

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**WRITTEN ONLY**

**Testimony COMMENTING on Senate Bill 911, SD 2  
RELATING TO LATEX**

REPRESENTATIVE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEE ON HEALTH

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

1 **Department Testimony:** Thank you for the opportunity to provide comments on this bill. The  
2 department does not find a widespread public health reason for this bill, but supports the intent of  
3 this bill to prevent unnecessary allergic reactions to some members of the public resulting from  
4 the unintended consequence of contact with latex gloves whether such contact is as a patient in  
5 health care facilities or as a restaurant customer. The Department defers to the facilities for their  
6 comments on implementation.

7            Thank you for the opportunity to provide comments.

8 **Offered Amendments:** None.



# THE QUEEN'S HEALTH SYSTEMS

CREAGAN / VC

## LATE TESTIMONY

To: Chair Della Au Belatti  
Vice Chair Richard P. Creagan  
House Committee on Health

From: Paula Yoshioka  
Senior Vice President  
The Queen's Health Systems

Re: SB 911 SD 2, Relating to Latex  
Hearing—March 18, 2015 at 8:45 AM

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The Queen's Health Systems (QHS) would like to *support with amendments* SB 911 SD 2, which would prohibit the use of latex gloves in all dental facilities, health care facilities, and food establishments.

As health care professionals, we appreciate that our patients and members of our staff might be sensitive to latex contact. As a 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.

Latex gloves have appropriate uses in a health care environment. In particular, latex gloves allow for our providers to have greater sensitivity and dexterity when performing procedures in operating rooms. 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 respectfully ask that your committee amend Section 2 to read:

**"§321- Dental health facilities; health care facilities; use of latex gloves prohibited. The use of latex gloves in dental health facilities and health care facilities, including all facilities listed in section 321-11(10), shall be prohibited; provided that procedures performed in hospital operating rooms that adhere to hospital policies and procedures that set standards for latex-safe environments be excluded."**

We share the legislature's commitment to ensuring that patients and staff who have latex sensitivities are properly protected. Latex does have an appropriate use in the health care environment, specifically in operating rooms. Thank you for your time and attention to this important issue.

*The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*

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## A BILL FOR AN ACT

RELATING TO LATEX.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1           SECTION 1. The legislature finds that latex allergy is a  
2 serious concern because it causes reactions ranging from mild  
3 rashes to difficulty breathing and deadly anaphylaxis.  
4 Approximately 3,000,000 people in the general population of the  
5 United States have this allergy, and incidence is even higher in  
6 certain at-risk populations. Nearly sixty-eight per cent of  
7 children with spina bifida and nearly seventeen per cent of  
8 health care workers have a latex allergy. Individuals with this  
9 allergy must be vigilant about latex exposure as research has  
10 shown that latex proteins that cause allergic reactions can be  
11 transferred from natural rubber latex gloves to food.

12           SECTION 2. Chapter 321, Hawaii Revised Statutes, is  
13 amended by adding a new section to part I to be appropriately  
14 designated and to read as follows:

15           "§321-     Dental health facilities; health care facilities;  
16 use of latex gloves prohibited. The use of latex gloves in  
17 dental health facilities and health care facilities, including



S.B. NO. 911  
S.D. 2

**Report Title:**

Health; Latex; Latex Gloves; Prohibitions; Dental Health Facilities; Health Care Facilities; Ambulances; Emergency Medical Services; Food Establishments

**Description:**

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. Effective 7/1/2016. (SD2)

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*







Malaysian Rubber Export Promotion Council

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

**Hearing to be held Wednesday March 18<sup>th</sup>, 2015 08:45**

**COMMENTS TO THE HAWAII STATE COMMITTEE ON HEALTH  
ON SB 911 SD2 REGARDING THE USE OF LATEX GLOVES IN HEALTH  
CARE FACILITIES AND IN FOOD ESTABLISHMENTS**

*Presented 17 March, 2015*

*By Dr. Esah S. Yip, U.S. Director*

*Malaysian Rubber Export Promotion Council*

*Washington, D.C.*

Thank you for the opportunity to comment today on Senate Bill 911, which would prohibit the use of natural rubber latex (NRL) gloves by employees of health care facilities and food establishments in the State of Hawaii.

While the intent of this bill – to protect those who suffer from latex allergies – is commendable, I believe that enacting this legislation could have unintended negative consequences, thereby compromising the safety of many health care workers. I therefore would like to draw your attention to several important points regarding the proposed course of action.

**Addressing latex protein allergy in *Healthcare Facilities***

First, latex protein allergy reported in health care settings arose from the use of an older generation of latex gloves that did not control levels of protein, the allergy-causing ingredient. Because of advancements in glove manufacturing technologies, the allergenic potential of latex gloves can now be vastly reduced.

The safe use of these low-protein latex gloves has been shown by many independent hospital studies in the U.S., Europe and Canada, to result in a significant decrease in the incidence of latex allergies<sup>1</sup>. More importantly, *latex allergic individuals wearing synthetic gloves* have been shown to be able to work safely alongside co-workers who wear the improved latex gloves. At least one study shows that even latex allergic health care workers could be safe wearing latex gloves with very low protein/allergen content in

performing their work assignments. Furthermore, none had to change jobs or to retire because of latex allergy.

Furthermore, the positive impacts of low-protein latex gloves leading to the decline in latex allergy incidences have been acknowledged in 2005 and 2007 by several renowned allergy researchers<sup>2</sup> from the then Chairman of the Allergy Committee of the American Academy of Asthma, Allergy and Immunology (AAAAI), from NIOSH, University of Toronto as well as the Wisconsin of Medical College. It was pointed out by all of them that the decline is attributed to the availability of the improved latex gloves with vastly reduced residual protein/allergen levels. It was even suggested that the allergy epidemic seems to have been eliminated

As a matter of fact, organizations such as the National Institute for Occupational Safety and Health (NIOSH), the Occupational Safety and Health Administration (OSHA), the American College of Allergy, Asthma and Immunology (ACAAI), and the American Nurses Association do recommend the use of low-protein/ low-allergen options when latex gloves are used.

### **Addressing latex protein allergy in *Food Establishments***

With regards to food-mediated latex allergy reactions, there is little evidence to suggest an unacceptable consumer safety risk if foods are prepared using natural rubber latex gloves.

For example, in April 2002 at the height of the latex allergy crisis when many high powdered and high protein gloves were still being used, at the Conference on Food Protection (CFP) – an organization that profoundly influences model laws and regulations among all government agencies and minimizes disparate interpretations and implementation – the FDA reported that although there were 75 self-reported cases of food-mediated latex allergies were received from consumers, these cases “*are not clinically verified through medical records and it is possible that some of the reactions described could have been due to consumption of foods that cross react to latex protein (e.g. kiwi, bananas, buckwheat, stone fruits, potatoes, tomatoes, sweet pepper, chestnuts, spinach, etc.)*.” The CFP concluded that there was much uncertainty about allergens being transmitted from latex gloves and their effects on consumers, and there was a need for more studies on this matter.

In August 2003, the Additives and Ingredient Subcommittee of the Food Advisory Committee to the FDA’s Center for Food Safety and Applied Nutrition (CSFAN) conducted a two-day hearing on this issue. After gathering and thoroughly examining information from independent experts and interested parties from the public, the Subcommittee reached a consensus and concluded: “*The evidence is suggestive of a weak positive relationship between the use of natural rubber latex gloves and food-mediated latex allergic reactions. The data linking the presence of these [latex] proteins in foods to allergic reactions is based primarily on anecdotal evidence, and is very weak.*”<sup>3</sup>

With very little scientific evidence to support that the use of natural rubber latex gloves in food preparation causes allergic reactions through food ingestion, I believe any ban on natural rubber products is unwarranted.

### **Benefits of low-protein latex gloves**

#### ***Barrier Protection***

In healthcare settings, the single most important reason for wearing gloves is to protect both the healthcare professionals and their patients against the transmission of blood-borne pathogens, viruses and harmful infectious diseases, such as HIV and Hepatitis B.

In the case of food establishments, the use of glove is to protect food consumers from infectious organisms or other contaminants on wounded or inadequately washed hands of food workers. Such contaminants could lead to undesirable serious foodborne illnesses.

Although there are a number of non-latex gloves available, one should be mindful that different glove materials have different barrier capability. Natural rubber latex gloves have been proven to provide superior barrier protection. In fact, for this reason, surgeons, dentists and other healthcare professionals prefer latex gloves in addition to their excellent comfort, fit and tactile sensitivity and durability.

The availability of low-protein latex gloves has now made it possible for the majority of health care professionals who are not latex allergic to continue to rely on the unsurpassed barrier properties of NRL gloves to protect themselves and their patients, and prevent further sensitization.

On the other hand, the commonly available vinyl (PVC) gloves have been demonstrated in numerous studies to have high failure rates during use due to their inferior barrier properties<sup>4-7</sup>. As such, while *latex allergic individuals* should avoid the use of latex gloves, they should opt for non-latex gloves that have better barrier capability such as nitrile gloves.

#### ***Toxic Effects of DEHP and Dioxin***

Furthermore, many vinyl gloves often contain a significant level of DEHP (di-2-ethyl hexyl phthalate), a highly toxic chemical that is added to vinyl to give it flexibility. The adverse effects of DEHP are well documented<sup>8-13</sup>. DEHP has been shown to cause testicular damage, suppress or delay ovulation, reduce kidney and liver function, and cause respiratory distress and adverse effects to the heart. Infants, children and pregnant women are much more sensitive than others to such adverse effects. DEHP can leach out of vinyl products, such as disposable gloves, IV blood bags and tubing. In July 2002, the FDA warned “precautions should be taken to limit the exposure of the developing male to DEHP<sup>14</sup>

Because disposable medical gloves are used in such large quantities, the environmental impact of switching from latex to synthetic substitutes, particularly vinyl must be taken into account. Natural rubber latex is obtained from rubber trees, a renewable resource, and latex gloves are biodegradable. Vinyl gloves, on the other hand, are made of

materials derived from petroleum and are not biodegradable. Recycling of synthetic gloves is expensive and impractical, and disposing it causes the release of large amounts of dioxin and other toxic substances into the air, water, and soil. Dioxin has been labeled as a probable human carcinogen by the World Health Organization and the U.S. Environmental Protection Agency. Incinerating these gloves often emits dioxin, vinyl chlorides and hydrogen chloride into the air and, if buried, they persist for years in landfills, where their toxic chemicals can leach out, poisoning the soil and groundwater, and contaminating the crops and hence food chain.

The State of Maine, for example, passed a law in 2003 making it state policy to reduce the release of dioxin into the environment, with the goal, where feasible, of ultimate elimination. As of 1 January 2009, the State of California prohibits the manufacture and sales of children's toys or childcare articles containing more than 0.1% of DEHP.

### **Conclusion**

While it is essential to be responsive to the specific needs of latex sensitive individuals, it is also very important that the vast majority of the population, which is not allergic to latex, not be denied the excellent barrier protection natural rubber latex gloves provide, among other safety considerations. This is now made possible with the availability of improved low-protein latex gloves. Of course for latex allergic individuals, they should opt for non-latex gloves that have adequate barrier capability than vinyl, such as nitrile.

As for glove use in food establishments, as pointed out by both the Conference of Food protection and the FDA, there is insufficient scientific evidence to show that the use of latex gloves is a real public health problem, and as such, a ban on their use is not warranted.

Thank you very much for this opportunity to comment on Senate Bill 911.

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2. “Low-protein, powder-free gloves dominate the market and have reduced exposures in the healthcare setting” – Donald Beezhold (NIOSH) & Gordon Sussman (University of Toronto), *Lessons Learned from Latex Allergy, Business Briefing: Global Surgery – Future Directions, September 2005.*

“At that time (mid-1990s) latex allergy peaked, and 8% to 12% of people who used latex were sensitized to it. Now, that number is down to about 1%. This is mainly due to a change in the way latex gloves are manufactured...(which) has led to a 1000-fold drop in the allergen content of the gloves.” – Kevin Kelly, (Chair of the Latex Allergy Committee for the American Academy of Asthma, Allergy & Immunology), *Health Link, Medical College of Wisconsin, August 2005.*

“Healthcare workers shown to be latex-sensitive were therefore provided with non-latex gloves, and their co-workers with low or non-powder latex gloves”.... “These manoeuvres have reduced the prevalence of new latex-sensitive patients to a minimal degree and it appears that the epidemic has been eliminated.” – Jordan N. Fink, Professor of Pediatrics, Allergy Division, Medical College of Wisconsin, *Business Briefing: Global Surgery-Future Directions, September 2005.*

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About Esah Yip, D.Sc

Dr. Yip is the U.S. director of the Malaysian Rubber Export Promotion Council (MREPC) in Washington DC. The MREPC is a non-profit organization serving as an education and information centre focusing particularly on gloves. MREPC works closely with standard setting and regulatory authorities such as the American Society for Testing and Materials (ASTM) and the U.S. Food and Drug Administration (FDA), and with other governmental organizations, and trade, consumer and public interest groups. Dr. Yip has 30 years of research experience working on latex and rubber products at the Rubber Research Institute of Malaysia, one of the world's largest research Institutes on a single crop.



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March 14, 2015

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

COMMITTEE ON HEALTH

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Rep. Richard P. Creagan, Vice Chair

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**Support for SB 911 SD2 - Relating to Latex**

We are writing in support of SB911 SD2 – “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](mailto:alert@latexallergyresources.org) or visit our website [www.latexallergyresources.org](http://www.latexallergyresources.org)

Thank you in advance for your support of SB911 SD2.

Sincerely,

Sue Lockwood, CST  
Executive Director

Marsha S. Smith, RDH, BSDH  
President



creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, March 16, 2015 10:10 AM  
To: HLTtestimony  
Cc: jmiyabuchi@minitstop.com  
Subject: \*Submitted testimony for SB911 on Mar 18, 2015 08:45AM\*

**SB911**

Submitted on: 3/16/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jon Miyabuchi	Minit Stop Stores	Oppose	No

Comments:

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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Hawaii State Legislature  
State House of Representatives  
Committee on Health

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

Wednesday, March 18, 2015 8:45 a.m. Room 329  
Senate Bill 911 SD2 Relating to Latex

Honorable Chair Della Au Belatti, Vice Richard P. Creagan and members of the House  
Committee on Health,

My name is Russel Yamashita and I am the legislative representative for the Hawaii Dental Association and its 960 member dentists. I appreciate the opportunity to testify in opposition of Senate Bill 911 SD 2 Relating to Latex. The HDA believes that as well intentioned as this legislation is, it is overly broad and simplistic in its belief that the total prohibition of latex gloves will eliminate problems for those who are sensitive to latex.

