATEX ALLERGY IN SPAIN: SITUATION OVERVIEW SUMMARY." *SPANISH LATEX ALLERGY ASSOCIATION Spanish Associations Registry, Interior Ministry, N° 166,921* (2007). Print.p. 10
- 9. Ameratunga, Rohan, Shanthi Ameratunga, Christine Crooks, and Greg Simmons. "Latex Glove Use by Food Handlers: The Case for Nonlatex Gloves." *Journal of Food Protection* 71.11 (2008): 2334-338. Print. p. 2236
- 10. Grieco, Teresa, Valentina Faina, Laura Dies, Marzio Milana, Emedio Silvestri, and Stefano Calvieri. "LATEX Sensitization in Elderly: Allergological Study and Diagnostic Protocol." *Immunity & Aging* 11.7 (2014): 1-5. Print. p.4.

- 11. "Preventing Allergic Reactions to Natural Rubber Latex in the Workplace." *NIOSH ALERT* 97-135 (1998): 1-9. Print.Pages 3 & 4.
- 12. Pien, Lily. "Latex Allergy IN SPAIN: SITUATION OVERVIEW SUMMARY." *Cleveland Clinic Med.* Cleveland Clinic, 1 Aug. 2010. Web. 15 Feb. 2015. http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/allergy/latex-allergy/.
- 13. Beezhold, Ph.D, Donald H., Jennifer E. Reschke, Jennifer H. Allen, David A. Kostyal, Ph.D., and Gordon L. Sussman, MD. "Latex Protein: A Hidden "Food" Allergen." *Allergy and Asthma Proc.* 21.5 (2000): 301-06. Print. P. 302 & 304.
- 14. Hamilton, PHD, Robert G. "Drug Bottles Containing Natural Rubber Stoppers May Place Latex Allergic Patients at Risk for Reactions: Hopkins Researchers Encourage FDA and Pharmaceutical Companies to End Natural Rubber Stopper Use." *Johns Hopkins Medicine*. 8 June 2001. Web. 15 Feb. 2015. https://www.hopkinsmedicine.org/press/2001/JUNE/010608.htm.
- 15. Baker, Colleen M. "A System In Need of Repair Medical Device Regulation: The Example of Latex Medical Gloves." *Synesis: A Journal of Science, Technology, Ethics, and Policy* (2013): G32-39. Print.p. G35.
- 16. Topping, Joanna, Megan Gibbons, John Haines, Sian Knellar, Fiona Angus, and Pradip Patel. "Assessment and Quantification of Latex Protein (LP) Transfer from LP Containing Contact Materials into Food and Drink Products." *Food Standard Agency Contract A03043* (2004): 1-79. pp.19-20.Print.http://www.foodbase.org.uk//admintools/reportdocuments/11 27 Latex final report.pdf
- 17. "NIOSH Study of Latex Allergy in Hospital Employees: Summary of Findings." *NIOSH.* National Institute of Occupational Health and Safety, 1 Jan. 2000. Web. 1 Feb. 2015. http://www.cdc.gov/niosh/hhe/reports/pdfs/1998-0096-2737.pdf . p. 9
- 18. Siegel, Jane, MD et al 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings p. 50-51 http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf
- 19. Kirn, Timothy F. "Latex Failure Rate Ranges from 1%-58%: Gloves: Important, But Not Perfect, Protection." *Skin & Allergy News* 32.12 (2002). Print.1.
- 20. Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing), Recommended Personal Protective Equipment (PPE) October 2014." *CDC*. CDC/NIOSH, 1 Oct. 2014. Web. 1 Feb. 2015. http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html.
- 21"FDA Food Code 2013." *Latex Allergy Information*. 1 Jan. 2013. Web. 1 Feb. 2015. http://www.latexallergyinfo.com/2013 Food Code.pdf . p. 19
- 22. "FDA Food Code 2013." *Latex Allergy Information*. 1 Jan. 2013. Web. 1 Feb. 2015. http://www.latexallergyinfo.com/2013 Food Code.pdf>. pp. 424-425

- 23. "Preventing Allergic Reactions to Natural Rubber Latex in the Workplace." *NIOSH Alert*. CDC/NIOSH, 1 Jan. 1998. Web. 1 Feb. 2015. http://www.cdc.gov/niosh/docs/97-135/pdfs/97-135.pdf. P. 1, #1.
- 24. Baker, Colleen M. "A System In Need of Repair Medical Device Regulation: The Example of Latex Medical Gloves." *Synesis: A Journal of Science, Technology, Ethics, and Policy* (2013): G32-39. Print.p. G37.

Hawaii Legislature HB 1238 February, 2015

My name is Victor John Gennaro. I am writing in support of HB 1238.

I have been allergic since I was 5 years old. My mother, a physician who has a severe latex allergy, noticed I had a bad reaction to a Band-Aid. My skin was actually sloughing off under the area that the Band-Aid was covering. I had no further issues as my mother made sure that no one used latex around me and that we only went to latex free restaurants. Where I grew up in NH the hospitals were already latex-safe and many restaurants had changed their practices after mym other wrote them a letter explaining the risks of latex gloves.

Growing up we were unable to have latex balloons in the house, we could not go to restaurants that used latex and my mother could not go into many stores – especially sporting goods stores. We were unable to have any toys made out of latex, which limited us to Legos, puzzles and Fisher Price.

It was not until I got to college and ignored my mother's advice that I discovered I really was allergic to latex. I began to notice if I ate in a restaurant that used latex gloves extensively I would have stomach cramping and depending on the exposure diarrhea after.

I did not realize that latex was in 40,000 products and as a healthy young college student found out the hard way – no pun intended- that I could not use certain types of contraception. The reaction was severe, uncomfortable and most embarrassing.

I was recently very ill and had to go to the Emergency Room. I had severe diarrhea and cramping. Nothing made me better except time. I had no fever. I was diagnosed with colitis and told it would clear up. I do not know if the doctors used latex gloves on me when they examined me. I have not had the problem since. I believe this was a severe allergic reaction to latex ingestion. I lived in Los Angeles, CA at that time where most restaurants use latex gloves and I had been eating out with my girlfriend twice that day. It was shortly after the second meal that this began.

