OMPA PROGRAM 33
LATEX EXPOSURE SURVEILLANCE

Date

Assessment Date

Command Name

Date of Command Brief

Assessment completed by

Clinic Name

Program Purpose
Reduce latex exposure to the maximum extent possible minimizes sensitization and development of new latex allergy cases.

Program Goals

The goal of a successful LATEX SURVEILLANCE (Program 33) assessment for Navy OM clinics includes:
1. Identifying those at-risk or already diagnosed with latex and latex containing product hypersenstivities or allergies.
2. Identifying potential exposure risks to reduce risk of exposure to latex and/or latex containing products to the lowest level possible in accordance with references (a) through (n).
3. Ensuring effective, up-to-date training and education tools are provided to personnel and OM clinic staff regarding:
(a) signs and symptoms of latex sensitivity and/or allergic reactions;
(b) supportive development of appropriate treatment protocols
(c) latex exposure prevention management including latex-free product guidance, and latex-free tool kits for personnel and patient care use.
4. Collaborating with Infection Control, Safety, Risk Management, and/or unit supervisors to develop, implement, and maintain proactive facility instructions and environment of care plans that minimize latex exposure

SUPPORTING DATA			
Regulations, Instructions, and References *Select which type of access you have for each of the references listed*			
(a) OSHA Directive: CSP-03-01-005, (01/20) *"Voluntary Protection Program (VPP) Policies and Procedures Manual"*	Hardcopy	Electronic	None
(b) 29 CFR 1910.138, (current) *"Hand protection"*	Hardcopy	Electronic	None
(c) OSHA Standards Interpretation, (10/95) *"Bloodborne pathogens and the issue of latex allergy and latex hypersensitivity"*	Hardcopy	Electronic	None
(d) 21 CFR 801.437, Food and Drug Administration (04/20) *"User labeling for devices that contain natural rubber"*	Hardcopy	Electronic	None
(e) DHHS (NIOSH) Publication Number 98-113 (1998) *"Latex Allergy A Prevention Guide"*	Hardcopy	Electronic	None
(f) NIOSH Alert No. 97-135 (4/21) *"Preventing Allergic Reactions to Natural Rubber Latex in the Workplace"*	Hardcopy	Electronic	None
(g) American College of Allergy, Asthma, & Immunology (2014) *"Latex Allergy"*	Hardcopy	Electronic	None
(h) Latex Allergies (Binkley, Schroyer, & Catalfano, 2003) *"A Review of Recognition, Evaluation, Management, Prevention, Education, and Alternatives"*	Hardcopy	Electronic	None
(i) American Academy of Allergy Asthma & Immunology Assoc (ALAA, 9/20) *"Latex Allergy"*	Hardcopy	Electronic	None
(j) American Association of Nurse Anesthetists (AANA, 2018) *"Latex Allergy Management "*	Hardcopy	Electronic	None
(k) OPNAV 5100.23 (6/20 *"Chapter 20--Personal Protective Equipment"*	Hardcopy	Electronic	None
(l) BUMEDINST 6200.16 (6/17) *"Prevention of Latex Sensitization Among Healthcare Workers and Patients"*	Hardcopy	Electronic	None

Local Command Instructions
*Enter local instruction number in space provided--must be reviewed and updated (as needed) **annually** for a Yes response.*

Last Updated   YES   NO

(n) *"Prevention of Latex Sensitization"*

Tracking and Program Management Tools
INSTRUCTIONS

This Occupational medicine Program Assessment tool is designed as an interactive self-assessment picture of the program being review. Using the color coded scoring range of 1/RED (absolute system failure and noncompliance) to the highest score 5/GREEN (perfect compliance and best practice methods). Any score 3 or lower will require a validation comment in the space provided. This does not mean you cannot add comments of your choice .

