# **Urgent Latex Allergy Issues**

This correspondence has been written in response to questions regarding ASTM proposals on glove color differentiation of latex gloves and the use of latex gloves in food services. I have included draft proposals for the ASTM standards as well as the addresses of individuals to whom you may want to express relevant experiences and opinions.

## **Color (proposed draft)**

ASTM is discussing whether to include restrictions on glove colors in upcoming revisions of medical glove standards. Color restrictions would allow individuals to distinguish between latex and synthetic gloves.

X.X. To facilitate the rapid identification of natural rubber latex gloves by those who must avoid their use due to latex allergy, glove coloration should be restricted as follows:

X.X.1. Natural rubber latex glove coloration shall be limited to the buff, beige and tan tones reflective of their historical appearance. This limitation also applies to natural rubber latex/synthetic blends. Alternatively, the presence of latex may be distinguished by so designating on each individual glove.

X.X.2. Synthetic gloves must be readily distinguished from natural rubber latex by limiting their finished appearance to colors other than the buff, beige or tan tones. Alternatively, gloves may be distinguished by identifying "synthetic" or the base material composition (e.g. vinyl) on each individual glove.

# **Food Handling (proposed draft)**

Discussions are currently being held as to whether natural rubber latex gloves should be restricted from use in food services. It is proposed that the new ASTM standard on gloves for use in food services shall contain wording similar to the following:

It has been demonstrated that allergens can be transferred to foods when natural rubber latex gloves are worn during food preparation. To avoid the risk of reactions by latex allergic individuals who consume such foods, latex gloves shall be prohibited from use in the preparation or handling of foods.

### <u>Addresses</u>

Individuals who wish to express their opinions, provide additional data or relate patient or employee experiences relevant to either or both of these topics may address their comments to:

#### FDA:

Dr. David W Feigal HFZ-001 Director CDRH FDA 9200 Corporate Blvd. Rockville MD 20850 301-827-7975 dwf@cdrh.fda.gov

Dr. Chiu Lin HFZ- 420 Chief Device Evaluations FDA 9200 Corporate Blvd. Rockville MD 20850 301-443-8913 cxl@cdrh.fda.gov

(Food only): Joseph A. Levitt Esq
Director, FDA
Food Safety and Applied Nutrition
200 C Street, S.W.
Room 6815
Washington, DC 20204
301-436-1600
joseph.levitt@cfsan.fda.gov

#### OSHA:

Dr. Richard Fairfax, Director
Directorate of Enforcement Program
DOL/OSHA
200 Constitution Ave. NW
Washington DC 20210
202-693-2100

#### NIOSH:

Dr. Al Munson, Director NIOSH Mail Stop 020 1095 Willowdale Road Morgantown WV 26505-2845 304-285-6121 akm5@cdc.gov

Don Beezhold, Toxicologist NIOSH Mail Stop 020 1095 Willowdale Road Morgantown WV 26505-2845 304-285-5720 zec1@cdc.gov

#### ASTM:

Kok-Kee Hon ASTM Chairman D11 6324 Meetinghouse Way Alexandria, VA 22312 – 1718 KKHON@aol.com

Please pass this document to anyone you feel would be interested.

Thank you,

Wava Truscott, PhD

Director, Scientific Affairs and Clinical Education

Kimberly-Clark Health Care 1400 Holcomb Bridge Rd Roswell, GA 30076

War Truscott

Phone: 770-587-8447 Fax: 770-587-7764 wtruscott@kcc.com