Please ban latex from food service. The latex protein transfers to any surface or liquid it touches. It becomes part of the food or medication. If someone gives me that food or medication from a vial containing latex I could have an anaphylactic reaction and possibly die. If the ambulance comes and they are using latex gloves and supplies like syringes with latex plungers, vials of medication with latex stoppers, oxygen delivery systems with latex in the tubing/bag or IV tubing that has

latex they will only make me worse and possibly kill me. When you are having a medical emergency you do not want to worry that the people coming to help you could make you worse.

I know; because both of my parents are physicians, that you can safely treat patients, even operate on patients, without using any latex products. I know that the food service industry does not need to use latex gloves in food preparation there are many, less expensive, gloves that do the job just as well.

Please look favorably on HB1238. Thank you

Victor John Gennaro Your address in CA Email if you want.

Hawaii State Legislature HB 1238 February 10, 2015

My name is Victor Gennaro, DO. I am a board certified orthopedic surgeon and I have not used latex gloves since 2001. My wife has been severely allergic since 1993 and our son developed the allergy as a young boy. I am writing to support Hawaii State House Bill No. 1238. A Bill for An Act Regarding Latex, banning latex from medical, dental and food establishments.

When my wife was first diagnosed with the latex allergy we did not know how serious this allergy was nor did we know the properties of the latex protein were such that they transferred from the glove to any surface it touched and it stays on that surface for 24 hours regardless of washing. Not much was known about latex allergy in 1993.

In 1990, 3 years prior to her diagnosis we noticed she would break out in hives every evening after she worked as an Emergency Room physician. She also routinely had rashes on her hands after glove use. About 18 months later she began to develop symptoms of food poisoning whenever we went to certain restaurants.

These symptoms would start within the hour of ingesting the food – not a typical food poisoning presentation. We did not understand this as I would have tasted her food most evenings and I would have no symptoms. These symptoms progressed over 6 months from mild cramping to severe abdominal cramping and flushing that would begin within 20-30 minutes of eating and then severe, crippling diarrhea that would start within the hour. These anaphylactic symptoms would last from one to three days. We still had no idea what was causing it.

Early in 1993 she called me from her work as a family doctor/ ER doctor and told me there was something wrong. Her hands, wrists and arms up to her shoulders were swelling and she was hot and flushed and felt very sick and weak and lightheaded. I told her to come to my office. At that point she had taken the gloves off for about 20 minutes but still had mild wheezing and hives with residual swelling in her hands and wrists. But she was improving. I had her call an allergist immediately. She went back to work and all the symptoms returned. Fortunately, the allergist called back and told her to remove the gloves immediately. She did so but was not told she could not be around latex. Her symptoms worsened through out the day but she returned to normal by the next morning. She never wore latex gloves again.

In 1994 we finally figured out that the latex gloves were contaminating the food she was eating and that was why she was having anaphylactic symptoms after eating in certain restaurants. This was proved scientifically in 2000. When a study was done

that proved the latex protein transferred 100% of the time to food and as well as any other surface it touched.

Her symptoms seemed to be getting worse. She had daily issues; headaches, never feeling well, severe fatigue and asthma. I thought she was depressed and just needed to get a grip. Then one day I came home from performing surgery all day. I had washed my hands several times since wearing the gloves and I had changed my clothes. I went to give her a hug and a hello kiss and she began to develop allergy symptoms immediately - itchy runny eyes, shortness of breath racing heart and some shortness of breath. We finally put it together. She was allergic to me! I have not used latex gloves since. This was around 2000.

Latex is so dangerous that Johns Hopkins Hospital banned it from their facility in 2008. As physicians we ask specifically "Do you have an allergy to latex?" Here in NH we have removed it from our major medical centers – Catholic Medical Center and Dartmouth Hitchcock as well as our local hospitals here in northern NH.

I use vinyl gloves in the offices and synthetic poly-isoprene gloves in the operating room. I am able to perform microsurgery without any problem using these non-latex gloves. I only use the synthetic poly-isoprene glove – which has no latex protein in it- for surgery. Otherwise I use the much less expensive vinyl glove in my office without any problems. My wife is no longer allergic to me!

This allergy has caused significant lifestyle changes. My wife and son cannot go out to dinner unless the restaurant does not use latex gloves. They cannot go into any showroom or store that has latex balloons, as the protein is airborne and will trigger asthma symptoms. They cannot go into any hospital, medical or dental office that uses latex or even has latex products in the room. It will trigger asthma symptoms.

The CDC states the only way to prevent a latex allergy is to avoid latex. The only way to treat it is to avoid latex. Every time any person comes in contact with latex through food (eat it) through airborne (breath it), through glove use in the mouth or in surgery or on the skin- (mucous membranes absorb it directly into the blood stream). How can we prevent this allergy if we are feeding it and exposing it to our entire population every day?

How can people avoid latex if it is in medical, dental offices, emergency medical systems and restaurants? They cannot be resuscitated or treated by anyone wearing latex gloves; they cannot be transported to the hospital by an ambulance that has latex gloves or products on board. They cannot be given medication that has to go through a latex stopper or port in an IV. The very system in place designed to help them or save their lives could kill them. Please remove latex from EMS, medical and dental facilities.

There is no reason to use latex in any situation anymore. The glove companies know the product is dangerous and they all make credible, less expensive, excellent

gloves that work at least as well. Changing to non-latex gloves will reduce the workers compensation claims, reduce lost wages, reduce disability and reduce medical costs for treatment of the daily symptoms as well as the more expensive emergency treatments.

I am not asking you to spend more money to put this ban into effect but rather spend less money. In December 2012 a court ruled that latex allergy was covered under the American with Disabilities Act. We are not asking you to make expensive renovations to accommodate my family and the more than 3,000,000 people who suffer from this allergy. We are asking that you use less expensive, appropriate, credible alternatives to not only keep people with the allergy safe but to prevent further growth of this allergy. We have been latex-safe in NH since the mid 2000's. Many of our restaurants have stopped using latex. With so many credible, inexpensive alternatives I believe there is no excuse to risk harm to even one patient or patron. Please look favorably on this HB 1238.

