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Latex allergy

Occupational aspects of management

Evidence-based guidance for
employers



This leaflet is about what to do if an employee is allergic to latex used at work, and measures that can be taken to minimise any problems so that they can stay at work. It is written for employers and summarises evidence-based guidelines.*

*NHS Plus, Royal College of Physicians, Faculty of Occupational Medicine. *Latex allergy: occupational aspects of management. A national guideline.* London: RCP, 2008.

What is latex allergy?

Latex allergy (LA) is an allergic reaction to latex proteins. The symptoms occur when allergic individuals are in contact with latex or the powder from latex gloves, and may include itchy red skin rash, itching eyes and nose, sneezing, coughing, or difficulty breathing and asthma. In rare cases, if an allergic person is exposed to latex it can lead to a severe allergic reaction and death.

Individuals may have other reactions to rubber gloves, which are due to irritation or allergic reactions to other chemicals that are added to the rubber in gloves. These reactions tend to occur several hours after exposure to rubber products. They are separate conditions and are not the focus of these guidelines.

What should an employer do to manage the risk of latex allergy?

Under the Control of Substances Hazardous to Health Regulations 2002, employers must assess all the circumstances in which employees may be exposed to latex. Employers must decide how to either prevent exposure or otherwise implement precautions that will adequately control any risks.

As a means of reducing the risk of LA, the following should be considered:

- Powdered latex gloves should not be used in the workplace – the risk of developing LA is highest with the use of powdered latex gloves.
- A switch to either powder-free latex or non-latex gloves for the whole workforce can be cost effective (in terms of glove costs, compensation).
- Employees with latex allergy, latex sensitivity or latex-induced asthma should use non-latex gloves and co-workers should use powder-free low protein gloves or non-latex gloves.

Gloves made from different materials (eg polyvinyl chloride, neoprene and vinyl) are now available and should be considered as an option for eliminating LA completely from the workplace. However, alternatives to latex gloves have other associated problems, particularly with user satisfaction and barrier effectiveness.

What should you do if one of your employees has symptoms of allergy?

You should refer your employee to the occupational health department (or if you do not have one, to their GP) if they have any symptoms that you think may have resulted from their exposure to latex.

Under the requirements of the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995 (RIDDOR), you have to report incidents of occupational dermatitis and asthma attributable to latex to the appropriate enforcing authority (the Health and Safety Executive or your local authority) and keep a record of such incidents. There is also a voluntary scheme in place for reporting cases of latex sensitisation in healthcare workers and patients to the Medical Devices Agency (MDA). The MDA is an executive agency of the Department of Health.

Remember that early detection of LA may lead to a better outcome in terms of reduction or even elimination of allergic symptoms. All but the most severe cases of LA and latex-induced asthma can be managed at work without the need for redeployment or redundancy by careful personal avoidance of latex at work and minor changes in the workplace.

For a full version of the guidelines for latex allergy see www.nhsplus.nhs.uk