As written, this bill would prohibit the use of any latex gloves products in the dental office, ambulance services and food service. The proponents of this legislation have testified in prior hearings that the “dust” from latex gloves caused problems for those who are sensitive to latex. If that is the case, then where does the prohibition of the use of latex products end? Latex is used in many products which are used on a daily basis, from bandaids, rubber bands, erasers, balloons, and diaphragms. In the practice of dentistry, latex components are use in dental dams, orthodontic elastics, gutta perch and a number of other devices. Are the proponents of this legislation going to ask that any product containing latex is to be banned as well?

Currently, all dentists ask their patients for their medical histories to determine if they have any allergies or sensitivity to drugs or latex. In those cases where a sensitivity to latex is indicated, the dentist and his or her staff will use the non-latex nitrile gloves while treating those patients. In such situations, the dental profession has always taken the patient’s interest first and has done so for many years since becoming aware of latex sensitivity.

Additionally, latex gloves provide a much better grip of instruments compared to non-latex alternatives, including nitrile or vinyl gloves, especially when wet. Oftentimes during surgical procedures in dental offices, latex gloves provide a significant margin of safety when compare to alternatives that are currently available.

Therefore, the HDA believes that the total ban of the use of latex gloves is not warranted at this time and this legislation be held by this committee.



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

**Hearing to be held Wednesday March 18<sup>th</sup>, 2015 08:45**

**COMMENTS TO THE HAWAII STATE COMMITTEE ON HEALTH  
ON SB 911 SD2 REGARDING THE USE OF LATEX GLOVES IN HEALTH  
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*Presented 17 March, 2015*

*By Dr. Esah S. Yip, U.S. Director*

*Malaysian Rubber Export Promotion Council*

*Washington, D.C.*

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While the intent of this bill – to protect those who suffer from latex allergies – is commendable, I believe that enacting this legislation could have unintended negative consequences, thereby compromising the safety of many health care workers. I therefore would like to draw your attention to several important points regarding the proposed course of action.

**Addressing latex protein allergy in *Healthcare Facilities***

First, latex protein allergy reported in health care settings arose from the use of an older generation of latex gloves that did not control levels of protein, the allergy-causing ingredient. Because of advancements in glove manufacturing technologies, the allergenic potential of latex gloves can now be vastly reduced.

The safe use of these low-protein latex gloves has been shown by many independent hospital studies in the U.S., Europe and Canada, to result in a significant decrease in the incidence of latex allergies<sup>1</sup>. More importantly, *latex allergic individuals wearing synthetic gloves* have been shown to be able to work safely alongside co-workers who wear the improved latex gloves. At least one study shows that even latex allergic health care workers could be safe wearing latex gloves with very low protein/allergen content in

performing their work assignments. Furthermore, none had to change jobs or to retire because of latex allergy.

Furthermore, the positive impacts of low-protein latex gloves leading to the decline in latex allergy incidences have been acknowledged in 2005 and 2007 by several renowned allergy researchers<sup>2</sup> from the then Chairman of the Allergy Committee of the American Academy of Asthma, Allergy and Immunology (AAAAI), from NIOSH, University of Toronto as well as the Wisconsin of Medical College. It was pointed out by all of them that the decline is attributed to the availability of the improved latex gloves with vastly reduced residual protein/allergen levels. It was even suggested that the allergy epidemic seems to have been eliminated

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With regards to food-mediated latex allergy reactions, there is little evidence to suggest an unacceptable consumer safety risk if foods are prepared using natural rubber latex gloves.

For example, in April 2002 at the height of the latex allergy crisis when many high powdered and high protein gloves were still being used, at the Conference on Food Protection (CFP) – an organization that profoundly influences model laws and regulations among all government agencies and minimizes disparate interpretations and implementation – the FDA reported that although there were 75 self-reported cases of food-mediated latex allergies were received from consumers, these cases “*are not clinically verified through medical records and it is possible that some of the reactions described could have been due to consumption of foods that cross react to latex protein (e.g. kiwi, bananas, buckwheat, stone fruits, potatoes, tomatoes, sweet pepper, chestnuts, spinach, etc.)*.” The CFP concluded that there was much uncertainty about allergens being transmitted from latex gloves and their effects on consumers, and there was a need for more studies on this matter.

In August 2003, the Additives and Ingredient Subcommittee of the Food Advisory Committee to the FDA’s Center for Food Safety and Applied Nutrition (CSFAN) conducted a two-day hearing on this issue. After gathering and thoroughly examining information from independent experts and interested parties from the public, the Subcommittee reached a consensus and concluded: “*The evidence is suggestive of a weak positive relationship between the use of natural rubber latex gloves and food-mediated latex allergic reactions. The data linking the presence of these [latex] proteins in foods to allergic reactions is based primarily on anecdotal evidence, and is very weak.*”<sup>3</sup>

With very little scientific evidence to support that the use of natural rubber latex gloves in food preparation causes allergic reactions through food ingestion, I believe any ban on natural rubber products is unwarranted.

### **Benefits of low-protein latex gloves**

#### ***Barrier Protection***

In healthcare settings, the single most important reason for wearing gloves is to protect both the healthcare professionals and their patients against the transmission of blood-borne pathogens, viruses and harmful infectious diseases, such as HIV and Hepatitis B.

In the case of food establishments, the use of glove is to protect food consumers from infectious organisms or other contaminants on wounded or inadequately washed hands of food workers. Such contaminants could lead to undesirable serious foodborne illnesses.

Although there are a number of non-latex gloves available, one should be mindful that different glove materials have different barrier capability. Natural rubber latex gloves have been proven to provide superior barrier protection. In fact, for this reason, surgeons, dentists and other healthcare professionals prefer latex gloves in addition to their excellent comfort, fit and tactile sensitivity and durability.

The availability of low-protein latex gloves has now made it possible for the majority of health care professionals who are not latex allergic to continue to rely on the unsurpassed barrier properties of NRL gloves to protect themselves and their patients, and prevent further sensitization.

On the other hand, the commonly available vinyl (PVC) gloves have been demonstrated in numerous studies to have high failure rates during use due to their inferior barrier properties<sup>4-7</sup>. As such, while *latex allergic individuals* should avoid the use of latex gloves, they should opt for non-latex gloves that have better barrier capability such as nitrile gloves.

#### ***Toxic Effects of DEHP and Dioxin***

Furthermore, many vinyl gloves often contain a significant level of DEHP (di-2-ethyl hexyl phthalate), a highly toxic chemical that is added to vinyl to give it flexibility. The adverse effects of DEHP are well documented<sup>8-13</sup>. DEHP has been shown to cause testicular damage, suppress or delay ovulation, reduce kidney and liver function, and cause respiratory distress and adverse effects to the heart. Infants, children and pregnant women are much more sensitive than others to such adverse effects. DEHP can leach out of vinyl products, such as disposable gloves, IV blood bags and tubing. In July 2002, the FDA warned “precautions should be taken to limit the exposure of the developing male to DEHP<sup>14</sup>

Because disposable medical gloves are used in such large quantities, the environmental impact of switching from latex to synthetic substitutes, particularly vinyl must be taken into account. Natural rubber latex is obtained from rubber trees, a renewable resource, and latex gloves are biodegradable. Vinyl gloves, on the other hand, are made of

materials derived from petroleum and are not biodegradable. Recycling of synthetic gloves is expensive and impractical, and disposing it causes the release of large amounts of dioxin and other toxic substances into the air, water, and soil. Dioxin has been labeled as a probable human carcinogen by the World Health Organization and the U.S. Environmental Protection Agency. Incinerating these gloves often emits dioxin, vinyl chlorides and hydrogen chloride into the air and, if buried, they persist for years in landfills, where their toxic chemicals can leach out, poisoning the soil and groundwater, and contaminating the crops and hence food chain.

The State of Maine, for example, passed a law in 2003 making it state policy to reduce the release of dioxin into the environment, with the goal, where feasible, of ultimate elimination. As of 1 January 2009, the State of California prohibits the manufacture and sales of children's toys or childcare articles containing more than 0.1% of DEHP.

### **Conclusion**

While it is essential to be responsive to the specific needs of latex sensitive individuals, it is also very important that the vast majority of the population, which is not allergic to latex, not be denied the excellent barrier protection natural rubber latex gloves provide, among other safety considerations. This is now made possible with the availability of improved low-protein latex gloves. Of course for latex allergic individuals, they should opt for non-latex gloves that have adequate barrier capability than vinyl, such as nitrile.

As for glove use in food establishments, as pointed out by both the Conference of Food protection and the FDA, there is insufficient scientific evidence to show that the use of latex gloves is a real public health problem, and as such, a ban on their use is not warranted.

Thank you very much for this opportunity to comment on Senate Bill 911.

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“At that time (mid-1990s) latex allergy peaked, and 8% to 12% of people who used latex were sensitized to it. Now, that number is down to about 1%. This is mainly due to a change in the way latex gloves are manufactured...(which) has led to a 1000-fold drop in the allergen content of the gloves.” – Kevin Kelly, (Chair of the Latex Allergy Committee for the American Academy of Asthma, Allergy & Immunology), *Health Link, Medical College of Wisconsin, August 2005.*

“Healthcare workers shown to be latex-sensitive were therefore provided with non-latex gloves, and their co-workers with low or non-powder latex gloves”.... “These manoeuvres have reduced the prevalence of new latex-sensitive patients to a minimal degree and it appears that the epidemic has been eliminated.” – Jordan N. Fink, Professor of Pediatrics, Allergy Division, Medical College of Wisconsin, *Business Briefing: Global Surgery-Future Directions, September 2005.*

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About Esah Yip, D.Sc



Dr. Yip is the U.S. director of the Malaysian Rubber Export Promotion Council (MREPC) in Washington DC. The MREPC is a non-profit organization serving as an education and information centre focusing particularly on gloves. MREPC works closely with standard setting and regulatory authorities such as the American Society for Testing and Materials (ASTM) and the U.S. Food and Drug Administration (FDA), and with other governmental organizations, and trade, consumer and public interest groups. Dr. Yip has 30 years of research experience working on latex and rubber products at the Rubber Research Institute of Malaysia, one of the world's largest research Institutes on a single crop.

From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, March 15, 2015 7:19 PM  
To: HLTtestimony  
Cc: mdwy888@gmail.com  
Subject: Submitted testimony for SB911 on Mar 18, 2015 08:45AM

**SB911**

Submitted on: 3/15/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michael Dwyer	Individual	Comments Only	No

Comments: Thank you for allowing me to comment on the pending legislation regarding latex use. I was unaware that I had an allergy to latex until I was in a CPR class about 12 years ago and as part of the training I put on pair of latex gloves. My hand started itching and the instructor saw me scratching my hand. He asked me why I was scratching under the glove and I explained that I was itchy. He told me to immediately remove the gloves and cautioned me about how an allergy to latex could result in more severe reactions included anaphylactic shock. He explained that the progression of the reaction could become more severe without warning. He explained that this reaction could develop at any time during my life and that I needed to stay away from latex. Within 5-10 ye ars I have had reactions to large quantities of latex balloons, latex gloves,etc. When I am exposed to large quantities of this material, my breathing is shallow and the latex dust is heavy in the air as I breath. There are people who are much more severely affected by this material and their plight is far more life-threatening than mine. A good example is my niece. She is so allergic that she is hospitalized numerous times a year for exposure to latex that is present in everyday things. Please help us bring awareness to this important and preventable life- threatening situation by passing legislation restricting broad use of latex in common areas and products, especially those designed to administer primary care to so many who could die while receiving care from medical advisors who clearly have other options available to treat patients. Thank you!

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

Wednesday, March 18, 2015

Support for SB 911 SD 2 Related to Latex

Thank you for previously hearing HB 1238 the companion bill to SB 911. It gave me the opportunity to share testimony and information about Latex Allergy, statistics and our personal experience. As I mentioned in my testimony Latex Allergy affects over 3 million people in the general population, with each day latex gloves are used, more and more people are at risk.

**SB 911 SD2 is a bill for the safety and well being of the whole community.**

These are the current latex allergy statistics from the American Latex Allergy Association: it is estimated that... 1 in every 1000 has a latex allergy...

- 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>

One of the questions that you asked me at the HB1238 hearing was if Latex Allergy was included in the American Disability Act (ADA) The answer is yes, accommodations need to be made, depending on the severity of the allergy. Latex allergy reactions range from hives to anaphylaxis and can lead to death.

Per the job accommodation network <http://askjan.org/media/LATEX.html>

**How prevalent is latex allergy?**

Reports of work-related allergic reactions to latex have increased in recent years, especially among employees in the growing health-care industry, where latex gloves are widely used to prevent exposure to infectious agents. At least 7.7 million people are employed in the health-care industry in the U.S. Once sensitized, workers may go on to experience the effects of latex allergy. Studies indicate that 8-12% of

health-care workers regularly exposed to latex are sensitized, compared with 1-6% of the general population, although total numbers of exposed workers are not known. In the health-care industry, workers at risk of latex allergy from ongoing latex exposure include physicians, nurses, aides, dentists, dental hygienists, operating room employees, laboratory technicians, and housekeeping personnel (NIOSH, 2008).

### **Who gets latex allergy?**

People at increased risk for developing latex allergy include workers with ongoing latex exposure, persons with a tendency to have multiple allergic conditions, and persons with spina bifida. Latex allergy is also associated with allergies to certain foods such as avocados, potatoes, bananas, tomatoes, chestnuts, kiwi fruit, and papaya. Workers who use gloves less frequently, such as law enforcement personnel, ambulance attendants, fire fighters, food service employees, painters, gardeners, housekeeping personnel outside the health-care industry, and funeral home employees, also may develop latex allergy. Workers in factories where natural rubber latex products are manufactured or used also may be affected (NIOSH, 2008).

U. S. Department of Labor Occupational Safety and Health Administration has also done the research on the dental workers...