Sincerely,

Victor Gennaro, DO Plymouth Orthopedics and Sports Medicine 16 Hospital Road Plymouth, NH 03264 603-536-1565

To Whom It May Concern:

My name is Trish Malone and I have a severe allergy to latex. Specifically Type I (immediate-type) hypersensitivity Natural Rubber Latex Allergy (NRL). - See more at:

http://latexallergyresources.org/definition#sthash.0ALUopOW.dpuf. There is no cure for latex allergy, which affects me along with approximately 3,000,000 people in the United States, and in fact symptoms generally get worse with repeated exposure. That means it can change from an annoying allergy one day to a life threatening one the next. Somebody who today gets an itchy rash from a Band-Aid might be fighting for their life tomorrow after having been in the same room as a balloon. For those of us with this allergy, our bodies cannot handle being exposed to latex. Our bodies see latex as a foreign invader that it must fight off and our bodies go haywire in doing so. For me that used to mean if I came into contact with latex I would get a skin reaction, a red rash and blisters, but with repeated exposure it now means when I come into contact with latex, my body reacts with anaphylactic shock. In my case along with other symptoms, my tongue swells and my throat closes which, if not immediately treated, can be fatal. I take daily antihistamines to try to dull my body's automatic reaction. I also must keep multiple Epi-pens and more antihistamines on me at all times. Every minute of every day is spent trying to keep myself safe from an often invisible invader.

I am hyper-vigilant in buying only latex-free items for my family. From erasers and shoes to toothbrushes and exercise equipment latex is everywhere, but I research like crazy and protect myself and my family as much as humanly possible. Where I have had my most severe reactions however is somewhere I cannot control, in restaurants.

Dining out for a latex allergy sufferer is like playing Russian roulette. I always call ahead before eating anywhere, but the front of the house staff does not always understand what goes on in their kitchen. I have had MANY reactions when the host and/or server told me no gloves were used in their kitchen only to find out that gloves are used when cutting meat or other preparation work. Even speaking with the kitchen manager or Chef doesn't guarantee I will be safe. I have had reactions because someone on the morning prep line handled my food with latex gloves hours before and the Chef thought it was safe for me to eat because he/she cooked my food without wearing gloves. Just having latex gloves in a kitchen at all puts us latex allergy sufferers at risk. If one particle gets on our food we can die.

It is has also become very difficult to travel out of my home area unless it is to a state that has banned the use of latex because I never know if there will be any safe places for me to eat when I arrive. For example, my husband and I travelled to Las Vegas recently and could only find ONE restaurant that was latex free and that was because one of their servers had a latex allergy. In a city as big as Las Vegas, I had ONE dining option. I will not likely be returning to Las Vegas for this reason alone.

There is currently little to no legislation in most states protecting latex allergy sufferers like myself from being exposed unknowingly to a potentially <u>deadly</u> allergen by contact with food by food services workers wearing latex gloves. In addition, the workers are being placed at risk of becoming allergic themselves by repeated exposure to latex gloves. This risk can be mitigated <u>very easily</u> and <u>inexpensively</u> by banning the use of latex gloves in food preparation. Alternate gloves such as vinyl, nitrile or polyvinylchloride are readily available for purchase and at a similar cost to latex without any of the risk.

I appreciate your time and am available by email or by phone if I can answer any questions you may have.

Sincerely,

Trish Malone

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 17, 2015 7:07 AM

To: HLTtestimony

Cc: jettahead97@gmail.com

Subject: Submitted testimony for HB1238 on Feb 18, 2015 08:30AM

HB1238

Submitted on: 2/17/2015

Testimony for HLT on Feb 18, 2015 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Aimee Smith	Individual	Support	No

Comments: Please support HB 1238. I have had Type 1 latex allergy since 2011. I developed latex allergy from working in the medical field for 14 years. I have struggled to find a medical office that is latex free and have gone without surgery because of my latex allergy. I also do not eat out much due to latex glove use in food establishments. I hesitate to travel due to airline use of latex gloves. Thankfully my workplace has gone latex free so I'm able to continue working, although I did have to change careers. Thank you for supporting HB 1238.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Testimony in Support of HB 1238 RELATING TO LATEX

Committee on Health

Rep. Della Au Belatti, Chair Rep. Richard P. Creagan, Vice Chair

February 18, 2015

Thank you for the opportunity to present written testimony regarding HB1238 which would prohibit the use of latex gloves in dental health, health care facilities, ambulance or emergency medical services, and the food industry. My name is Cindy Hespe and I am a pharmacist who became severely allergic to natural rubber latex through exposure to latex gloves at work and through medical and dental procedures.

Banning the use of natural rubber latex gloves, utensils and other latex products in the health care and food industry will provide the following benefits:

- 1) allow individuals with a latex allergy to safely obtain health care;
- 2) assist individuals with a latex allergy to safely purchase food;
- 3) prevent unnecessary exposure to latex to individuals required to wear gloves in their work; and
- 4) prevent unaware patients and patrons from the inoculation and potential development of latex allergy.

A secondary outcome will be to decrease Workers' Compensation claims and potential law suits against restaurants and health care employers.

Statistics vary by resource because reporting of latex allergy is not mandated or consistent, and traditional diagnostic testing is unreliable. However, the Centers for Disease Control (CDC) and American Latex Allergy Association (ALAA) estimate up to 8.2% of the general population, up to 17% of health care workers, 38% of dental workers, and up to 68% of people with Spina Bifida have latex allergy.(1,2) A study published in 2014 indicates that 11.4% of elderly have latex allergy.(3) There is evidence that food industry workers' latex allergy rate is similar to health care workers.(4)

Because latex comes from a plant, there are over 60 different latex proteins. Currently diagnostic tests do not test for all the proteins; thus, the blood and skin tests are not reliable. Many people are indeed allergic, but because their family practice doctor or allergist does not understand the limitations of the available tests, the patient is told s/he is not allergic because the blood or skin test is negative. Clinical history should be the primary diagnostic tool if tests are negative, but many practitioners are not aware of this. These challenges in getting a diagnosis often delays care and the patient or worker continues to be exposed to latex; their allergy may progress to anaphylaxis before getting a diagnosis.

