Financial Risks* for Hospitals Due to Allergic Contact Dermatitis

ALLERGIC CONTACT DERMATITIS (Type IV allergy) can cause physical, emotional and occupational issues for those affected in the healthcare service industry. The only treatment for those suffering is allergen avoidance. Should exposure continue, chronicity of the condition will continue as well. The result of this continued exposure is a continued breakdown of skin, potentially leading to an infective threat to patients. The costs associated with occupational dermatitis are staggering.

It is believed that thirty-three percent of nurses suffer from hand dermatitis.¹ For a hospital with 25-49 beds and a national average of 1.4 nurses per acute care bed,² that could mean approximately 12-23 nurses suffer from chronic allergic contact dermatitis.

The median number of days away from work for nurses afflicted with occupational dermatitis is 6 days a year.³ For the average sized hospital these costs could run up to $2,858 per nurse (with an average pay rate of $26.46/hour), per year for paid time off as well as temporary replacement workers.⁴ Assuming just one incident per affected nurse per year a facility could expect to pay anywhere from $34,296 to $65,734 or more if there are repeat incidences.

With repeat exposure come disability claims costs. The mean cost-per-dermatitis claim was found to be $3,552.⁵ This cost includes total temporary disability, medical treatment, partial permanent disability, and vocational rehabilitation. Also affecting productivity is the documented average disability time of 23.9 days.⁵

Due to the severity of the condition some may find they can no longer continue a career in nursing. The cost of replacing one nurse ranges from $22,000-$64,000.⁵

While there are no reports providing total expected costs per facility related to allergic contact dermatitis, the national estimate for costs is $1 billion per year.⁷

However, we can run a likely scenario to see the impact of possible costs to one average facility. Let’s assume a facility with 25 beds has each of their 12 affected nurses on sick leave once this year putting absenteeism costs at $34,296. Further, 25% of those nurses go on temporary disability due to continued exposure. Adding to this likelihood is the aging population in nursing and a disruption in the stratum corneum and skin barrier. This cost adds up to $10,657. Of those 25%, 1 head nurse must leave the profession incurring a cost of $64,000 to replace that employee. The total cost for the above scenario is $108,953 for just a one year time period.

The majority of costs associated with Type IV allergies are preventable and solutions are available, reasonable and accommodating!

Allergic contact dermatitis is an immunological reaction to chemicals added to both natural rubber latex and synthetic gloves during the manufacturing process. The most frequent chemical issues are from accelerators which catalyze the cross-linking of elastomeric particles during production. Thiurams are responsible for 60% of cases; carbamates are responsible for 30% of cases and thiazoles are responsible for 1-5% of cases.

Ansell has recognized allergic contact dermatitis as a threat and concern to our customers. We are the 1st manufacturer to offer both a surgical and exam glove manufactured without chemical accelerators to provide allergy solutions for your most important instruments – your hands!

Sources:

*The cost-savings estimates provided above are generated from available data at the time and are based upon certain general assumptions regarding healthcare facilities and their characteristics and operations – some or all of which may or may not apply to you. The information is provided to you solely for purposes of assessing your potential cost-savings opportunities for your investigation and assessment, and in no way constitutes any guarantee or warranty that any particular amount of cost savings may be achieved by all (or any specific) healthcare facilities and/or other product users.

Note - All financial information and healthcare worker statistics are derived from USA information as described in various references (sources), as stated above. Similar information was not currently available in Canada.