<https://www.osha.gov/dts/shib/shib012808.html>

“. In one example of an investigation of health care employees, a survey of active duty dental officers in the U.S. Army reported that the prevalence of allergic symptoms correlated with NRL use was 13.7%.<sup>27</sup> An investigation of dental employees using NRL skin prick testing at two consecutive American Dental Association meetings in 1994 and 1995 revealed allergic responses in 9.1-9.7% of dental hygienists and assistants, although dentists showed a lower rate of 5.1-6.7%.<sup>28</sup> A 2000 - 2002 study of dental hygienists using NRL skin prick testing found allergic response in 4.8% of those studied.<sup>29</sup> A study of 247 nurses recruited at a nurses' association meeting revealed that 6.9% responded to a natural rubber latex extract skin prick test, although the rate for positive skin prick test together with a history of symptoms associated with latex was somewhat less (5.7%).<sup>30</sup> Another article concluded that 8.9% of 741 inpatient nurses were seropositive for anti-latex antibodies, an indication of sensitization.<sup>31</sup> A study of 168 anesthesiologists and nurse anesthetists determined that 12.5% were sensitized (anti-latex IgE antibody positive), but only 2.4% had experienced allergic symptoms.<sup>32</sup> ”

In the March 2011/ Education issue of The Journal of the American Society of Anesthesiologist, Inc. <http://anesthesiology.pubs.asahq.org/Article.aspx?articleid=1933566> Case Scenario: Perioperative Latex Allergy in Children. In this Case report they describe an anaphylactic reaction that was initially thought to be from antibiotics, but with further interviewing the mother, it was discovered that the child had a latex allergy.

Unless the right questions are ask during pre-op the medical facility may-not know that the patient has a latex allergy. This child had reactions from touching balloons.

## The Journal goes on to discuss the cost effectiveness to convert to a Latex-Free Work Environment

### 7. *Is it Cost Effective to Convert to a Latex-free Work Environment?*

Conversion to a latex-free hospital environment incurs an initial capital cost. However, ongoing operating costs should not differ substantively from a latex setting. In addition, it may be more cost effective to avoid latex-containing products than to incur the additional costs of diagnosing, treating, and paying for disabilities incurred—as well as any fatalities due to anaphylaxis, however rare they may be—although there is no clear evidence to support this position. Some researchers<sup>34</sup> have suggested that the estimated costs to treat severe drug-related anaphylaxis have been chronically underestimated. Several studies have argued that it is cost effective to have a latex-free work environment, suggesting that institutions, regardless of size, benefit financially from instituting a latex-safe environment, even if latex-related disability levels remain extremely small.<sup>35</sup> We also anticipate that the cost of latex-free equipment will diminish with time. Currently, it seems prudent for institutions to undertake a financial impact analysis to determine the optimal approach to reduce latex exposure for their patients and employees.

### 8. *What Are the Legal Considerations of Latex Allergy?*

Failure to comply with evolving federal regulations to decrease latex exposure may lead to adverse outcomes and litigation.<sup>3</sup> Common errors in managing latex-susceptible patients include a failure to elicit a history of latex allergy, failure to ensure latex-free equipment is available when latex allergic patients are present, and discharging patients from the hospital without appropriate education and planned follow-up.

“Natural rubber latex allergy is a significant medical concern in healthcare today. Latex-sensitive patients and healthcare workers face a serious risk from any product containing latex, with exposure to latex gloves presenting a particular concern. To date, there is no known cure for latex allergy except eliminating exposure to latex products.

One of the quickest ways to reduce this risk is obvious: switch to natural rubber latex-free glove”

<http://www.halyarddental.com/resource/why-latex-free.aspx>

<http://www.molnlycke.com/situations/latex-allergy/>

<http://www.medline.com/products/gloves/latex-free-surgical-gloves/>

The above links are to glove companies that have hospital conversion case studies and cost comparisons.

John Hopkins Hospital became a latex safe facility in 2008 “ in an effort to make medical care safer for patients and health care workers, The Johns Hopkins Hospital has become the first major medical institution to become “latex safe” by ending all use of latex gloves and almost all medical latex products”.[http://www.hopkinsmedicine.org/news/media/releases/rubber\\_gloves\\_born\\_and\\_now\\_banished\\_at\\_johns\\_hopkins](http://www.hopkinsmedicine.org/news/media/releases/rubber_gloves_born_and_now_banished_at_johns_hopkins)

I've talked to Doctors and Nurses that are using latex free gloves, Nitrile or Biogel. They tell me that initially the gloves felt different just as those of us felt awkward using gloves to start an IV, when we had been starting IV's for years without gloves prior to 1990 and the HIV epidemic. Basically you adjust, it's not an issue. They were also surprised that latex-free gloves are not used by all medical professionals.

Reading all these studies I think of our children, as they start to enter the workforce, we want them to be safe. We do not want them to risk their health and be exposed to toxins...latex is a toxin and repeated exposure and over use puts our children at risk to develop a latex sensitivity that may progress to anaphylaxis. Many of our first jobs were in the food industry working in a kitchen. Another career path that because of the NO Bare Hand Law in the food code will put employees and patrons at risk with the exposure of latex glove use.

Latex glove residue remains on the surfaces it touches for 24 hours, including food. We are ingesting latex every time we eat food that was prepared with latex gloves.

A latex allergy does not go away, there is no cure with each exposure the allergy progresses. It may not be tomorrow or next week, but if you have a latex allergy that is the fear, you will not know when a reaction will increase to the next level. My daughter had a contact reaction to latex for years. She was diagnosed at the age of 2 with hives the dentist gloved hand print on her face, we stayed away from parties that had balloons, and we buy only latex free school supplies. We only eat out in latex safe restaurants, calling ahead and when we get there we ask again to see the box of gloves that they use. And then when she turned 8 and started seeing the orthodontist, being exposed to latex glove use in his office, and the cross contamination, her allergy progressed. **Even though he used latex free gloves on her, he still had the residue of the latex gloves on his coat sleeves from the previous patient he treated a few minutes before.** With each visit her reaction as we walked through his office doors increased, finally requiring a trip to the ER and now needing to carry a Epi pen where ever she goes. She is 16 a sophomore in high school. She is limited to the activities she can participate in school. She was looking forward to joining track and cross country but is unable to as the field is made with recycled tires and erasers. When she looks at her college choices and career pathway, her decisions have to be based on if the college/career will be able to accommodate her latex allergy.

If someone has a food allergy people understand about cross contamination. You wouldn't cook chicken in the same frying pan that you cooked shrimp, and then feed that chicken to someone with a shrimp allergy. Having latex gloves and latex free gloves in the same examining room is doing just that. Asking a patient when they are in the exam room if they have a latex allergy is too late, they have already been exposed to the latex residual in the air, or the exam gloves of the doctor and nurse.

**WE need Legislation in place to prevent these inconsistencies, for the safety and well-being of the WHOLE COMMUNITY. SB 911 SD 2 will do that.**

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](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](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](http://www.oregon.gov/DHS/ph/foodsafety/docs/foodsafetyrulesweb.pdf) 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/foodsafetyrulesweb.pdf](http://www.oregon.gov/DHS/ph/foodsafety/docs/foodsafetyrulesweb.pdf)

I'd like share my daughter's comments she wrote about having a latex allergy

... I went into shock at first was devastated what can I wear what can I eat what can I do... Thought I was going crazy always itchy always worried ... And Then I accepted it and hearing others going through the same thing and learning what affected them made me more aware it's like a learning experience you learn how strong you are as a person and about the people around you that you aren't alone. After being devastated I kind of thought I was selfish only thinking about myself and didn't think how my attitude and fears affected others and then I realized there are other people watching out for me and you are not alone. It becomes a balancing act and never leaving home without Benadryl and the Epi pen. And not being scared to ask if something has latex in it or if the food was prepared with latex gloves. And not being scared to speak up and say I can't do that I'm allergic to latex. I had to do that in art class this week. We were going to do paper mâché. Told the teacher in front of everyone I couldn't do the project because I was allergic to balloons I felt bad cause the teacher abandoned the project and moved on to clay sculptures, I felt bad for the others but sometimes you have to be selfish to stay healthy. It was cool because everyone seemed to understand and I didn't feel like they were judging me. You feel like you are an alien at first and everyone is looking at you but then you realize yeah they are looking at you to look out for and help you. It doesn't get better but you learn how to avoid things and deal with it

and yeah you get frustrated and mad sometimes. And the goal is to come out on top because coming out on the bottom is no fun... ~ Katie

Hawaii Senate Bill 911 SD 2 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 SB 911 SD2

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



My name is Carolyn Mirek and I have a life threatening latex allergy. I am part of the 6% (or 1 in 16) or more of the general public who struggle to keep safe every single day. I worry if my food is safe if I eat outside the home and have difficulty finding health care providers and dentists to treat me safely. Simply changing to latex gloves for a latex allergic individual while latex is still present does NOT work. Latex is aerosolized into heating and air conditioning systems, contaminates carpet and upholstery, and has proven stay on surfaces for more than 24 hours. Anaphylaxis can still occur and this should NEVER be caused in a health care facility. The majority of latex allergy sufferers are health care providers due to their constant exposure. I am disabled from my career as a dental hygienist due to my exposures. My healthcare costs, workers comp claims, lawsuits, and disability claims are exorbitant. The use of latex gloves to prepare food or treat people who may be latex sensitive or allergic is incomprehensible. Many people may not be aware they have this allergy since it is challenging to diagnose and rarely tested for. With each exposure to this hidden allergen the allergy may escalate to anaphylaxis which may be fatal.

I testified on February 3rd in support of HB 5437 AN ACT PROHIBITING THE USE OF LATEX GLOVES IN FOOD BUSINESSES. This bill just passed from the General Law Committee to Public Health. The vote tally was 18 in favor- 0 opposed. Massachusetts is working on similar legislation. Rhode Island, Oregon, and Arizona already have laws in place and the awareness is growing throughout the nation. The American Society of Anesthesiologists state that at least 17% of people in health care careers have latex allergy and 70% of adverse events to latex reported to the FDA involve health care workers. Many reactions are unreported.

Last week Representative Prasad Srinivasan of Connecticut, a board certified allergist, asked members of the Malaysian Latex Promotion Council one simple question. "If I am allergic to latex am I safe with your gloves?" The answer was, "No." Attached are positions from leading glove manufacturers who recommend the use of non- latex gloves. Some companies, like Halyard Health, have discontinued production of latex gloves due to the dangers of life threatening latex allergy. I am providing more information and supporting materials that absolutely refutes the Malaysian glove manufacturers' claims that their products are safe, which are based on skewed and obsolete data. They claim that low protein latex gloves are safe to use for everyone.

High protein, low protein- it's supposed to be NO LATEX PROTEIN! If you are allergic to latex, it doesn't matter- latex is latex and it must be avoided! Low tar cigarettes are not safer than regular cigarettes but were introduced as a marketing ploy. Does this sound familiar? The protein content of latex is responsible for the majority of generalized allergic reactions to latex. The proteins are found in three distinct formulations: water-soluble, starch-bound or latex-bound. There are at least 240 potentially allergenic proteins in the processed latex product. Eleven sensitizing proteins have been identified or cloned so far and have been assigned allergen designations of Hev b1-b11 by the International Union of Immunological Societies. The protein content of latex gloves can vary up to 1,000-fold among different lots marketed by the same manufacturer and 3,000-fold between gloves from different manufacturers. Who knows

what you're getting? "Low protein" or not?! There is no definitive data about the safety of low protein gloves.

Where is it stated that latex is suggested for food service? NOWHERE! Latex was meant for protecting medical personnel from bio hazardous materials and blood borne pathogens, not preparing food. There is NO reason to use latex in food service. Everywhere it states to "avoid latex gloves as they may be dangerous for those allergic or sensitive to latex". Recent studies have shown that latex gloves can also cause other diseases apart from latex allergy. Research since the 1990's has been focused on harmful N-nitrosamines as carcinogenic substances present in the vulcanization process of natural rubber latex.

Robert H. Brown, MD, MPH from the Dept. of Environmental Health Sciences at Johns Hopkins, the "birthplace of latex gloves", says they switched to non-latex gloves after considering low protein gloves but determining that there was no data to support that they were safe. Kaiser Permanente has adopted a strict no latex glove policy. The University of Connecticut, its health center campus including John Dempsey Hospital, the medical, dental and nursing schools, and off site facilities throughout the state have policies regarding latex. Many more health care facilities and hospitals throughout the country, particularly treating children, have a no latex glove policy. Many restaurant chains do not use latex because of the risks.

Please be ahead of the curve and save lives, protect careers, and save the costs of disability claims, workers compensation claims, and potential litigation and ban latex gloves from health care and food service in Hawaii. Being a safe, allergy friendly state will certainly keep everyone healthier, save money, and draw more tourism. Please support SB 911 SD2.

Thank you for your support.  
Sincerely,

Carolyn Mirek, RDH  
South Windsor Town Council  
South Windsor, CT  
860-729-3806/cmirek@cox.net

[http://www.sustainablehospitals.org/HTMLSrc/IP\\_latexallergy.html](http://www.sustainablehospitals.org/HTMLSrc/IP_latexallergy.html)

The American Academy of Allergy, Asthma and Immunology says, "The capacity of latex products - especially gloves - to cause allergic reactions varies enormously by brand and by production lot." The term "Low protein" is subjective and unreliable.

<http://www.aaaai.org/conditions-and-treatments/Library/At-a-Glance/Latex-Allergy.aspx>

The American College of Allergy, Asthma and Immunology states, "... yes, a person allergic to latex could definitely have an allergic reaction to food handled with latex gloves. Therefore, it would be best if no latex products were used to prepare food in this situation."

<http://acaai.org/resources/connect/ask-allergist/does-use-latex-gloves-food-preparation-pose-danger>

The American College of Allergy, Asthma and Immunology (ACAAI) and the American Academy of Allergy Asthma and Immunology (AAAAI) issued a joint statement discouraging the routine use of NRL gloves by food handlers. (1997).

FOLLOW THE MANDATES OF THE FDA, CDC, AND NIOSH AND USE NON LATEX GLOVES!

The link and notes below are from the FDA Food Code.

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm1892>

11.htm

3-304.15 Gloves, Use Limitation.

Refer to the public health reason for § 3-304.11.

Gloves used in touching ready-to-eat food are defined as a "utensil" and must meet the applicable requirements related to utensil construction, good repair, cleaning, and storage.