Latex allergy IS preventable; we cause latex allergy by exposing workers and patients to latex. People at risk of developing latex allergy include:

- Health care workers
- Food service employees
- Rubber industry workers
- Patients with "atopic" conditions such as asthma, eczema, hay fever
- Patients who have undergone multiple surgeries or medical procedures
- Workers in any environment with chronic latex exposure such as: restaurant/food industry, day care staff, hair salons, green house/agriculture workers, balloon and tattoo artists, security

personnel, painters/artists, military, emergency response (police, fire fighters, EMTs), mortuary/funeral home staff, construction workers

Latex allergy ranges from mild (rash, runny nose) to severe (anaphylaxis/death). There is no cure for a latex allergy. The only treatment is avoidance of latex.(5) Medication is used for managing anaphylaxis or allergy symptoms, but cannot prevent reactions. Latex allergy has been proven to be progressive with repeated exposure. The person with contact latex allergy can transition to full anaphylaxis with a <u>single</u> exposure. I know this to be true as it happened to me.

Latex allergy extends beyond latex gloves. According to the ALAA, there are over 40,000 consumer products that contain natural rubber latex; thus, once a person becomes allergic it is extremely challenging to avoid. And the latex particles of many products become airborne which can lead to "occupational asthma." Approximately half of sensitized hospital workers develop latex-induced asthma.(1)

Latex is often used in glues and adhesives. Deaths have been reported from latex-based glue used to apply hair extensions and I personally know two people who have had anaphylaxis to surgical glue. Anecdotal reports of reactions to food packaging commonly occur in the USA, but a report in the United Kingdom found 1/3 of food packaging contained natural rubber latex.(6)

Currently, the use of latex gloves is prohibited in food preparation in three states: Arizona, Oregon and Rhode Island. RI also mandates that all (non-food) businesses post warning if latex products are in use. Grass roots efforts are being organized to get legislation introduced in Connecticut and California.

One significant consideration in Rhode Island's law was the reduction of Workers' Comp claims. According to allergist Anthony Ricci, MD, in a communication with the American Latex Allergy Association:

"... I was instrumental in convincing the administrators and medical directors of our community hospital (Kent Hospital) to clean the entire hospital and make it the only latex-safe hospital in Rhode Island. Our workers compensation cases went from approximately 80 prior to the change to zero since. This has resulted in significant cost savings. Many nurses and other health care professionals with latex allergy have returned to work at Kent Hospital...."

While once more expensive, today latex-free gloves, utensils and products are no longer more expensive than latex products and are typically less expensive to purchase.

While use of latex gloves and balloons in health care environments has declined (but by no means eliminated), the use in other environments has increased. Today everyone has access to disposable latex gloves and the vast majority of users have no idea the gloves put them at risk of developing a life-changing, irreversible allergy. These gloves are used by plumbers, hair stylists, restaurant workers, tattoo artists, house cleaners, day care staff, travel industry staff, police/fire/military staff, and more. Latex balloons provide cheap decoration for parties, fundraisers, charity events, and celebrations. This extensive use in many professions and environments is causing the next wave of new – and often preventable—patient groups with latex allergy.

MY PERSONAL STORY:

I graduated from pharmacy school in 1981 right as the AIDS frenzy began. I obtained latex allergy by wearing powdered latex gloves as a hospital pharmacist and as a patient treated by dentists and physicians

wearing latex gloves. I had risk factors: eczema, seasonal allergies and exposure to natural rubber latex gloves and medical/dental products.

By 1983, my hands were chapped, red, itchy and oozing. We knew nothing about latex allergy at this time; I wrongfully assumed the heat of wearing gloves many hours during my shift caused the irritation. After being stuck on night shift for almost 5 years, I made a career shift and went to work for a pharmacy association. Today I know that my job change saved my life: I would have been anaphylactic in no time and very little was known about latex allergy back then.

In the early 1990s, I went back to work as a hospital pharmacist. By then, pharmacy technicians were making most of the IVs and TPNs, so I rarely wore gloves. However, I soon developed symptoms of food allergies associated with latex allergy. Neither my internal medicine doctor nor my dentist could explain the symptoms of what we now know is "oral allergy syndrome" whenever I ate fresh tomato, strawberries, bell pepper, and other foods.

In 2003 following my second c-section (and more medical exposure to latex), I progressed – as this allergy is known to do – from a mild, contact latex allergy to full anaphylaxis from 2 bites of a restaurant take-out meal that I later learned was prepared with latex gloves. My husband was traveling overseas for work; I was home alone with my 4-year old watching TV and my infant napping in the crib. I had 2 bites of my son's meal and within minutes I began to vomit. I ran to the bathroom and saw I was covered in hives and I barely recognized myself when I looked in the mirror. I fell to the floor, semi-conscious, and unable to crawl to a phone to call for help. At this point, I had not been prescribed an EpiPen. I am incredibly lucky that I survived this first episode. I live in fear that someday I will not be able to reach my EpiPen or I might be too far from a hospital as the EpiPen only works for up to 20 minutes.

I have had 3 episodes of life-threatening anaphylaxis from eating restaurant food prepared with latex gloves in spite of drilling staff about latex use by the chefs. The last episode happened on our anniversary after being assured and reassured that no latex gloves were used by the restaurant. The next day after I recovered from a nasty reaction, I called the restaurant and the manager admitted that latex gloves were indeed used in chopping vegetables in the prep kitchen, just not in the final plating of my meal. They thought they could make a safe meal by not touching my final food with latex gloves. This is a common misperception by chefs: they think they can prepare a safe meal by not wearing gloves for a person with latex allergy, but their entire kitchen is contaminated with latex particles or perhaps the plates were washed or handled using latex gloves.

People with latex allergy have to research all pre-packaged foods to see if latex gloves, conveyor belts, or latex-based adhesive seals or packaging might contaminate our food. We search for produce without latex rubber bands and we cut off (rather than peel off) produce stickers in fear of a latex-based adhesive. I have had two episodes of life-threatening anaphylaxis from a meal using 2 different brands of prepackaged ground turkey (cooked at home) and another occasion using jarred, pre-chopped garlic. I later verified with the manufacturers that latex gloves were used in processing of the turkey and garlic.

