![Wellness_Center_[color].png]()

LATEX ALLERGY RESPONSE POLICY

**PURPOSE:**

When working in the clinical setting or Health Professions skill/simulation labs, students and faculty may be exposed to latex and other allergens. This policy is intended to ensure that there is a plan in place to deal with potentially dangerous allergic reactions in students or faculty.

**POLICY:** Students with a latex or other serious allergy must have documentation from a primary care provider that outlines the treatment to be administered in the event of an allergic reaction. The allergy and response plan must be disclosed and provided to all instructors working with the student, either in campus labs or clinical settings. Latex-free gloves will be provided for use in the college laboratories. However, the lab environment and clinical facilities are not latex-free; the healthcare environment contains many latex products.

**PROCEDURE:**

For individuals with known sensitivity/allergy to latex or any other element that may be encountered in the lab or clinical environment, it is required that you:

* Obtain consultation from your health care provider about your sensitivity/allergy, risks and treatment.
* Complete an allergy response plan which outlines the treatment to be administered, signed by the provider.

Inform the Skills Lab Coordinator and all of your instructors of your sensitivity. Inform your faculty member of your plan to handle a reaction.

* Sign this form, indicating your understanding of this policy.
* A copy of this form and your allergy response plan will be kept on file in the Nursing department and the Wellness center.
* It is the student/faculty member’s responsibility to carry and have available at all times any medications needed to treat the allergy symptoms according to the response plan.

**In case of a life-threatening reaction in the lab or classroom, an ambulance will be summoned immediately. In clinical settings, the emergency code system of the facility will be activated.**

* Any faculty member or student **may dial 911, state that you have a life threatening allergic reaction or “Latex emergency” and that you need an ambulance.**
* After calling 911, **notify Security at x4710 in Middletown or x9533 in Newburgh**. Security will notify the Wellness Center.
* Do not handle the victim with any latex products.
* Student/faculty member will be transferred to a hospital by ambulance at their own or their insurance’s expense. It is helpful for the ambulance personnel to know the victim’s allergies, current medications and any medical conditions.

 If a student or faculty member has a reaction requiring medical attention, an Incident Report is to be completed and forwarded to the department chair and Wellness Center.

*I have reviewed and discussed the above policy with faculty and staff and I understand that latex products are very common in the health care setting and that I must remain extremely vigilant to avoid contact.*

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wellness Center Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



![Wellness_Center_[color].png]()

ALLERGY RESPONSE PLAN

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergy to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asthmatic: Yes\_\_\_\_\_\_\* No\_\_\_\_\_\_ \*High risk for severe reaction.

**SIGNS OF AN ALLERGIC REACTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SYSTEMS:** | **SYMPTOM:** |  | **SYSTEMS:** | **SYMPTOM:** |
| **Mouth** | Itching & swelling of lips, tongue or mouth |  | **Throat** | Itching and/or a sense of tightness in the throat, hoarseness & hacking cough |
| **Skin** | Hives, itchy rash and/or swelling about the face or extremities |  | **Gut** | Nausea, abdominal cramps, vomiting and/or diarrhea |
| **Lung** | Shortness of breath, repetitive coughing and/or wheezing |  | **Heart** | “thready” or rapid pulse, “passing-out” |

**INDIVIDUAL MUST CARRY AND HAVE AVAILABLE AT ALL TIMES THE FOLLOWING MEDICATIONS TO SELF-ADMINISTER:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTION FOR MINOR REACTION**

1. If only symptom(s) are:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

take\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (medication/dose/route)

**ACTION FOR MAJOR REACTION**

1. If anaphylaxis is suspected and/or symptom(s) are:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IMMEDIATELY!

1. **CALL 911**
2. If victim continues to have these symptoms after \_\_\_\_ minutes, and help has not yet arrived, take the following:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED (Provider): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_**

**DO NOT HESITATE TO CALL “911”!**

**EMERGENCY CONTACTS**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For individuals with multiple allergies, use one form for each allergen.**