Natural Rubber Latex (NRL) Gloves

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). This information should be taken into consideration when deciding whether single-use gloves made of latex will be used during food preparation. Although many allergic reactions occur as a result of occupational exposure, CFSAN is actively reviewing its current policy on the use of disposable NRL gloves in food operations in light of the possible transmission of the latex protein via food. To gain additional information regarding allergic reactions allegedly due to the ingestion of food contaminated by NRL in retail settings, CFSAN has been collecting reports of such reactions from consumers who have contacted the Agency. Several offices within CFSAN will continue to collaborate in reviewing incoming data. The results of these activities and other related efforts will be used to determine if policy changes regarding the use of latex in food operations, based on food safety considerations, are warranted.

FDA is aware of the following information related to occupational hazards (not food safety hazards) associated with the use of NRL gloves:

The National Institute for Occupational Safety and Health (NIOSH) published a 1997 Alert titled "Preventing Allergic Reactions to Natural Rubber Latex in the Workplace<sup>23</sup>" (NIOSH publication number 97-135).

The American College of Allergy, Asthma and Immunology (ACAAI) and the American Academy of Allergy Asthma and Immunology (AAAAI) issued a joint statement discouraging the routine use of NRL gloves by food handlers<sup>24</sup> (1997).

An OSHA Technical Information Bulletin<sup>27</sup> recommends reducing allergy potential by reducing unnecessary exposure to NRL. Stating "Food service workers ... do not need to use NRL gloves for food handling..." (1999).

OSHA addresses gloves in the following Federal regulation<sup>28</sup>.

OSHA Regulations (Standards - 29 CFR)

Standard Number: 1910.138

Standard Title: Hand Protection.

(a) General requirements. Employers shall select and require employees to use appropriate hand protection when employees' hands are exposed to hazards such as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical burns; thermal burns; and harmful temperature extremes. (b) Selection. Employers shall base the selection of the appropriate hand protection on an evaluation of the performance characteristics of the hand protection relative to the task(s) to be performed, conditions present, duration of use, and the hazards and potential hazards identified.

<http://www.cdc.gov/niosh/updates/latexpr.html>



Below is from p19 from the Spanish Latex Allergy Association New latex allergy risk groups.

The problem of latex sensitivity and latex allergy, far from declining as a result of increased awareness and knowledge and introduction of an appropriate prevention strategy, has grown considerably in recent years due to the increasingly widespread use of latex gloves in a wide range of industries. In recent years latex glove use, which was common in the health care sector, has spread to a wide range of other areas and industries. No reasons have been found for why latex gloves are now used by such a wide variety of workers: hairdressers, fishmongers, butchers, supermarket shelf stockers, police officers, farm workers, cleaners, painters and decorators, housewives, cooks and kitchen staff, to name just a few of the professional groups who in recent years have started to use latex gloves to protect their hands. One possible reason could be the low price of these gloves, which may now be purchased in stores selling personal beauty and household products and stores that are open all hours, and in bulk in hypermarkets, at very low cost. But it must be noted that although these are latex gloves, they do not have the same properties as medical latex gloves. They are the result of a shorter production process, which involves less washing to remove allergenic proteins, and this explains their low cost, and they are also lower quality, as they are not subject to the minimum controls required of medical gloves. So these high protein content latex gloves are sold as an alternative to medical gloves, for protecting the hands of workers in non-health care industries.

We are now seeing an increase in cases of latex sensitivity and latex allergy among professional groups that were not previously affected; just as timid measures are starting to be taken to reduce the use of medical latex gloves to prevent latex allergy among health care workers, the general population are starting to be affected. If latex glove use continues in such a wide

range of industries, the prevalence rate of latex allergy in Spain will soar, with the corresponding increase in health care and social costs. Accordingly, appropriate glove use policies are urgently needed, to tell people which gloves are most appropriate for each activity and to inform them of the risks assumed by both employers and workers in this respect. (page 19)

[http://www.foodsmart.govt.nz/elibrary/myth\\_busting\\_about.htm](http://www.foodsmart.govt.nz/elibrary/myth_busting_about.htm)

Open Attachment latexallergyanaesthesiologists.pdf  Open Attachment Latex\_allergy\_Spain.pdf  Open Attachment Leatherhead11\_27\_Latex\_final\_report.pdf 

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.

Esteemed Members of the Hawaii Legislature,

My 23 year old daughter, Jillian LeMaster-Dwyer, a recently graduated University of California Irvine Mathematics major, is a vibrant, highly intelligent, articulate, and engaging young woman whom I am sure any one of you would be proud to have working at your side on the many thorny but important state-level issues you address every day for your beautiful state of Hawaii. I hope you get to meet her in person one day so you too can get to enjoy her wit, passion, and tenacity first hand.

She is also a person who lives with a little known, yet surprisingly prevalent, serious condition – she is one of the millions of Americans with an allergy to latex – an allergy that threatens her and those like her every day. In her case, that threat is as severe as it gets: when she is exposed to latex, she can die if she does not receive emergency medical procedures followed by significant (currently 3-6 day) hospital treatments and monitoring. And this is to say nothing of the typically 2 to 3 month total recovery period she must endure for her body to regain a relatively robust equilibrium ... until the next exposure when this terrifying cycle recurs.

And at every step in these well-intentioned medical interventions, supposedly life saving treatments are fraught with ironic danger –EMTs, doctors, nurses, and hospital staff (working in ERs, recovery areas, and hospital rooms) standardly wear latex gloves, administer medicines from vials sealed with latex caps, serve patients while wearing masks with latex elastics, and use syringes with latex plungers and IV tubes also made of latex. Medical charts are sometimes held closed with (latex) rubber bands, and patient treatment updates are even entered using (latex eraser – equipped) pencils. Floors away from supposed direct patient contact, cafeteria workers routinely use latex gloves in food preparation and service. And well-meaning visitors are allowed to bring in balloons to their patient friends and relatives.

This scenario can be, and unfortunately frequently is, played out in almost every ambulance, hospital, and nursing home facility in California, and across the nation. Only the Long Beach Memorial and Stanford Medical Centers are designed by hospital policy and practice to protect against these potentially lethal in-situ re-exposures of patients – two hospitals in a state of some 30 million people.

We implore Hawaii to pass the legislation implementing these modest accommodations required to more adequately protect the thousands of people with Jillian's allergy, legislation that will make our ambulances, our hospitals, and restaurants significantly safer. We implore Hawaii to be the leader in showing our nation how to address this threat to our loved ones ... and to us all, really.

My wife and I thank you for this opportunity to offer this statement in support of this important bill.

John Dwyer, Ph.D.

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, March 13, 2015 7:59 PM  
To: HLTtestimony  
Cc: uscmom777@yahoo.com  
Subject: \*Submitted testimony for SB911 on Mar 18, 2015 08:45AM\*

**SB911**

Submitted on: 3/13/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Julia Souza	Individual	Support	No

Comments:

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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Committee on Health  
Chair: Rep. Della Au Belatti  
Vice Chair: Rep. Richard P. Creagan

Date of Hearing: Wednesday, March 18, 2015

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 HI SB 911 S.D.2. Relating to Latex. 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. This is a serious public health/safety issue. I believe as legislators you have a unique opportunity to reduce preventable harm. As clinicians we are tasked to reduce preventable harm. The only way to do this is to remove harming agents like latex gloves from our environment.

If approved this measure would reduce the costs of days lost from work, workman's compensation and disability payments and legal costs <sup>1,2,3</sup> 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 latex safe treatments). An EpiPen costs \$300/use, the individual must immediately take a liquid or dissolvable antihistamine then must go to the ER via ambulance –the EpiPen only buys you 20 minutes, if it works, and the individual must 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.

In article from 1998 cited by the glove manufacturer Kimberly Clark it was estimated that the cost of treatment for one anaphylactic episode is between \$5000 and \$25000. If treatment in the emergency room is necessary the estimate goes up to \$218,000 per employee/event. The article cited was Steelman, V "Is It Really Necessary to Go Powder Free?" *Infection Control Today* 2, no 4 (May 1998): 29-30<sup>27,28</sup>.

I have had to become an expert in latex allergy. I am not an expert because I research and interview people in 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 SB 911 S.D.1..

Why is latex allergy so important?

Latex allergy is a worldwide health issue. In the United States alone it is estimated that 1:16.7 people have this allergy<sup>5</sup>. Another study by Neugut states between 2.7 and 16 million Americans "may suffer from some type of allergic reaction to latex"<sup>4</sup>. Johns Hopkins-

the birthplace of the latex glove banned it in 2008. They took the safety of their employees and their patients very seriously. They still do. <sup>6</sup>

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

Seventeen percent of healthcare workers and now food service employees <sup>9</sup>, 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.<sup>10</sup> 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.<sup>11</sup> Anyone who works in the rubber industry is obviously at risk. The Cleveland Clinic sites the number of latex allergic Rubber Industry Employees as 5- 10%. <sup>12</sup>

There is only one way to develop this allergy and that is exposure to latex. There is no treatment. This allergy is 100% preventable but has a 0% cure.

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 tubing, syringes, dental products, packaging and food that has been cross contaminated by the latex glove or packaging.

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

The latex protein leaches onto food every time someone wearing latex gloves or latex utensils touches the food. It also leaches into medication. <sup>14</sup> 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. <sup>15</sup>

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, I am unaware of any hard data supporting that. I have discussed this with Dr. Robert Brown, Head of the Latex Task Force at Johns Hopkins Hospital. Dr. Brown also cited an article he wrote in 2004 that demonstrated even low protein gloves are aerosolized- we breath the particles. <sup>31</sup>

This health problem is 100% preventable. Latex allergy is not curable. 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 two (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 a physician as well as after consuming food in restaurants that used latex gloves.

Every time I accidentally 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 initially we often have no idea what is causing our 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.<sup>13,16</sup>

The American College of Allergy, Asthma and Immunology has a question on their website asking if you can have a reaction to food prepared by someone wearing latex gloves. The answer is "yes, a person allergic to latex could definitely have and allergic reaction to food handled with latex gloves."<sup>17</sup>

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.)"<sup>18</sup> 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 each glove use to prevent contamination from anything that did get on your hands. And you must change your gloves after every procedure or contact.<sup>19</sup>

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.<sup>19</sup>

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 not 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 fail<sup>20</sup> and in the less expensive, unregulated, latex gloves the restaurant industry uses, only provide a false sense of security. If the medical, dental and food industries truly want to use a glove for protection against even the deadliest disease then they should use nitrile gloves but better still they should wash their hands..<sup>21</sup>

### Are Low Protein Latex Gloves Safe?

NO! A little bit of latex is still latex. I spoke at length with Robert Brown, MD, head of the Johns Hopkins Latex Allergy Task Force, 2 weeks ago. He told me that his surgeons decided not to go with low protein gloves in 2008 as there was no hard data to prove they are safe. They still only use non-latex gloves in the OR as well as the rest of the hospital.

We do not know how much of the latex protein or how many inoculations it takes to cause someone to become latex allergic. People who use low protein gloves still become latex allergic. Stating low protein gloves is safe is like telling a patient who is allergic to peanuts that they should be OK with one peanut. It is still a peanut and they will have the reaction.

Even though the gloves are low protein they are changed multiple times per day and left on for minutes to hours at a time depending on use. Food service workers go through more gloves per day than many healthcare workers. Causing multiple inoculations of the latex protein every day. This is how latex allergy develops.

At least when I had my first reaction it was in a healthcare facility where people were available to help me. What will the kitchen staff do? Will they recognize the seriousness of the situation? How will they handle the latex allergic patron who they told was safe because they thought low protein was safe and now they have an ambulance on their way to save this patient? How will they explain this preventable harm to the patron or employee who is now seriously ill?

Latex allergy is 100% preventable why would you choose a product that will still cause the allergy and the reactions. The data hasn't changed with the advent of low protein gloves. 1/16.7 of the general population is allergic to latex. If you truly want to be "latex-safe" according to Johns Hopkins, Kaiser Permanente<sup>29</sup> and University of Connecticut system<sup>30</sup>, and my own hospital you cannot have latex gloves in the hospital/medical offices/EMS/dental facilities. You cannot have them in food service.

I asked my own hospital what made them get rid of latex gloves and become latex safe. Here is the answer.

"The motivating factor for us to go latex safe/free was the realization that use of latex containing product was increasing the number and intensity of allergic reaction in our patients and staff. This was an industry wide realization so migrating to a latex safe/free environment was relatively easy."

When you put employee, patient and patron safety first the transition is "relatively easy"

Is a "latex-safe" policy enough?

NO! The only "latex-safe" policy that is effective is to have no latex gloves and replace all possible latex products with non-latex alternatives. See the testimony provided by Jillian LeMaster-Dwyer. She was treated in a hospital that had a "latex-safe" policy. Unfortunately mistakes happen when you have both latex and non-latex available. She was severely injured by the "latex-safe" policy. The only "latex-safe" policy that is truly "latex – safe" is to remove all latex gloves and all possible latex products from the environment. This reduces the risk of mistakes. We are all human. Mistakes will happen.

My son has a latex allergy. He had a similar level of surgery the same year at our local hospital. They also have a latex-safe policy but this policy states no latex gloves in the facility. In his case he was released same day and had absolutely no ill effects. That is because he never came into contact with latex. More importantly there was no latex to come into contact with so he truly was safe. You cannot tell a patient they are safe and then have the very thing that could cause them serious harm in the room with them or in the equipment you use. This is an easily preventable harm.

Are non-latex gloves of inferior quality?

NO! Over the past ten years or so the glove manufacturers have really improved the quality of the non-latex glove. My husband is an orthopedic surgeon and has not used latex since the mid-1990's he has seen a dramatic improvement in the gloves and now in 2015 finds no difference in quality. He is able to easily perform microsurgery using non-latex surgical gloves. He is an orthopedic surgeon and is working with hardware and drills almost every case. His gloves have to be the strongest and he has never had a problem.

I spoke with our Chief of Nursing who was instrumental in developing the latex safe/free policy at our hospital and she states as far as she knows there have been no incidents regarding glove failure since we changed to latex free gloves. WE changed in the mid 2000's completely but my husband has been operating with non-latex gloves there since at least 2002.

In October 2014 the CDC added to Universal Precautions that only Nitrile gloves should be used with Ebola and other very serious infections. This would indicate that they feel that a non-latex glove is superior to the latex alternative. There is a reason why the latex gloves

have lost the corner share of the market. They are dangerous and they are not superior to the non-latex glove.