I am unable to dine at over half the restaurants in my community due to latex use at area restaurants. I am unable to purchase produce at our local farmers' market due to latex glove use and balloons. I could not attend my state professional conference recently for continuing education due to latex use (food prep and room cleaning) at the hotel. My family plans vacations around states that are latex-safe for me: usually Arizona or Oregon. I vacationed five times in your beautiful state of Hawaii prior to my latex allergy – it is my favorite vacation destination. We would love to be able to bring our children to Hawaii and add Hawaii to our latex-safe vacation list.

In 2009 while living in Idaho, my allergy progressed further and I now react to airborne latex. I was working as a consultant pharmacist to skilled nursing facilities and handled charts that nurses touched with latex gloves. I developed "occupational asthma" where I react to latex particles in the air. I now develop asthma symptoms and hives when I step into a room with latex gloves or balloons. I now must wear a mask to attend my son's soccer games that are played on recycled tire artificial turfs. Eventually, I won't be able to attend at all.

After being flat-out rejected by one employer because of my latex allergy (and in violation of ADA), I was fortunate to find work in Idaho at a latex-safe psychiatric hospital where all gloves were latex-free and no latex balloons were allowed. My supervisor bought latex-free fatigue mats, rubber bands, keyboards, mouse pads, and office supplies to accommodate me. The costs were minimal and he was happy to learn more about latex allergy to better care for our many latex-allergic patients.

Since my allergy progressed to occupational asthma and anaphylaxis, I have also struggled to obtain latex-safe health care. Most health care professionals do not understand latex allergy – not even some allergists. Many feel that as long as they have latex-free gloves and medical supplies available, they can provide safe care. But this is not true: latex particles are in the air and remain on their bodies after they remove latex gloves. Most health care workers are not aware of latex content in medications, medical supplies and therapy equipment. While the FDA mandates that manufacturers label medical supplies with a warning about latex content, there is no requirement for medications. As such, many health care professionals – even many pharmacists – are unaware that medications could contain latex particles from processing equipment or the corks in injectable vials. I cannot be safely treated in any clinic, hospital, pharmacy, or ancillary care facility that uses latex gloves or allows latex balloons – I will go into anaphylaxis.

Access to care is a challenge for people with latex allergy. Another problem is the lack of awareness by health care workers of what products contain latex. Here are examples where my care was compromised or I was unable to access care:

- I was unable for 2 years to find a primary care practitioner or gynecologist for that did not use latex gloves. I finally found a primary care doctor who did not wear latex gloves, but she could not do a complete exam because her stethoscope and blood pressure monitor had latex components.
- During carpal tunnel surgery, I was not able to have a steroid injection to minimize post-op swelling because all hospital steroid products in stock had latex corks in the injectable vials.
- I had a surgery scheduled in December 2013 to rule out cancer. While I was proactive in educating my surgeon (who didn't wear latex gloves, but knew very little about latex allergy) and the hospital staff about the severity of my allergy and communicated steps needed to ensure my safe care (ie, first case of the day after the OR suite was cleaned thoroughly since they still use latex gloves in the OR, latex-free medications may need to be ordered, latex-free anesthesia equipment, etc), my surgery was cancelled at the last minute because the anesthesiologist felt he was unable to safely care for me. I was not happy, but he clearly saved my life. The hospital OR nurse supervisor told me they had IV bags with latex ports (something I have not seen in years), the pharmacy could not tell the surgeon or anesthesiologist what medications had latex, and so forth. She promised to find a safe place for my surgery in a sister hospital, but after one month of waiting with no plan in place, I gave up and transferred to a university teaching hospital in a nearby town. My care was delayed over 3 months, so fortunately I did not have cancer.
- I currently live in a metropolitan area with 3 major health-system hospitals. I have learned that two are not latex-safe: one is the hospital I described above and the other still uses latex gloves for general patient care. The third is a major university teaching hospital that allows latex gloves in the operating room, but not in the rest of the hospital. I can only have surgery if I am the first

- patient of the day as that is the only time the OR would be clean and free of latex particles. They have no plan in place for emergency surgeries for patients like me.
- During a pre-surgery EKG, radiology staff was unable to tell me if EKG leads were latex-free. I had to show him where to look on the packaging.
- During routine blood tests, the laboratory worker was unable to tell me if band-aids and tapes were latex-free. They buy these products in bulk and the outside package which would be labeled re: latex content (by FDA mandate for "medical supplies") had been discarded.
- After being assured that a local pediatrician's office did not use latex gloves, I took my son to an appointment to find latex gloves in every exam room.
- An office nurse attempted to administer a vaccine from a vial with a natural rubber latex cork arguing that "everything is latex-free these days" when in fact it is not.
- Balloons at a retail pharmacy to promote a vaccination clinic required that I leave without my antibiotic prescription.
- A nurse wanted to use a latex-based ACE wrap on my knee and rolled her eyes and argued "It is just an ACE wrap" when I refused it.
- I was unable to get physical therapy for a knee injury due to latex use at all area PT clinics.
- I pay cash for "out-of-network" care (per my insurance) for my son who needs occupational therapy because all "in-network" occupational therapists use latex supplies. I could not safely participate in his care at the in-network providers and he has risk factors for latex allergy.
- A dental hygienist used latex gloves as she began to clean my teeth even though my chart is clearly marked. I fortunately smelled the latex before she touched the inside of my mouth. On another occasion, I developed hives from latex balloons in another examination room at my dentist's office.
- While living in Idaho from 2002-2013, I was only able to find one latex-safe dental provider. She, however, was not a good dentist. I am now paying cash to have all her work redone.

In the 1980s, latex gloves were the only option for health care workers. Today, in 2015, we have several different choices in latex-free products for all work environments: nitrile, vinyl, poly, and others. Today's latex-free gloves and products are high quality, affordable, and safe for the worker and the patient/patron. Today's latex-free gloves provide optimal tactile sensation to allow for microsurgery or the delicate work of a dentist. Today's latex-free gloves are also durable for a hospital pharmacist handling large volumes of chemotherapy (which could be toxic).

