Annual Latex Health Surveillance Questionnaire



Cambridge Health at Work, Box 172, Cambridge Biomedical Campus, Hills Road, Cambridge, CB2 0QQ

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Delivered by Cambridge University Hospitals – a member of NHS Health at Work Network 

Annual Health surveillance is required under the Control of Substances Hazardous to Health (COSHH) Regulations 2002 for all staff who use latex products at work. This surveillance is required as latex is known to cause allergy and early identification of symptoms is important to minimise the health problems associated with latex. This questionnaire is designed to identify if you have any symptoms that may be associated with latex use. It will be initially screened by your manager and a record kept on your personnel file and a copy sent to Occupational Health. If you report symptoms your manager should refer you to Occupational Health and you will be contacted by an Occupational Health Advisor for further assessment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | |  | Date Of Birth: |  | |
| Job: | |  | Department: |  | |
| NI number: | |  |  | Yes  (*please ✓)* | No  (*please ✓)* |
| 1. | Are you required to use latex gloves or other latex products for your work? | | |  |  |
| 2. | Have you been diagnosed with latex allergy by a doctor? | | |  |  |
| 3. | Are you undergoing health surveillance by occupational health for latex allergy? | | |  |  |
| 4. | In the last 12 months have you experienced facial swelling, hives, recurrent blocked or runny nose, eye irritation or difficulty in breathing when working or exposed to latex\*? | | |  |  |
| 5 | In the last 12 months have you had any symptoms of asthma? (*e.g. persistent cough, wheeze, breathlessness*) | | |  |  |
| 6. | In the past 12 months have you had any symptoms of dermatitis/eczema on the hands or forearms? | | |  |  |
| 7. | If answer Yes to questions 5 or 6. Are your symptoms exacerbated/made worse by work? If unsure state yes | | |  |  |
| 7. | Have you seen your doctor about allergy symptoms, eczema or asthma symptoms in the 12 months? | | |  |  |
| 8. | Are you allergic to any of the following – banana, peach, pineapple, potato, avocado, kiwi fruit, papaya, egg, tomato, celery, figs, chestnuts or passion fruit? | | |  |  |

**Signed:** ……………………… **Date: .....................** **Daytime Tel.No**: (*for OH use*)………………….

**Manager action:** (please tick)

- No symptoms – File copy in personnel file (keep for 40 years) □

- Symptoms – Refer OH for enhanced health surveillance □

**Manager’s Signature: ………………………… Manager’s Name: ……………………………**

**Department …………………………………….. Box Number……………………………………**

**Managers’ guidance notes**

Please ask staff member to complete this form annually if they continue to use latex products at work.

If you have a staff member who is known to be latex allergic you should receive notification from Occupational Health that they have undergone health surveillance to ensure their symptoms remain under control and that they are fit to continue at work with latex avoidance. If they have not been assessed by Occupational Health please ensure they are referred for further assessment and advice.

If any of the shaded sections are ticked please ensure your staff member attends Occupational Health for further assessment as this may indicate symptoms of latex allergy that need to be investigated further.

Please ensure that the staff member is aware of the risks of latex allergy and to report symptoms promptly if they develop.

Please make available to staff a copy of *Latex and you* leaflet if not previously advised. This is freely downloadable from <https://www.nhshealthatwork.co.uk/latex-allergy.asp>