Recommended PPE:

Single-use (disposable) nitrile examination gloves with extended cuffs. Two pairs of gloves should be worn. At a minimum, outer gloves should have extended cuffs. <sup>19</sup>

Do latex gloves meet the definition of a "safe material"?

No. The FDA Food Code defines 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. <sup>22</sup>

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 (even low protein powderless gloves) <sup>31</sup> and land on the food or inhaled. Taking gloves on and off and balloons in the area are a major trigger for most of us..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 <sup>6</sup> and many hospitals, including my local hospital, Spear Memorial Hospital, did so as well. These bans remain in place for a very good reason. The low protein alternatives are not latex safe.

My husband performs microsurgery with non-latex gloves without risk of infection or contamination from the gloves and with excellent sense of touch. I started IV's, drew blood and took care of patients with HIV using vinyl gloves.

If we do not need 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 that we did so. If this were a violation of Universal Precautions they would have sanctioned all of us 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).<sup>23</sup>

Clearly they are aware there is a problem with latex.

Is there an alternative to Latex?

Yes. There are many alternatives. The new surgical gloves available are safe, strong and their tactile properties are excellent. Nitrile is actually the glove of choice if you are worried about serious infection like Ebola,<sup>19</sup> there are also vinyl gloves, plastic gloves, etc. There are multiple choices and every manufacturer who produces latex gloves makes the alternatives as well.

Is It Cost Effective To Convert/Use Non-latex Gloves and Equipment?

Yes. A cost analysis was done in Georgia by Phillips et.al.. It demonstrated the cost of converting to a latex-safe environment was mitigated if only 1 person developed the disability from the allergy<sup>26</sup>. This did not take in the cost of litigation, workers comp, or time lost from work. It only dealt with disability. This study was done several years ago when many of the costs to treat patients were much lower than they are now. We now have better synthetic gloves that are equally protective and cost the same or less than the latex gloves.

Since it is impossible to know which patient may be allergic to latex – the patient may not know himself or herself the first time—the cost savings in treating anaphylactic shock and litigation from harming the patient by using the latex was also not calculated. It is estimated that the cost of treating one patient with anaphylactic shock is as previously stated at least \$5-\$25,000 and up to \$218,000<sup>27,28</sup>. And that was 10 years ago.

CONCLUSION:

Latex allergy is a 100% preventable harm. The CDC states the only way to prevent this allergy 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.<sup>24</sup>

Multiple exposures to this allergen-regardless of protein level- 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, Kaiser Permanente, University of Connecticut system , Speare Memorial Hospital as well as many other health care institutions both large and small have banned latex from their facilities. 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

We are asking you to prevent the continued development of latex allergy. This is a serious public health/safety concern. 1/16.7 people in the general population has the allergy. This number has not improved with the advent of low-protein gloves. There is no hard data to support that low protein gloves are safe or better than non-latex gloves and in fact if you have serious infection like Ebola then nitrile gloves are the only gloves suggested by the CDC. This would imply superior quality of a non-latex glove!

Latex allergy is 100% preventable but it has a 0% cure rate. Once we have the allergy our lives are altered forever. We are harmed. This is a preventable harm. There is nothing that can be done for us other than avoidance. If you continue to have latex available mistakes will be made. 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. <sup>25</sup>

I sincerely hope that you look favorably on SB 911 SD 2 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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creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, March 13, 2015 4:52 PM  
To: HLTtestimony  
Cc: mjo57lbe@mac.com  
Subject: \*Submitted testimony for SB911 on Mar 18, 2015 08:45AM\*

**SB911**

Submitted on: 3/13/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michael	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, March 13, 2015 6:28 PM  
To: HLTtestimony  
Cc: shantel.bjornn221@gmail.com  
Subject: \*Submitted testimony for SB911 on Mar 18, 2015 08:45AM\*

**SB911**

Submitted on: 3/13/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
shantel bjornn	Individual	Support	No

Comments:

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Hawaii State Legislature  
HOUSE OF REPRESENTATIVES  
COMMITTEE ON HEALTH  
Rep. Della Au Belatti, Chair  
Rep. Richard P. Creagan, Vice Chair

RE: SB 911, SD2

March 16, 2015

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. My daughters also have a latex contact allergy and I am doing everything in my power to keep them from developing an anaphylactic reaction.

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. I also don't know if there will be any safe place to receive medical care.

I am VERY lucky to live in an area where most hospitals, EMT and doctors offices have elected not to use latex gloves and many won't allow latex balloons to be brought into their buildings because of the risks involved to their staff and patients. I know that this is not the case in many areas and I am very reluctant to travel anywhere that has not banned the use of gloves in the medical field for my own safety. Imagine

having an allergic reaction, calling 911 and being treated by someone wearing gloves made of the exact same thing you are deathly allergic too. That is a risk I cannot take.

There is currently little to no legislation in most states protecting latex allergy sufferers like myself from being exposed unknowingly to a potentially deadly 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 very easily and inexpensively 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. A recent search on Amazon.com shows that in fact vinyl gloves can be less expensive than latex ones:



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

Sincerely,

Trish Malone



Hawaii State Legislature S.B.No. 911 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 Senate Bill No. 911 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 S.B. No. 911.

Sincerely,

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



Hawaii State Legislature SB NO. 911SD2

My name is Victor Gennaro. I am writing in support of SB No. 911 – A Bill For An Act Relating To Latex – prohibiting the use of latex gloves in dental, healthcare, Emergency medical services and food establishments.

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 mother 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 medical, dental, emergency medical service and 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 that medication 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 SB No. 911 SD 2 and prohibit the use of latex gloves and utensils in EMS, dental, healthcare and food service. Thank you

Victor John Gennaro

**Victor.gennaro@gmail.com**

# TESTIMONY TO SUPPORT LATEX BILL

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Percentages of Americans with latex allergies vary from 1% to 6% to as high as 12%. What we know is that latex allergy is *under-reported*, yet it is the *first* thing asked by the medical profession when patients are asked if they have allergies. The other thing we know is that latex is *invisible*. It is airborne, and wherever it falls, it remains there for 24 hours. Americans *eat latex* everyday. Repetitive exposures lead to the development of the allergy. As high as 17% of health workers and food service workers develop the allergy after working daily with latex gloves, taking them on and off with each patient and procedure, or food preparation activity. This leads to Worker's Compensation issues. It's costly. It is costly in terms of human life, quality of life, and in terms of real dollars and cents. Every American is currently at risk for developing this allergy.

What happens when you get the allergy? I watched what happens with my daughter. As a young child in dance classes, she would develop rashes where the elastic tops of her costumes touched her skin. By the time she was a teenager, she told me that she thought a bunch of balloons in her room (celebrating her birthday) were affecting her breathing. I said: "Balloons can't hurt anyone! But, if you think so, then I will move them to the living room." I am sure I muttered to myself about how ridiculous that was; and, when she came out of her bedroom saying she felt better, I told her to walk by those balloons I had put behind a chair in the living room and tell me if they affected her. (The gull! And, I was her mother....) She walked by and said, sure enough, they were affecting her breathing. With that, I popped them all (in the house) and threw them away. (I had *no idea that I had just released all of that latex in the house, and it would stay there affecting my daughter's health for 24 hours, and expose everyone else to it's effects!*)

In high school, my daughter went to a singing competition, and broke one of my rules. She *borrowed makeup* from another young woman, and with that lipstick came a delayed reaction of swollen lips. When I took her to the doctor for it, the doctor said how beautiful she looked, and how women in Beverly Hills would pay a lot of money to look like that. (Seriously?! Yes, this is what I mean. No one takes this latex allergy seriously.)

Later on, she nearly passed out when the fog machine was used for one of her dance performances in high school. It was most likely administered through a latex hose or latex of some sort.

By my daughter's senior year, her reaction to latex balloons, rubber bands, and other seemingly innocuous things was to have the right side of her face to puff up and paralyze for days (and her Beverly Hills lips as well). She called me once from a classroom screaming that the seniors were going to throw water balloons as a prank during passing period. That would put her into an anaphylactic shock. Luckily, the

principal worked with me, and announced that this kind of prank could seriously harm one of their own, and the seniors did not throw the balloons. Then, the next big threat to her was at an assembly where the dance team performed, and at the end of their dance her co-dancer looked up at the ceiling and screamed for Jillian to RUN!!!! The ceiling was covered in balloons ready to drop down on the kids at the end of their dance. Some of the girls ran with her to help her get out of the auditorium before they dropped. The balloons could have killed her. The next big threat was at the senior all-night party that is thrown by parents, held at the high school. They had a latex slide (giant) as the *only way into the event*. Jillian could not go down that slide – and they found another way in for her, and removed the slide. (It would have stopped her breathing had it remained.)

Every administrator at the school was aware of her severe allergy, but still these things happened. Most people don't equate balloons or rubber slides with death. Even as her mother, I didn't at first – however, I do now.

Then, most tragically, when she went in for a simple out-patient surgery to fix a broken nose (seriously – no Beverly Hills nose job here, it was a broken nose going back to its original shape!), the hospital changed her life, and ours – forever. She received a latex IV, latex syringe stoppers, and medicine drawn out of vials with latex stoppers/lids. She had her latex allergy alert bracelet on, and the hospital version of the latex allergy alert bracelet, and her mother and father repeatedly asking whether they were giving her anything that had latex in it – which they denied, but what happened to her is that she was rendered a QUADRIPLEGIC!!!! And, had a nurse not figured out what was happening (all of the many specialists called in running zebra tests could not figure it out), then her organs would have started to shut down, and her heart would have stopped, and she would have DIED! Why? Because she had a latex IV, medicine delivered through a syringe with a latex stopper, and medicine drawn from vials with latex lids, *and* she was given morphine, which is like pouring gasoline on a fire. Morphine intensified her allergic reaction. Once we knew that's what it was, everything was removed, and this 22 year old, formerly "normal" young woman went home with a walker. She regained her bodily functions, but she has had lingering problems ever since.

Ok – so that happened. Now her life has been changed *forever*, and so has ours. Latex allergies are *progressive*. This means that they only get *worse*, never better. Her next reaction came after shaking the hand of a woman who had been blowing up latex balloons previously. That encounter nearly killed Jillian, and put her in the hospital for several days. The next encounter was walking unexpectedly under a latex balloon in a food market. That encounter put her in the hospital for a week.

Jillian's life is changed forever. Her life was a normal life prior to what it became after having been injected with latex 24-7. So now she really does have what many others have, and that is a severe latex allergy. But what does that mean on a daily basis? That means that she cannot go anywhere that latex balloons are or have been within the previous 24 hours. She cannot buy *any food* unless calling the food



company to find out whether the food is handled with latex in any way during its production, and especially in terms of its packaging. She cannot eat at a restaurant without calling first to find out if it's latex safe. She has had to *throw away* a lot of her clothing, especially underwear and socks and anything with elastics because now they threaten her life. Luckily she is not yet responding to coagulated rubber, so shoes are not yet a problem. But she had found that NIKE's products are safe, and so she can buy socks from them, and their shoes. Her boyfriend is also doing the same thing – anything with latex is thrown out – kitchen items, mouse pads, anything. Her workplace has had to become latex safe in terms of any "rubber bands", no balloon use (even at events – and this is a university we are talking about), padding on chairs, and so forth. At home, we are having to throw away everything that is not latex safe because we do not want her coming home and having a reaction. We also still take her on vacations with us, which now means making sure that hotels are latex safe, or renting homes where we can control the environment a little more. This way we can bring our own food, and cook ourselves. We don't know if local establishments are latex safe – even when we ask, we can't be sure that what they are telling us is true. She might eat a burger prepared with latex gloves and have a reaction, and the only way to get her to a hospital is to helivac her off of the island! And, locally here, there is *one latex safe hospital* – Long Beach Memorial. And she lives nearly an hour away from there. She cannot call an ambulance, or have first responders take care of her, because she cannot be sure they are latex safe. We told her to go in a cab if ever she has an emergent situation and cannot drive, and cannot call 9-1-1 for fear that they could kill her by trying to save her life with latex products (gloves, stethoscope, tracheotomy, or intubation tube, etc.).

She cannot even go to a public event without exploring the *possibility* of harmful latex substances being used there. For example, she had purchased tickets to go to a *Katy Perry* concert. She was crazy about Katy Perry. She was ready for the concert by purchasing Katy Perry jewelry, and getting a costume ready for the show. Then, while following Katy Perry online, she found out that there were *surprise balloon drops!!!!* at some of the shows. Then she had to find out whether that "*surprise*" was planned for the one show *she* was going to attend. Even though starting her checking a month in advance, she was only notified on the Friday before the Tuesday of the show that, yes indeed, a *balloon drop was scheduled*. She and I pleaded with the coordinator of the show at the site to just do that balloon drop at a different show – not that one, or give my daughter tickets to a local show where there would be no balloon drop – but no dice. Katy Perry people said *NO*. My daughter's money was refunded, and she was crushed. She had been looking forward to this concert for months!! I begged the site coordinator to beg the Katy Perry people to at least send my daughter a signed poster. But, again, no dice. I persisted in asking for the signed poster, but it just never happened. I asked how to get in touch with the Katy Perry people, that if they knew that balloons could kill people that they might not do *surprise* drops any more. What if my daughter had not checked beforehand? She could have died there. I did mention that having a fan die at the concert because of surprise balloon drops is probably not good for

business – but none of my pleas made a difference. Anyway, the point here is that businesses, performers, and so on, can inadvertently kill their customers and fans by encasing themselves in latex materials and/or filling a space with balloons that they may think are innocuous (as I once did).

It is very expensive to live a life that is latex safe, and worse yet, it is isolating. There is fear associated with leaving one's home.

I have to worry everyday that my daughter may die because of latex exposure by seemingly innocuous things like a cleaner at her workplace using latex gloves, or someone at a restaurant using latex gloves (even if only on the person before her, taking them off to presumably accommodate her), of her walking by a child with a latex balloon, or her being shot at with a latex rubber band by some child "for fun".

Most of this worry for her life goes away with your bill. I strongly urge you to pass it. It is more cost effective to use nitrile gloves, and it is going to save thousands of lives in the long run. Those of us who face death by latex everyday are watching what you do there in Hawaii every time we wake up, and before we go to bed at night. We applaud everyone who has supported this bill so far, and we urge you and implore you to pass it.

Thank you for taking the time to read this testimony.