As a health care employee, I would like to suggest that you include an education component to your bill that requires mandatory latex allergy education for all health care workers. Employees that work in health care environments that do not use latex gloves, often assume that "everything is latex free" but with 40,000 products, that is not possible. If you eliminate latex gloves, I can be safely treated; however, the employees need to be aware that latex is also in products such as surgical glue, ACE wraps, medications, disposable absorbent pads (Chux), grips on pens, rug backing, and much more.

HB 1238 would address several major challenges for people with latex allergy: finding safe health care, dental care, emergency services, and food services. HB 1238 will help prevent latex allergy in the many professions now using latex gloves unnecessarily. I applaud this effort and admire Hawaii for stepping up to address this extremely challenging disability.

Please support the proposed HB 1238 to prohibit the use of natural rubber latex from use dental health care, health care facilities, ambulance services or emergency medical services, and food establishments.

Cynthia Hespe, RPh, FCSHP Davis CA

References:

- 1) http://www.cdc.gov/healthcommunication/ToolsTemplates/EntertainmentEd/ Tips/LatexAllergy.html
- 2) American Latex Association www.latexallergyresources.org
- 3) http://www.immunityageing.com/content/11/1/7
- 4) Journal of Food Protection, Vol 71, No. 11, 2008 Page 2336, Latex Glove Use by Food Handlers: The Case for Non-latex Gloves
- 5)http://acaai.org/allergies/types/skin-allergies/latex-allergy
 6) http://www.foodproductiondaily.com/Safety-Regulation/Latex-used-in-one-third-of-food-packaging-study-finds

State regulation/law references:

RI: http://law.justia.com/codes/rhode-island/2013/title-23/chapter-23-73

AZ: see slide 24

http://www.azdhs.gov/phs/oeh/fses/pdf/az-food-safety-food-code-requirements.pdf

OR: see 3-304.15(E) http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Documents/foodsanitationrulesweb.pdf Connecticut:

http://www.cga.ct.gov/2015/TOB/H/2015HB-05347-R00-HB.htm

Resources:

American Latex Allergy Association www.latexallergyresources.org American Academy of Allergy Asthma & Immunology www.aaaai.org American College of Asthma, Allergy and Immunology www.acaai.org OSHA www.osha.gov/SLTC/lattexallergy/index.html

CDC/NIOSH Alert: Preventing Latex Allergic Reactions to Natural Rubber Latex in the Workplace

To: Honorable Representatives Della Au Bellati and Richard P. Creagan, House Committee on Health

Re: HB 1238

Hearing: 2/18/15 at 8:30am

My name is Catherine Ward, and I'm writing to present my testimony in support of measure HB 1238. I am 40 years old and am disabled by a debilitating latex allergy. Before I became disabled, I had a wonderful career as a court-certified Spanish interpreter. Prior to that, I worked in the healthcare field as a Spanish interpreter where I was exposed to latex gloves.

After sleeping on a new natural latex rubber foam bed I bought in November of 2012 for 10 months, I became extremely ill due to an airborne and contact latex allergy, which I was diagnosed with in October of 2013. Earlier that year, I had started to have problems that were milder at first: hay fever-like symptoms, itchy eyes, watery nose, and chest congestion that later progressed to wheezing. The itching became much more severe in September of 2013 and felt like stinging on my head, stomach, legs and different parts of my body. These kept getting worse until even going into the bedroom without getting on the bed started to cause symptoms. I was reacting to the elastic in my clothing as well. I began to have worse wheezing/asthma, hives, and terrible confusion, dizziness and fatigue and would forget what I was doing. I didn't realize that what I was experiencing was anaphylaxis caused by the latex proteins in the bed. I had the bed removed to the garage; yet, I was still having severe latex allergy reactions due to latex residue that was left behind in the house from the bed and was coming in to the house from the garage. I began to constantly have severe allergic reactions to latex in everyday items such as rubber bands, balloons, printer's ink, and floor mats at home, at the grocery store, at medical offices and in any environment I found myself in. At work, I was having latex allergy reactions to my office chair, a plunger in the restroom, newly installed carpet, and my coworkers' rubber cell phone cases and latex exercise bands. No matter where I went I was always reacting to something made of latex.

I sought medical treatment for my latex allergy with a physician whose office I believed to be latex-free because only nitrile gloves were used there. I would get symptoms of a severe latex allergy reaction every time I went there for treatment. I experienced itching and swelling of my mouth, throat, itching of my eyes, face and body, wheezing, and confusion. On two or three of these occasions, after I left the doctor's office, I experienced fever and chills, a migraine, and nausea and diarrhea along with the other symptoms. It would take two or three days to recover from this. One day I turned around where I was sitting in the exam room when the reaction started and saw that there was a stethoscope and a couple of other instruments made of rubber (latex) on a small table sitting right behind me, so we were able to identify that the doctor's instruments were causing my reactions.

I had been seeing another provider who had dropper bottles of medication on shelves in the lobby of his office. Every time I would go there, I would react to the airborne latex from the rubber in the dropper bottles as well as to the elastic used in the sheets on the tables where he did my treatments. Once I figured this out, I began to bring my own sheets but would still react to the residue of the latex elastic in the air from previous patients being treated. I would also react to just being in the room where he had a stethoscope (latex), even though he was not using it on me.

At my chiropractor's office, I was getting the same latex allergy reactions from the exercise balls he had in the room where he treats patients, so he replaced them with latex free ones. However, I still get latex reactions there, although less severe than before, because he still has some exercise equipment that contains latex.

I get severe latex allergy reactions from printer's ink (contains latex) in the air when I go into my doctor's office, even though no latex gloves are used there. I have to be seen outside in the back of the office whenever possible, and when I do have to go into the office, I wear a gas-mask type respirator, change my clothes when I leave, and then go home and take a shower immediately to remove the latex ink residue. I've also reacted to latex in some of their instruments such as a blood pressure monitor that was used on me and a stethoscope that was feet away from me and not being used on me.

I was referred to a neurologist for another condition but was unable to find one in my area that does not use latex gloves even though I spent days calling numerous neurologists, so I haven't been able to see one since it would be too dangerous for me to be exposed to the latex residue in the air from the gloves.