#	Assessment Questions	Response	
33.01	Select the option to the right that best describes your overall command or clinic?		
33.02	If not a completely latex-safe facility, does your facility provide easy access to latex-safe materials (box, cart, kit,etc.,...) that identifies the contents as not containing natural rubber latex?" *(Describe the location of access for your OM clinic)*	🟩	🟥
33.03	Which department is responsible for the development, update, and management of your local command latex instruction noted in ref (n)?*(Select from options to the right and provide details in the box below)*		
33.04	Does your local latex instruction include a method of identifying and managing employees and patients with potential or actual latex sensitivity or allergy?	Yes	No
33.05	If there is positive indication of latex sensitization or allergy for an employee, is the employee referred to a provider for further evaluation?	Yes	No
33.06	If there is positive indication of latex sensitization or allergy for a staff member, does your clinic provide information to the unit supervisor to ensure actions are taken to prevent exposure ?	🟩🟨🟥	
33.07	If there is positive indication of latex sensitization or allergy for a staff member, does your clinic provide information to the command safety office in writing?	🟩🟨🟥	

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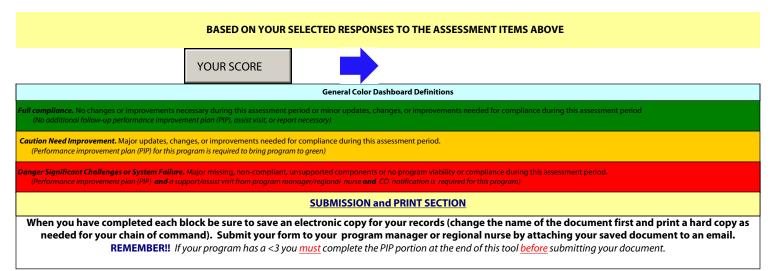| #	Assessment Questions	Response	
33.08	If requested, is your occupational health clinic involved in the selection of new items, equipment, or products to assess for latex content if not done eMSM?	Yes	No
33.09	Are all healthcare workers and other potentially exposure worker populations (foodservice, housekeeping, laundry....) provided training regarding latex awareness?	Yes	No
33.10	Which department is responsible for the development, update, and management of your local command latex exposure prevention training? How is the latex training provided at your facility (e.g., included orientation training, ESAMS, etc.)?		

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ADDITIONALCOMMENTS:
Provide specific information to support your responses from the questions above in the space provided below

DASHBOARD REPORT

The importance of assessing and scoring your program for successes and challenges cannot be underestimated in value. The scoring results of this assessment will be reviewed by your program manager or regional nurse to better assist, support and mentor your clinic as needed. If during the self-assessment process above you have determined that your program needs improvement (or you have a total program score or 3,2, or 1) you must compete the performance Improvement plan section of this OMPA Tool.

BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE

YOUR SCORE

General Color Dashboard Definitions
Full compliance. No changes or improvements necessary during this assessment period or minor updates, changes, or improvements needed for compliance during this assessment period *(No additional follow-up performance improvement plan (PIP), assist visit, or report necessary)*
Caution Need Improvement. Major updates, changes, or improvements needed for compliance during this assessment period. *(Performance improvement plan (PIP) for this program is required to bring program to green)*
Danger Significant Challenges or System Failure. Major missing, non-compliant, unsupported components or no program viability or compliance during this assessment period. *(Performance improvement plan (PIP) **and** a support/assist visit from program manager/regional nurse **and** CO notification is required for this program)*

SUBMISSION and PRINT SECTION

When you have completed each block be sure to save an electronic copy for your records (change the name of the document first and print a hard copy as needed for your chain of command). Submit your form to your program manager or regional nurse by attaching your saved document to an email.
REMEMBER!! *If your program has a <3 you* <u>*must*</u> *complete the PIP portion at the end of this tool* <u>*before*</u> *submitting your document.*

CONGRATULATIONS!
YOU HAVE COMPLETED THE PROGRAM 33
LATEX SURVEILLANCE PROGRAM!

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PROCESS IMPROVEMENT PLAN

If during the self-assessment process above you have determined that the PROGRAM INTEGRATION program needs improvement (or you have a total program status of <3) complete the following PIP. This is an ongoing plan that must be updated until your program status has improved to >3.

Date PIP initiated:

Describe your plan including steps for success in the box below then proceed to submission section:

Date of PIP update #1

Enter 1st PIP status and update information in box below:

HAS YOUR PROGRAM IMPROVED TO >3? *(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)*	YES	NO

Date of PIP update #2

HAS YOUR PROGRAM IMPROVED TO >3? *(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)*	YES	NO

Date of PIP update #3

HAS YOUR PROGRAM IMPROVED TO >3? *(If YES no additional PIP is needed. If NO --CONTACT YOUR COMMAND OM CONSULTANT OR REGIONAL MANAGER FOR ASSISTANCE)*	YES

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