Barbara LeMaster, Ph.D.

Mother of an adult daughter who just became a *severe latex sufferer* because of a hospital's mis-use of latex.

I am writing to you in support of the Hawaii SB 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 numerous doctors and countless nurses working around the clock trying to save my life. It took almost three days of me telling the doctors that I was having an allergic reaction before a nurse (NOT a doctor) realized that I was being given latex. This is precisely why these reactions are going unreported. I knew that I was allergic and I knew that I was having an allergic reaction to latex, but the doctors did not understand this allergy well enough to

recognize the symptoms. I can only imagine what would have happened if I hadn't known that I was allergic to latex. 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.

Before



During:



After:



creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, March 16, 2015 3:34 PM  
To: HLTtestimony  
Cc: wjpierson.ca@verizon.net  
Subject: Submitted testimony for SB911 on Mar 18, 2015 08:45AM

**SB911**

Submitted on: 3/16/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jacque Pierson	Individual	Support	No

Comments: We have a very good friend that has a severe allergy to latex. We have seen how even just a slight exposur to it can impact her quality of life. She has been hospitalized several times in the last year due to it. On one occasion, While in the the hospital, she was given an latex I.V. Even though she was wearing an allergy to latex band and had clearly informed them she was allergic. Their mistake nearly cost her her life. If this measure had been in place, this disaster would have been avoided. If this measure is put into place, then maybe all other States would follow suit and end these kind of disasters.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, March 16, 2015 3:25 PM  
To: HLTtestimony  
Cc: wapierson@gmail.com  
Subject: Submitted testimony for SB911 on Mar 18, 2015 08:45AM

**SB911**

Submitted on: 3/16/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Wayne Pierson	Individual	Support	No

Comments: We have a very good friend who has a sever allergy to latex. She was placed in a hospital and given a latex IV along with latex based medications. It not only almost killed her, but as a result, when she has the slightest exposure to latex she has severe reaction, which have cause to to be hospitalized as a result. The concerning thing about all this is that it happened at a hospital. If this measure were to pass, situations like our friends would be avoided.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, March 16, 2015 9:09 PM  
To: HLTtestimony  
Cc: adolfo\_1992@msn.com  
Subject: Submitted testimony for SB911 on Mar 18, 2015 08:45AM

**SB911**

Submitted on: 3/16/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
ADOLFO SOLIS	Individual	Support	No

Comments: As a person who lives with a severe latex allergy, I strongly support this legislation. It is important to me to be able to access latex-safe health care & food services to have a better quality of life while living with this allergy. I also hope that others can be spared the suffering I've had to go through with my latex allergy. Please pass SB 911 SD2 for the well being of all those who are already latex allergic as well as for those who will develop this horrible, life-threatening and life-changing allergy if they don't avoid exposure to latex. It can happen to anybody. Sincerely, Adolfo Solis

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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Hawaii Committee on Health  
Rep. Della Au Belatti, Chair  
Rep. Richard P. Creagan, Vice Chair  
Testimony of Anna M. Salanti on SB911, SD2  
March 18, 2015

Thank you Rep. Della Au Belatti and Rep. Richard P. Creagan for allowing me this opportunity to submit testimony on SB911, SD2. My name is Ana Salanti, RN, CCM. I appreciate the opportunity to present testimony in support of SB911, SD2.

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.

SB911, SD2 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: on July 23, 1997 (NIOSH, 1997) was when the United States Health Department through the Centers of Disease Control and the NIOSH Alert on work related latex allergy was published. The publication states that latex allergy results from repeated exposures to natural rubber latex proteins from inhalation and/or skin contact.

By the mid 1980's, latex was recognized as a major occupational hazard for health care workers and patients (Holter, G., et. al, 2002). This was THIRTY years ago. NINETEEN years ago in 1996 The American College of Allergy, Asthma, and Immunology recommended the complete avoidance of latex materials in medical institutions (Sussman & Gold, 1996).

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)
- 11% of elderly population (Grieco, et. al, 2014)
- 10% of rubber industry workers (Pien, 2010)
- 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 17 years since the United States Department of Health issued its latex warnings? Too many individuals are now suffering a lifetime sentence of latex allergy that is 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 during a health care exam, surgical procedure, or ingested in contaminated food. Latex allergy is a preventable 100% of the time with a 0% cure rate all of the time.

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. Consequently, 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 allergic 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.

Latex allergy is a serious health hazard and has been very well documented in the health care industry. In the literature, there are well-documented cases of food service handlers becoming sensitized to latex gloves as well as latex allergic consumers having life threatening reactions from eating foods contaminated with latex proteins by food handlers using latex gloves. Low protein, non-powdered latex gloves are not a solution but a contributing factor to increased latex sensitization.

It is possible to switch from latex to non-latex food service without great difficulty or delay. In June 2001, legislation banning latex gloves in food service passed both houses of the Rhode Island legislature with the ban becoming effective on July 13, 2001. The health departments in Arizona and Oregon issued regulations banning latex gloves in food service on April 23, 2001 and November 2003, respectively. The bans in those two states became effective six months later: for Arizona October 3, 2001, for Oregon, March 2003. The penalty for not abiding by this ban is \$500 in Rhode Island and Oregon. The Oregon ban protects 113,000 restaurant employees and even more customers from latex exposure each year (DHS, 2005). Since the ban on latex gloves in food service establishments, latex allergy reports among both customers and restaurant workers have ceased in Oregon.

Due to the changes in pricing of latex gloves and their alternatives, hospitals, medical and dental offices, and food service establishments would obtain a cost savings by switching to non-latex alternatives. Today the cost of latex gloves is greater than vinyl and nitrile gloves. Retail pricing for a box of 100 powder-free gloves for each type are as follows:

- Latex \$14.99
- Nitrile \$12.99
- Vinyl \$7.49

The cost of latex allergy 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, liability suits, and legal fees are but a few examples. Additionally, businesses would save money by using cost-effective and viable alternatives to latex gloves.

It has been at least 30 years that latex has been recognized as a major occupational health hazard for health care workers and patients. Throughout the United States and Europe numerous hospitals, dental, and health care facilities have banned not just latex gloves but all latex materials. Why are we still discussing this issue? The Hippocratic Oath states "First, do no harm". It is incomprehensible that health care providers use materials that are well known to cause an incurable disease.

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 advocate for you to do the right thing and to set the gold standard by passing SB911, SD2.

Respectfully submitted,

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**To: Rep. Della Au Belatti, Chair; Rep. Richard P. Creagan, Vice Chair, Committee on Health**  
**Re: SB 911 SD2**  
**Hearing: 3-18-15 at 8:45am**

My name is Catherine Ward, and I'm writing to present my testimony in support of measure SB 911 SD2. I'm 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, which may have contributed to me becoming sensitized to latex.

After sleeping on a new natural latex rubber foam bed I bought in November of 2012 for 10 months, I became extremely ill and was diagnosed with an airborne and contact latex allergy in October of 2013. Prior to that date, I was unaware of my latex allergy, but had suffered from severe asthma and multiple allergies since childhood. 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 co-workers' 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-safe 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.

I get severe latex allergy reactions from printer's ink (contains latex) in the air when I go into my doctor's office. No latex gloves are used there. I'm no longer able to have a printer in my house, read any books or be exposed to any printed materials due to my severe allergy to latex ink. At my doctor's, I must be seen outside in the back of the office whenever possible. 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 am blessed to live in Arizona, which is one of the three states in the U.S. that bans latex glove use in food service. However, I have had severe allergic reactions in my own home caused by inadvertently ingesting latex glove residue on foods and tea I've consumed as well as paper plates I ate off. The following are a few of the products that caused me to have these reactions: Prince of Peace Organic White Tea Bags, ground elk, ground kangaroo, ground venison, and quail (all by Durham Ranch), and Hefty Diamond paper plates. I never imagined that I would now need to check every single product with the manufacturer before consuming it to be sure it hasn't been handled with latex gloves because the gloves shed or slough off microscopic latex particles which can cause a life-threatening allergic reaction (anaphylaxis) in an allergic individual. Upon ingesting latex glove residue from contaminated products, I have experienced the following severe symptoms: diarrhea, stomach and uterine cramps, wheezing, itching, hives, low blood pressure, dizziness, fatigue, heart palpitations, swelling and itching of my mouth and throat, and have even had my throat closing up. After the most severe of these reactions, I realize how lucky I am to still be alive thanks to an EpiPen and treatment.

I'm no longer able to go grocery shopping because of my latex allergy, so my husband does all our shopping. We used to love our local Sprouts Farmers Market, but I began to have latex allergy reactions to all the groceries he would bring home from there because they frequently put up colored latex balloons in the store to advertise sales. Balloons slough off a latex dust which contaminates everything, similarly to latex gloves. He tries to avoid this store as much as possible now, but whenever he has to buy things from there, they must be wiped down before being brought in to avoid causing me a severe reaction.

I implore you to 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. I happen to know several latex allergic individuals who plan their vacations exclusively in the three states where latex is banned in food service, so by passing SB911 SD2, Hawaii would become the fourth state in the U.S. that bans latex in food service and would be even more attractive to tourists by also having latex banned in healthcare settings! SB 911 SD2 will also save employers the expense of having to pay out Worker's Compensation claims because some employees inevitably become sensitized to latex from using latex gloves at work and become disabled due to their latex allergy. SB 911 SD2 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.



**BEFORE (I used to be able to go out places and enjoy life.):**



**AFTER (Now I must wear this respirator for protection from airborne latex & rarely leave the house except for medical treatment.):**



Please pass SB 911 SD2 and help save others from becoming disabled by latex allergy like I am and having to wear a respirator like this in order to survive. It's the humane thing to do. Please make the fines for violations of this legislation stiff to insure the law is complied with. Many latex allergic individuals like me can be severely injured by the use of latex and require treatment with Epipens, rescue meds, and emergency care to treat anaphylactic reactions to latex. For me and so many others, a violation could cause an allergic reaction with severe consequences including death.

Thank you for your kind consideration of my testimony.

Sincerely,

A handwritten signature in cursive script that reads "Catherine Ward".

Catherine Ward

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

[cathyward74@gmail.com](mailto:cathyward74@gmail.com)



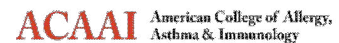
## Are latex proteins from natural rubber latex gloves transferred to food?

**Answered by:** Donald Beezhold, PhD, Senior Scientist


Yes, latex proteins are transferred to almost any surface that is contacted by natural rubber latex gloves (1,2). This transfer is dependent on the concentration of NRL protein contaminating the glove and the texture of the surface that is contacted. The presence of moisture on the contact surface will enhance the transfer. We know that latex allergic patients can have severe allergic reactions to foods handled by latex gloves (2,3) where food cross-reactivity is not an issue. Low protein gloves transfer proteins at a level that we can not detect in the laboratory, however some highly sensitive patients may still be able to detect them. Based on our understanding of the available data, it is highly recommended that food handlers do not wear latex gloves.

1. Beezhold DH, Kostyal DA, Wiseman JS. The transfer of protein allergens from latex gloves. A study of influencing factors. AORN 59:605-614, 1994
2. Beezhold D, Reschke J, Allen J, Kostyal D, Sussman G. Latex protein: A hidden food allergen? Allergy Asthma Proceedings 21:301-306, 2000.
3. Bernardini R, Novembre E, Lombardi E, Pucci N, Marcucci F, Vierucci A.

Anaphylaxis to latex after ingestion of a cream-filled doughnut contaminated with latex. J Allergy Clin Immunol. 2002 Sep;110(3):534-5.



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2

## Study Examines Latex Transfer to Food in Packaging

U.K. researchers say even small amounts can be deadly and urge stringent labeling changes

Please note: This article was published more than one year ago. The facts and conclusions presented may have since changed and may no longer be accurate. And "More information" links may no longer work. Questions about personal health should always be referred to a physician or other health care professional.

MONDAY, Aug. 7, 2006 (HealthDay News) -- Food packaging that contains latex should be labeled in order to prevent latex-sensitive people from being exposed to potentially deadly levels of the allergen, a group of experts said in response to a recent study.

The U.K. study found that a third of food packaging tested was contaminated with latex and that, in some cases, the latex was transferred to the food. One brand of chocolate biscuit contained 20 times the amount of latex that can cause a reaction. It's believed that as little as a billionth of a gram (1 ng/ml) can be enough to cause a reaction.

Researchers measured the presence of four major latex allergens in 21 types of food packaging for fruits and vegetables, meat, confectionary, pastry and dairy products. The highest latex levels were on ice-cream wrappers. One ice-cream wrapper had more than 370 ng/ml of latex, and the ice cream itself contained about 14 ng/ml.

One company told researchers that it sprayed entire wrappers with latex adhesive, so that the wrappers could be sealed with minimum wastage.

The study was published in the *Journal of the Science of Food and Agriculture*.

The findings are significant, experts from the U.K. Latex Allergy Support Group (LASG) Advisory Panel told the journal *Chemistry & Industry*.

"For a few people, natural rubber latex is a very potent allergen, and for these individuals, there is no safe level of exposure," LASG representative Graham Lowe said in a prepared statement. Latex transfer to food could account for some currently unexplained reactions, he noted.

More information

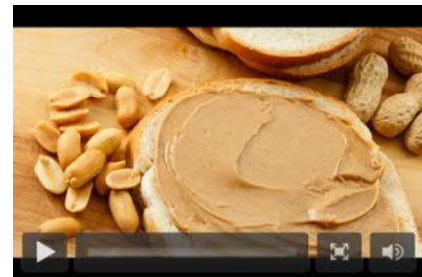
The American Academy of Family Physicians has more about [latex allergy](#).

SOURCE: *Chemistry & Industry*, news release, Aug. 6, 2006

-- [Robert Preidt](#)

Last Updated: Aug 7, 2006


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Introducing peanuts during the first year of life may help prevent peanut allergy in high-risk children.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, March 16, 2015 1:28 PM  
To: HLTtestimony  
Cc: tfairbanks@kbhmaui.com  
Subject: Submitted testimony for SB911 on Mar 18, 2015 08:45AM

**SB911**

Submitted on: 3/16/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Thomas Fairbanks	Individual	Oppose	No

Comments: I oppose this bill for restaurants. If someone has a latex allergy and goes to a restaurant they can alert the restaurant staff. This will cause undue hardship and increase expenses. to accomodate 1% of the population. We already have expensive labor costs, food costs, and new Health dept regulations and permitting fees that have doubled and charged every year now. Enough is enough. Health professionals should know what to do and not be regulated on this either. It is a superfluous layer of government on business.