On January 21, 2015, I had an anaphylactic reaction which required the use of an EpiPen in order to stop my throat/airway from closing up, which was caused in part by eating off a paper plate that unbeknownst to me was contaminated with latex residue from latex glove use and in part from a sock which contained latex elastic inadvertently being left on top of the dryer while in use which caused latex particles to become airborne.

I hope you will ban the use of latex in food service and healthcare settings in order to protect others from becoming sensitized to it as well as to protect those who are already latex allergic from the risk of having severe, life-threatening allergic reactions from exposure to latex at restaurants and medical facilities. As a result, fewer people would have to face trying to live their lives with such an extreme latex allergy. You would be making Hawaii a much safer place for people to live and vacation, and your decision would save people from needless suffering and they could lead more productive lives. This would also save employers the expense of having to pay out Worker's Compensation claims when some employees inevitably become sensitized to latex from using latex gloves at work and become disabled due to their latex allergy. HB 1238 is a win-win proposition – your state will save money and bolster its economy by making itself a safer place for tourists to vacation and for residents to work, get safer medical care, and enjoy meals out at restaurants without the concern of life-threatening and possibly fatal anaphylactic reactions due to latex residue on food from the use of latex gloves.

Thank you for your kind consideration.

Sincerely,

Catherine Ward

Catherine D. Ward

16037 W Latham St Goodyear, AZ 85338 623-882-9920

From: Debbie Whitemaine <debneric@ptd.net>
Sent: Tuesday, February 17, 2015 3:04 AM

To: HLTtestimony Subject: HB 1238

Attachments: My Name is Debra A.docx

Hello,

My name is Debra A. Whitemaine, I live in Kunkletown, Pa. and I have a severe latex allergy. I am submitting a testimony of my experience with latex gloves in a restaurant. Attached is my testimony.

Thank you very much, Debra A. Whitemaine



This email has been checked for viruses by Avast antivirus software. www.avast.com

My Name is Debra A. Whitemaine, I live in Pennsylvania and I have a severe latex allergy. I react to air bourn, contact and food crosses.

On October 10, 2014 I accompanied my family to a local Long Horn Steakhouse. I brought my own food due to my severe food allergies. I normally don't even go to restaurants but I had family here from out of town. I called the restaurant and asked if they used latex gloves and I was told they used vinyl.

We were in the bar area waiting for our table. Within 10 minutes of being there I started to feel a reaction starting. I wasn't sure of the cause but it felt latex related. I was experiencing chest tightness, raspy voice and funny feeling in my head. The waitress seated us and I asked if latex gloves were used in the kitchen. I explained my latex allergy to her and that I was having a reaction. She returned and said they used latex and vinyl gloves. I immediately left the building and sat in my car while everyone else enjoyed their meal. I took Zyrtec, used my rescue inhaler and performed acupressure message points to reduce the symptoms. When my family members got into my vehicle to go home I was triggered again because the particles were on their clothing. I took a Pepcid AC once I arrived home for my ongoing symptoms.

I give permission for my story to be used in promoting latex change laws.

From: mailinglist@capitol.hawaii.gov

Sent: Tuesday, February 17, 2015 7:05 AM

To: HLTtestimony

Cc: rogershc@comcast.net

Subject: *Submitted testimony for HB1238 on Feb 18, 2015 08:30AM*

HB1238

Submitted on: 2/17/2015

Testimony for HLT on Feb 18, 2015 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Holly Rogers	Individual	Support	No

Comments:

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Hawaii House of Representatives Committee on Health Testimony of Anna M. Salanti on HB1238 February 18, 2015

Thank you Rep. Belatti for allowing me to submit testimony on HR1238. My name is Anna Salanti, RN, CCM. I appreciate the opportunity to present testimony in support of HB1238.

I have struggled with the difficulties of living with a latex allergy since 1974 when I first developed contact dermatitis, type IV (delayed) hypersensitivity, from wearing latex gloves while working in a research burn center. By 1993, the allergy progressed to type I (immediate) hypersensitivity, anaphylactic response. When I come into contact with even a very small amount of latex protein, within 20 minutes I will develop facial swelling, itchy, watery eyes, throat swelling, wheezing and difficulty breathing that requires the self-administration of epinephrine and follow-up emergency care.

HB1238 prohibits the use of latex gloves in dental health facilities, health care facilities, by personnel providing ambulance services or emergency medical services pursuant to the state comprehensive emergency medical services system, and in food establishments. If this bill becomes law, it will be the most comprehensive ban on latex in the United States.

Warnings about the dangers of latex in the workplace have been available to us for SEVENTEEN years since July 23, 1997 (NIOSH, 1997). That was when the United States Health Department through the Centers of Disease Control and Prevention and National Institute for Occupational Health and Safety published the NIOSH Alert on work related latex allergy. The publication states that latex allergy results from repeated exposures to natural rubber latex proteins from inhalation and/or skin contact. During the past 10-15 years, the incidence of latex allergies has risen dramatically (Neugut, Ghatak, and Miller, 2001). This continued sensitization to latex has resulted in the following well documented statistics. The percentages in these subgroups can be as high as:

- 67% in patients with spina bifida (Kurup, Reijula, & Fink, 1994)
- 17% of health care workers (Phillips, Goodrich, & Sullivan, 1999)
- 10% of food service workers (Ameratung, et. al, 2008)
- 8.2% of the general population (19 million US citizens) (Grzybowski, 2002)

- 6.5% of patients who have undergone multiple surgeries (Sussman & Gold, 1996)
- 10 deaths each year are due to severe reactions to latex allergy (Asthma, 2001)

How many more people have become sensitized to latex in the past seventeen years since the United States Department of Health issued its latex warnings? Too many individuals are now suffering a lifetime sentence of latex allergy due to the lack of oversight by the very agencies that are in place to protect human life by not banning latex gloves in health care settings and food service. The time has come for us to be responsible and ban latex gloves in these settings.