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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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, March 17, 2015 9:41 AM  
To: HLTtestimony  
Cc: goodfight97@aol.com  
Subject: Submitted testimony for SB911 on Mar 18, 2015 08:45AM

**SB911**

Submitted on: 3/17/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Alice F.Boyd BSMT(ASCP)	Individual	Comments Only	No

Comments: March 17, 2015 To the Honorable Members of the Hawaii State Legislature.: I do apologize, I am unable to testify in person because of my severe allergy to latex. Your Chambers are most probably full of items that contain latex, or there may be residual latex from latex balloons that may have been in the area. Latex is everywhere! I do respectfully request that the Legislators of Hawaii continue to support and pass into law SB911. As a medical professional who has had latex allergy for 30+ years, I was forced into early retirement, because of the presence of latex in my workplace. The hospital no longer uses latex gloves, but there are so many other avenues of latex exposure beyond gloves. Everyday, I am dealing with this life altering, and life threatening allergy. It is imperative that I and my fellow latex allergic persons "KNOW WHERE THE LATEX IS" so we can avoid exposure! I believe that it is our right to know. Every exposure makes the allergic reaction worsen. There is no cure, or allergy shots for latex allergy. Once you have developed the allergy, it becomes part of your life, and every exposure worsens the reaction. Avoiding exposure is a way of life for us. My primary dentist has a totally latex free office; even the erasers on pencils used in her office, and stretchy bands (not rubber bands) are made from silicone. During a treatment for a root canal, a different dentist agreed to NOT wear latex gloves, but had no alternative for replacing the latex "dam" that she needed to stretch across my face. Once the latex dam was in place, I broke out in hives and had difficulty breathing. One Epi- pen and a large dose of Benedryl prevented another trip to the ER. Once I suffered a severe latex exposure related asthma attack and was admitted to the hospital. The roommate's children came to visit, and had just come from a birthday party. Of course, latex balloons were there in abundance at the party and the kids brought some balloons to the hospital for their mom. The nurses stopped the latex balloons from coming into my room - but the residual latex powder/dust from the balloons was all over the kid's clothing, and I had a severe anaphylactic reaction, requiring 3 Epi-pens and IV steroids to stop. I nearly died! Food handled with latex gloves picks up particles of latex rubber, and if I eat it, I suffer a severe abdominal reaction. I recently choked at a restaurant after eating some delicious green beans. The waitress reluctantly admitted that the sometimes use latex gloves to prepare the food. She offered to call an ambulance. When I inhale airborne latex, my coronary artery can go onto spasm, that can then cause a heart attack. This has happened to me 3 times. Once, my husband and I took a Cruise. I reacted to something! I was put off the ship; I needed to be air-ambulanced back to the USA (at a cost of \$28,000.00) for appropriate care. My heart was fine once the allergic reaction was treated. I am now essentially housebound, as any exposure to airborne latex from the dust of latex gloves, and/or latex balloons causes me to suffer a life-threatening anaphylactic reaction - even residual airborne latex

dust that settles out on people's clothing if they present where latex balloons or latex gloves were used can cause me to react. Going to the Mall is a special outing for me, and requires bumping up the amount of medication I must take, before I go. I am lucky that my local grocery store has agreed to not use latex gloves. They do sell inflated latex balloons, but they try to blow them up in areas of the store I wouldn't go, and they put a large plastic bag over the bouquet of balloons. "Latex is everywhere" ! It is reported that 15% of medical personnel have become allergic to latex; 6% of the general population is reported to be allergic to latex. I compare that to 1% of the population with an allergy to peanuts. Many of that 1% are children, but as many as 72% of children with spina bifida have developed an allergy to latex. Don't they and all of us have a right to know where latex is used, and where we can be safe? People with peanut allergy have fought for, and achieved their right to know where the dust from those peanuts are, so they can avoid that area. It is imperative that we begin to regulate the exposures to latex, for those of us with the allergy, and for those that may become allergic in the future. We also have the right to the same protection as those with peanut allergy! Please help us know where the latex is – and if the food we eat has been handled with latex gloves. I thank you, Alice F. Boyd BSMT(ASCP)

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 SB 911, SB2  
RELATING TO LATEX

HAWAII HOUSE OF REPRESENTATIVES  
COMMITTEE ON HEALTH  
Rep. Della Au Belatti, Chair  
Rep. Richard P. Creagan, Vice Chair

March 18, 2015

Thank you for the opportunity to present testimony regarding SB 911 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.

Humans cause this horrible allergy by using latex products when latex-free are available. The critical key to preventing latex allergy and reactions is to avoid exposure to latex products. With a change from latex to non-latex gloves, we could dramatically reduce the incidence of new cases of latex allergy and make life much safer for those of us who already have latex allergy.

Let me tell you about a few of my friends who have latex allergy because of medical and dental exposure to latex as children. D and K have been allergic since they were toddlers, but at 2 or 3 years of age their latex allergy became more severe after dental visits where latex gloves were used in their mouths and pressed against their cheeks. A and J have had latex allergy their whole lives. They were born prematurely and hospitalized for several weeks in the mid-1980s – right as latex gloves were mandated in hospitals. Over time with additional exposure, they progressed to full anaphylaxis. All four individuals developed latex allergy as young children. Children who could no longer go to birthday parties with balloons, no longer wear normal kid clothing, who carry EpiPens and Benadryl and wear Medic Alert bracelets for the rest of their lives. And this was avoidable.

In spite of numerous studies over the past 20 years which have proven that health care workers wearing latex gloves cause latex allergy – a life-long, irreversible, life-threatening condition – to themselves and their patients, some health care professionals still resist the change from latex to



non-latex gloves. They cite excuses including quality and cost. Yes, 15 years ago the non-latex gloves absolutely *were* inferior. I wore them. They ripped easily and were more expensive than latex at that time. But today the non-latex products are competitive or cheaper in cost and actually superior in quality because they are both safe and effective.

We hospital pharmacists handle concentrated chemotherapy – a highly hazardous compound that must be prepared using numerous safety precautions for our own safety including masks, gloves, gowns, and a special room under a chemo hood. In the 1980s and 90s, I wore two pairs of latex glove to prepare chemotherapy. What do most pharmacists use today? A single pair of quality latex-free chemo gloves – gloves that are effective, comfortable, and safer for both me and the patient.

Many hospitals have eliminated latex-free gloves: large health-systems like Johns Hopkins in Maryland and Scripps in California and even small hospitals scattered here and there in rural settings across the USA. Some restaurant chains have latex-free glove policies as well – Red Lobster, Burger King, Quiznos, and a few more – and many privately owned restaurants do too, usually because one of the chefs has latex allergy. We would hope all hospitals, dentists, clinics, laboratories, and restaurants would change on their own, but they haven't. People really do resist change: doing nothing is much easier than change. But too many patients, customers and employees are being exposed and placed at risk. *This is a public health concern. This is why we need your support by passing SB 911.*

Having latex gloves in the hospital puts patients at risk. In my own community, there are no hospitals that have entirely eliminated latex gloves. If I need surgery, I must be the first case of the day to avoid latex particles in the surgery suite. If I need an emergency surgery, I would endure exposure and be given steroids and other medications to attempt to minimize the inevitable reaction.

More surgical patients have anaphylaxis from latex (12-16%) during anesthesia than from antibiotics (8%). A patient in Tennessee had chestnut allergy (a known cross to latex) but did not have a diagnosis of latex allergy at the time her surgery. Her nurse did not notify the surgeon, food service, or any other department that the patient was high risk for latex allergy because of her food allergy. She had symptoms immediately after surgery and died the following day from anaphylaxis. A law suit was filed by the family and the jury award was \$4.7 million.(1, 2) Yet latex gloves continue to be used across the country.

### **About latex allergy**

Statistics on latex allergy vary by resource because reporting of latex allergy to a central agency is not mandated, consistent or even encouraged. However, the Centers for Disease Control (CDC) and American Latex Allergy Association (ALAA) estimate that up to 6% 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.(3,4) A study published in 2014 indicates that 11.4% of elderly have latex allergy.(5) There is also evidence that food industry workers' latex allergy rate is similar to health care workers.(6)

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 is further exposed to latex; their allergy may progress to anaphylaxis before getting a diagnosis.

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

I belong to a latex allergy support group and we get at least one new member every single day: health care workers, hair stylists and tattoo artists, food service employees, day care workers, military, and even parents of preschoolers to teens with latex allergy. Even though latex allergy falls under the Americans with Disabilities Act, these people struggle to find latex-free food, latex-safe medical and dental care, latex-safe schools for the children, latex-free clothing, and latex-safe work environments. I personally know several people who are 100% disabled from latex allergy including a couple who can only leave their homes if they wear respirators.

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.(7) 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 single 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. 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.(3)

Latex is often used in glues and adhesives. Deaths have been reported from 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.(8)

Some groups may attempt to imply that low-protein powder-free latex gloves are safe. While it may be true that low-protein gloves are less likely to cause someone to develop latex allergy than

the gloves I wore in the 1980s and 90s, low-protein gloves are absolutely NOT safe for someone like me who is already sensitized to latex.

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.

While use of latex gloves and balloons in health care environments has declined somewhat, the use in other environments has increased. Today everyone has access to disposable latex gloves and the vast majority of users have no idea that latex 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 also through exposure as a patient treated by dentists and physicians wearing latex gloves. With the risk factors of eczema and seasonal allergies, the exposure to natural rubber latex gloves and medical/dental products caused my latex allergy. Repeated exposures worsened it to the point of life-threatening anaphylaxis.

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 since very little was known about latex allergy back then I could have easily died.

In the early 90s, I went back to work as a hospital pharmacist. By then, pharmacy technicians were making most of the IVs and TPNs, so I only wore gloves briefly during my shift. However, I soon developed symptoms of food allergies that we now know are associated with latex allergy. Neither my internal medicine doctor nor my dentist could explain these symptoms – what we is now known as “latex-fruit syndrome” – whenever I ate fresh tomato, strawberries, or green pepper.

In 2003 following my second c-section (and more medical exposure to latex), I worsened – as this allergy is known to do – from a mild, contact latex allergy to full anaphylaxis from 2 bites of a restaurant meal that was prepared with latex gloves. 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, but their entire kitchen is contaminated with latex particles or the plates were washed using latex gloves. This transfer of latex proteins from gloves to food has been documented in the literature (Beezhold, et al) and there is no clinical reason for food handlers to wear 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 pre-packaged 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 honeymooned and 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 to reacting 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. 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 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, they avoided Workers' Comp claims, and he was happy to learn more about latex allergy to better care for our many latex-allergic patients. Since we moved to California in 2013, sadly, I have not been able to find latex-safe employment.

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. Doctors, nurses, pharmacists, and other health care professionals learn very little about latex allergy in their training. 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 medicine, 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 the injectable medication vials.

I cannot be safely treated in any clinic, hospital, pharmacy, or ancillary care facility that uses latex gloves or allows latex balloons. Another problem is the lack of awareness 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 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 admitted she 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 the hospital was not safe for anyone with a severe latex allergy. 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. None have 100% elimination of latex gloves. Only one has eliminated gloves everywhere except OR. 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.
- After being assured by appointment staff 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.
- I was unable to get physical therapy for a knee injury due to latex use at all area PT clinics.
- A dental hygienist wore 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.

Let me describe a few changes that I have had to make in my life because of latex allergy:

- I buy expensive, custom underwear made from 100% cotton and latex-free elastic
- "Tagless tags" in t-shirts contain latex so I must cover the tags with safe fabric
- I search for socks with no elastic and jeans without spandex (typically contains latex)
- I read newspapers online because the ink or paper has latex residue on it
- I skip birthday parties, school programs, family celebrations, and graduations for fear of balloons
- I have had to change jobs and lie about my allergy to get a job
- I have been discriminated against twice because of my allergy. Yes, it is an ADA violation, but it is nearly impossible to prove

- I call dozens of health care providers and dentists to find one that is latex-safe. I am unable to get physical therapy in a clinic because of all the latex in their products.
- I call manufacturers of every food I eat, every pill I put in my mouth, and every product I use on our body to find out if it is contaminated with latex
- We choose vacation destinations based on latex laws
- I call dozens of restaurants to find a safe place to celebrate an anniversary or a birthday

## SUMMARY

Having risk factors and being exposed to latex products cause latex allergy. We knew by the late 1990s what causes latex allergy, yet here in 2015 we continue to expose workers and patients and customers to latex unnecessarily.

As a health care professional, 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 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, and much more.

SB 911 would address several major challenges for people with latex allergy: finding safe health care, dental care, emergency services, and food services. I applaud this effort and admire Hawaii for stepping up to address this extremely challenging disability and leading change to set the standard for the entire USA.

Please support the proposed SB 911 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

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- 3) <http://www.cdc.gov/healthcommunication/ToolsTemplates/EntertainmentEd/Tips/LatexAllergy.html>
- 4) American Latex Association [www.latexallergyresources.org](http://www.latexallergyresources.org)
- 5) <http://www.immunityageing.com/content/11/1/7>
- 6) Journal of Food Protection, Vol 71, No. 11, 2008 Page 2336, Latex Glove Use by Food Handlers: The Case for Non-latex Gloves
- 7) <http://acaai.org/allergies/types/skin-allergies/latex-allergy>
- 8) <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/foodsantiationrulesweb.pdf>

*Resources:*

American Latex Allergy Association [www.latexallergyresources.org](http://www.latexallergyresources.org)

American Academy of Allergy Asthma & Immunology [www.aaaai.org](http://www.aaaai.org)

American College of Asthma, Allergy and Immunology [www.acaai.org](http://www.acaai.org)

OSHA [www.osha.gov/SLTC/latexallergy/index.html](http://www.osha.gov/SLTC/latexallergy/index.html)

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

creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, March 16, 2015 6:22 PM  
To: HLTtestimony  
Cc: daniel.bjornn@gmail.com  
Subject: \*Submitted testimony for SB911 on Mar 18, 2015 08:45AM\*

**SB911**

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Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Daniel Bjornn	Individual	Support	No

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Hawaii [SB 911](#)

Debra Scott, tourist and frequent traveler

To the Ways and Means Committee of the Hawaii Senate,

Thank you for reviewing this 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 10<sup>th</sup> 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 including restaurants and hotels, 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 SB911 is 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). My dentist of 7 years sent me a letter that said it was not safe for me to be seen in his office anymore.