Latex allergy is an incurable, progressive disease. With each exposure to natural rubber latex the sensitivity and progression of the disease worsens. Starting as a localized rash, it develops into sensitivity so severe that a particle small enough to attach to a speck of dust can cause a life threatening anaphylaxis if inhaled from airborne latex or ingested in contaminated food. Latex allergy is also a preventable disease.

When you acquire the allergy it is for a lifetime and changes how you live your life. Some examples of latex exposures and how it has affected my life include:

- My first anaphylactic reaction occurred as a consequence of eating food that had been handled with latex gloves at a restaurant. After self-injecting epinephrine, 911 was called for transport to the emergency room of the local hospital. However, when the ambulance arrived, the attendants determined that it would not be safe for me to ride in the ambulance due to latex use. So I took a cab to the emergency room.
- My allergy impacts my ability to obtain health care services. I obtain only the absolutely minimum necessary care and limit medical procedures and appointments.
- I travel a long distance to receive latex-safe dental care. If oral surgery is required, I must seek out a surgeon who does not use latex products or gloves in his/her office.
- Both my allergist and my primary care physician have met me in their respective parking lots for medical appointments. Although they do not use latex gloves, other practitioners in their medical buildings do. The latex particles are distributed via the heating/ventilation system resulting in a latex reaction for me.

• I experienced six exposures to latex in my workplace, after each of which I experienced an anaphylactic reaction. With each exposure my sensitivity increased, and I was forced to resign from a nursing career which I loved.

The cost of latex is high. Costs of immediate emergency care, long-term chronic care, medical visits, medication, loss of earnings, employee absenteeism, loss of well trained and valuable employees, worker's compensation payments, Social Security Disability payments, and liability suits, are but a few examples. Additionally businesses would save money by using cost-effective and viable alternatives to latex gloves.

It is a shame that so many health care professionals, agencies responsible for public health and protection, and owners of facilities who deal daily with the public have not played a leadership role on this issue. But this is one of the many advantages in our form of government where states can play a key leadership role. In the case of latex glove use, I implore you to do the right thing and to set the gold standard by passing HB1238.

Anna Salanti 7619 SW 26th Avenue Portland, OR 97219

asalanti@gmail.com

Bibliography

Ameratung, et. al. (2008). Latex glove use by food handlers: The case for nonlatex gloves. *Journal of Food Protection*, 71(11), 2234-2338.

Asthma and Allergy Foundation of America. (2001). Allergy facts and figures. Retrieved from http://www.aafa.org/display.cfm?id=9&sub=30#prev on February 16, 2015.

Grzybowski, M., Ownby, D., Rivers, E., Ander D, and Nowak, R. (October 2002). The prevalence of latex-specific IgE in patients presenting to an urban emergency department. *Annals of Emergency Medicine* 40(4), 411–419.

Kurup, K, Reijula, V., and Fink, K. (1994). The diagnosis of natural rubber latex allergy. *Journal of Allergy and Clinical Immunology*, 3, (5), 813-816.

National Institute for Occupational Safety and Health. (1997, July 23). NIOSH alert on work-related latex allergy recommends steps to reduce exposures. Retrieved from http://www.cdc.gov/niosh/updates/latexpr.html on February 16, 2015.

Neugut, Alfred, I, Ghatak, Anita T, Miller, and Rachel L. (2001). Anaphylaxis in the United States: An Investigation into its Epidemiology. *Archives of Internal Medicine* 161(1), 15-21.

Phillips, V., Goodrich, M., and Sullivan, T. (1999). Health care worker disability due to latex allergy and asthma: A cost analysis. *American Journal of Public Health.* 89(7), 1024-1028. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1508827/ on February 16, 2015.

Sussman, G. and Gold, M. (1996). Guidelines for the Management of Latex Allergies. Ontario, Canada: CHA Press.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 17, 2015 7:19 AM

To: HLTtestimony

Cc: jenna.greig@gmail.com

Subject: Submitted testimony for HB1238 on Feb 18, 2015 08:30AM

HB1238

Submitted on: 2/17/2015

Testimony for HLT on Feb 18, 2015 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jenna Greig	Individual	Support	No

Comments: Please support HB 1238. I was first diagnosed with a latex allergy fourteen years ago, at age 15, after multiple childhood surgeries. Since that time, I have struggled to find and maintain safe employment, as most employers do not understand the severity of such a condition. Due to my latex allergy, I can not attend public events where balloons or other latex-based items ("bouncy castles," pool toys) may be present, nor can I safely eat at restaurants using latex gloves anywhere in their establishment without severe medical consequences. For myself and the many people living with severe latex allergy, I urge you to consider closely HB 1238. I thank you for your support.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Subject: *Submitted testimony for HB1238 on Feb 18, 2015 08:30AM*

HB1238

Submitted on: 2/17/2015

Testimony for HLT on Feb 18, 2015 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Moschberger	Individual	Support	No

Comments:

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latex hawii

Please support HB 1238. ***I have had latex allergy since 2000. I have a Positive Latex RAST Blood Test. This involves more than "just gloves" I developed latex allergy from working as an ORLPNCST in Orthopedics. This started with reactions to gloves, than large hives, swollen lips, shortness of breath, eyes burning. Skin itching on fire. I was misdiagnosed for 6 years from a LACK of Education and VU refused to do a Latex RAST Test. The VU Occupational DR. kept returning me to work. She sent me to a Physcitrist And that Phys. told me I had to be allergic to Latex. She seen the hives, shortness of breath and swollen eyes. She wrote a letter and told The Occupational Dr to have me checked for Latex. And still VU refused. I ended up so sick with this missing a lot of work. Than VU fired me for being allergic to Latex. In 2006 Jan 17, one day before being there for 18yrs. I had to find a Dr that understood Latex and I did. Avoidence and Education two main keys. Threw out the years, I have struggled to get proper, health care, dental care, work refused to stop using latex gloves, get proper, health care, dental care, work refused to stop using latex gloves, because of my latex allergy.

I could continue to tell you Horror stories of incidents that have happen too me mainly due to lack of Education. Please Please Support" HB 1238. This is very important to a lot of us Health care workers, and others, and a lot of children, here in the states. Please Educate if you do not understand, that Latex is more than an Allergy. Thank you so much, for your time.