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. Latex transfers easily from gloves to food, and stays on it indefinitely. Dr Beezhold, Chief, Allergy and Clinical Immunology Branch of the [Centers for Disease Control and Prevention](#), addresses this question: "Yes, latex proteins are transferred to almost any surface that is contacted by natural rubber latex gloves (1,2). This transfer is dependent on the concentration of NRL protein contaminating the glove and the texture of the surface that is contacted. The presence of moisture on the contact surface will enhance the transfer. We know that latex allergic patients can have severe allergic reactions to foods handled by latex gloves (2,3) where food cross-reactivity is not an issue. Low protein gloves transfer proteins at a level that we can not detect in the laboratory, however some highly sensitive patients may still be able to detect them. Based on our understanding of the available data, it is highly recommended that food handlers do not wear latex gloves." - See more at: <http://latexallergyresources.org/ask-the-expert/are-latex-proteins-natural-rubber-latex-gloves-transferred-food#sthash.TRiDrav3.dpuf>

As a tourist in France last year, a restaurant assured me months in advance they only used latex free gloves. The hospital also assured me that the ambulances did not use latex. When the waiter at the restaurant 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. The reaction developed quickly to full anaphylaxis, requiring 2 epis before ambulance could arrive. But the ambulance that came had latex gloves and caused my reaction to get significantly worse. I had to wait for nearly an hour, barely able to breathe, until they could strip basically a delivery truck equipped with only a gurney to transport me to the hospital. As France has no law prohibiting it, we found latex gloves in use in nearly every place we visited, so that I ended up spending most of the trip very ill, and unable to enjoy this beautiful tourist destination.

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.

This is how critical it is for there to be a law that prohibits latex gloves in both food service and health care. Without a law, people can do as they please and are not worried about the potentially lethal consequences of their actions. How many lives have been saved by the seat belt law? How many people will avoid cancer from second hand smoke from the laws restricting cigarette smoking in public buildings and restaurants? How many children will no longer develop latex allergy if latex gloves are banned from the food they eat and the medical and dental care they receive? How many worker's comp cases will you avoid from occupational exposure to latex gloves?

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 as

my father was in the Peace Corps and continued to enjoy frequent domestic and world travel as an adult for both work and pleasure 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. Please pass this bill for all of your Hawaiian neighbors, like Katie Jacintho, who have latex allergy now and for all of those who will develop it soon if you do not pass the bill.

Thank you for hearing my testimony

Debra Scott  
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916-489-9553

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, March 17, 2015 3:57 AM  
To: HLTtestimony  
Cc: smh2402@yahoo.com  
Subject: \*Submitted testimony for SB911 on Mar 18, 2015 08:45AM\*

**SB911**

Submitted on: 3/17/2015

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<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sandra Hoebeke	Individual	Support	No

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, March 17, 2015 10:20 AM  
To: HLTtestimony  
Cc: sarah@lukelink.com  
Subject: Submitted testimony for SB911 on Mar 18, 2015 08:45AM

**SB911**

Submitted on: 3/17/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sarah Norman	Individual	Support	No

Comments: Hello! I am so hopeful that this bill is getting support. I personally am severely allergic to latex and cannot eat at/go to restaurants who use latex gloves, go to doctors/dentist offices who use latex gloves and I wear a medic alert bracelet to warn any emergency workers of my allergy! If I lived in a world where there were not latex gloves in these establishments across the board, so much stress would be relieved! I would not only be able to go into these places with less fear, I would also be able to bring my children. By allowing latex gloves to be used so often you are increasing the risk that others too will develop this allergy. I once worked in healthcare. Thank you for your time and please greatly consider passing this!

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creagan1 - Dannah

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, March 17, 2015 8:11 AM  
To: HLTtestimony  
Cc: wayne.wiebe@att.net  
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Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Wayne Wiebe PhD	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, March 17, 2015 12:06 AM  
To: HLTtestimony  
Cc: jacinthow001@hawaii.rr.com  
Subject: Submitted testimony for SB911 on Mar 18, 2015 08:45AM

**SB911**

Submitted on: 3/17/2015

Testimony for HLT on Mar 18, 2015 08:45AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
William Jacintho	Individual	Support	No

Comments: You've heard the facts on latex from other testifiers, and now I'd like to share a few words as a parent. I am surprised that the Department of Health would oppose such an important Health issue like this, and use a poor excuse of how will we enforce it. Give me a break; we are talking about lives here. I am the father of a child who has a latex allergy, and we go through a lot of hoops daily, dealing with this medical condition. I'd like to ask all of you, have you ever tried to eat out either on a trip, for business, or just to enjoy some family time? Well, before we do anything like this, we have to call restaurants ahead, and ask them if they are latex free or not. We've gotten to know of a few where we live, but the very few times we've gone off island, it's been a challenge. This is only one of the many hoops we deal with. Shopping for clothes is a challenge, as what she buys can't have forms of latex or any types of elastic bands. She'd enjoy fresh fruit such as pineapple, or banana's for a snack, but due to the latex cross fruit syndrome, now she is unable to eat the fruits she used to enjoy. I definitely see the increase in the allergy, and fear the challenges ahead. The transition from Latex gloves to latex free gloves have comparable pricing, and at times cheaper. I will not be able to attend the hearing, and would be happy to share anything with you, and answer any questions as a parent you may have. This bill does not cost the tax payers any money, and saves lives. Thank you for your dedication as legislators, William Jacintho

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

**Hearing to be held Wednesday March 18<sup>th</sup>, 2015 08:45**

**COMMENTS TO THE HAWAII STATE COMMITTEE ON HEALTH  
ON SB 911 SD2 REGARDING THE USE OF LATEX GLOVES IN HEALTH  
CARE FACILITIES AND IN FOOD ESTABLISHMENTS**

*Presented 17 March, 2015*

*By Dr. Esah S. Yip, U.S. Director*

*Malaysian Rubber Export Promotion Council*

*Washington, D.C.*

Thank you for the opportunity to comment today on Senate Bill 911, which would prohibit the use of natural rubber latex (NRL) gloves by employees of health care facilities and food establishments in the State of Hawaii.

While the intent of this bill – to protect those who suffer from latex allergies – is commendable, I believe that enacting this legislation could have unintended negative consequences, thereby compromising the safety of many health care workers. I therefore would like to draw your attention to several important points regarding the proposed course of action.

**Addressing latex protein allergy in *Healthcare Facilities***

First, latex protein allergy reported in health care settings arose from the use of an older generation of latex gloves that did not control levels of protein, the allergy-causing ingredient. Because of advancements in glove manufacturing technologies, the allergenic potential of latex gloves can now be vastly reduced.

The safe use of these low-protein latex gloves has been shown by many independent hospital studies in the U.S., Europe and Canada, to result in a significant decrease in the incidence of latex allergies<sup>1</sup>. More importantly, *latex allergic individuals wearing synthetic gloves* have been shown to be able to work safely alongside co-workers who wear the improved latex gloves. At least one study shows that even latex allergic health care workers could be safe wearing latex gloves with very low protein/allergen content in



performing their work assignments. Furthermore, none had to change jobs or to retire because of latex allergy.

Furthermore, the positive impacts of low-protein latex gloves leading to the decline in latex allergy incidences have been acknowledged in 2005 and 2007 by several renowned allergy researchers<sup>2</sup> from the then Chairman of the Allergy Committee of the American Academy of Asthma, Allergy and Immunology (AAAAI), from NIOSH, University of Toronto as well as the Wisconsin of Medical College. It was pointed out by all of them that the decline is attributed to the availability of the improved latex gloves with vastly reduced residual protein/allergen levels. It was even suggested that the allergy epidemic seems to have been eliminated

As a matter of fact, organizations such as the National Institute for Occupational Safety and Health (NIOSH), the Occupational Safety and Health Administration (OSHA), the American College of Allergy, Asthma and Immunology (ACAAI), and the American Nurses Association do recommend the use of low-protein/ low-allergen options when latex gloves are used.

#### **Addressing latex protein allergy in *Food Establishments***

With regards to food-mediated latex allergy reactions, there is little evidence to suggest an unacceptable consumer safety risk if foods are prepared using natural rubber latex gloves.

For example, in April 2002 at the height of the latex allergy crisis when many high powdered and high protein gloves were still being used, at the Conference on Food Protection (CFP) – an organization that profoundly influences model laws and regulations among all government agencies and minimizes disparate interpretations and implementation – the FDA reported that although there were 75 self-reported cases of food-mediated latex allergies were received from consumers, these cases “*are not clinically verified through medical records and it is possible that some of the reactions described could have been due to consumption of foods that cross react to latex protein (e.g. kiwi, bananas, buckwheat, stone fruits, potatoes, tomatoes, sweet pepper, chestnuts, spinach, etc.)*.” The CFP concluded that there was much uncertainty about allergens being transmitted from latex gloves and their effects on consumers, and there was a need for more studies on this matter.

In August 2003, the Additives and Ingredient Subcommittee of the Food Advisory Committee to the FDA’s Center for Food Safety and Applied Nutrition (CSFAN) conducted a two-day hearing on this issue. After gathering and thoroughly examining information from independent experts and interested parties from the public, the Subcommittee reached a consensus and concluded: “*The evidence is suggestive of a weak positive relationship between the use of natural rubber latex gloves and food-mediated latex allergic reactions. The data linking the presence of these [latex] proteins in foods to allergic reactions is based primarily on anecdotal evidence, and is very weak.*”<sup>3</sup>

With very little scientific evidence to support that the use of natural rubber latex gloves in food preparation causes allergic reactions through food ingestion, I believe any ban on natural rubber products is unwarranted.

### **Benefits of low-protein latex gloves**

#### ***Barrier Protection***

In healthcare settings, the single most important reason for wearing gloves is to protect both the healthcare professionals and their patients against the transmission of blood-borne pathogens, viruses and harmful infectious diseases, such as HIV and Hepatitis B. In the case of food establishments, the use of glove is to protect food consumers from infectious organisms or other contaminants on wounded or inadequately washed hands of food workers. Such contaminants could lead to undesirable serious foodborne illnesses.

Although there are a number of non-latex gloves available, one should be mindful that different glove materials have different barrier capability. Natural rubber latex gloves have been proven to provide superior barrier protection. In fact, for this reason, surgeons, dentists and other healthcare professionals prefer latex gloves in addition to their excellent comfort, fit and tactile sensitivity and durability.

The availability of low-protein latex gloves has now made it possible for the majority of health care professionals who are not latex allergic to continue to rely on the unsurpassed barrier properties of NRL gloves to protect themselves and their patients, and prevent further sensitization.

On the other hand, the commonly available vinyl (PVC) gloves have been demonstrated in numerous studies to have high failure rates during use due to their inferior barrier properties<sup>4-7</sup>. As such, while *latex allergic individuals* should avoid the use of latex gloves, they should opt for non-latex gloves that have better barrier capability such as nitrile gloves.

#### ***Toxic Effects of DEHP and Dioxin***

Furthermore, many vinyl gloves often contain a significant level of DEHP (di-2-ethyl hexyl phthalate), a highly toxic chemical that is added to vinyl to give it flexibility. The adverse effects of DEHP are well documented<sup>8-13</sup>. DEHP has been shown to cause testicular damage, suppress or delay ovulation, reduce kidney and liver function, and cause respiratory distress and adverse effects to the heart. Infants, children and pregnant women are much more sensitive than others to such adverse effects. DEHP can leach out of vinyl products, such as disposable gloves, IV blood bags and tubing. In July 2002, the FDA warned “precautions should be taken to limit the exposure of the developing male to DEHP<sup>14</sup>

Because disposable medical gloves are used in such large quantities, the environmental impact of switching from latex to synthetic substitutes, particularly vinyl must be taken into account. Natural rubber latex is obtained from rubber trees, a renewable resource, and latex gloves are biodegradable. Vinyl gloves, on the other hand, are made of

materials derived from petroleum and are not biodegradable. Recycling of synthetic gloves is expensive and impractical, and disposing it causes the release of large amounts of dioxin and other toxic substances into the air, water, and soil. Dioxin has been labeled as a probable human carcinogen by the World Health Organization and the U.S. Environmental Protection Agency. Incinerating these gloves often emits dioxin, vinyl chlorides and hydrogen chloride into the air and, if buried, they persist for years in landfills, where their toxic chemicals can leach out, poisoning the soil and groundwater, and contaminating the crops and hence food chain.

The State of Maine, for example, passed a law in 2003 making it state policy to reduce the release of dioxin into the environment, with the goal, where feasible, of ultimate elimination. As of 1 January 2009, the State of California prohibits the manufacture and sales of children's toys or childcare articles containing more than 0.1% of DEHP.

### **Conclusion**

While it is essential to be responsive to the specific needs of latex sensitive individuals, it is also very important that the vast majority of the population, which is not allergic to latex, not be denied the excellent barrier protection natural rubber latex gloves provide, among other safety considerations. This is now made possible with the availability of improved low-protein latex gloves. Of course for latex allergic individuals, they should opt for non-latex gloves that have adequate barrier capability than vinyl, such as nitrile.

As for glove use in food establishments, as pointed out by both the Conference of Food protection and the FDA, there is insufficient scientific evidence to show that the use of latex gloves is a real public health problem, and as such, a ban on their use is not warranted.

Thank you very much for this opportunity to comment on Senate Bill 911.

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“At that time (mid-1990s) latex allergy peaked, and 8% to 12% of people who used latex were sensitized to it. Now, that number is down to about 1%. This is mainly due to a change in the way latex gloves are manufactured... (which) has led to a 1000-fold drop in the allergen content of the gloves.” – Kevin Kelly, (Chair of the Latex Allergy Committee for the American Academy of Asthma, Allergy & Immunology), *Health Link, Medical College of Wisconsin, August 2005.*

“Healthcare workers shown to be latex-sensitive were therefore provided with non-latex gloves, and their co-workers with low or non-powder latex gloves” .... “These manoeuvres have reduced the prevalence of new latex-sensitive patients to a minimal degree and it appears that the epidemic has been eliminated.” – Jordan N. Fink, Professor of Pediatrics, Allergy Division, Medical College of Wisconsin, *Business Briefing: Global Surgery-Future Directions, September 2005.*

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