



Control approach 4

Health surveillance for occupational asthma

402

Special



This guidance sheet is for employers, including the self-employed, to help them comply with the requirements of the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and the Approved Code of Practice (ACOP) for substances that cause occupational asthma.

The ACOP (Appendix 3) states that 'All employees exposed or liable to be exposed to a substance which may cause occupational asthma should be under suitable health surveillance. The extent and detail of the health surveillance should be related to the degree of risk identified during the COSHH assessment. There should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. Health surveillance should include the maintenance of a health record in a suitable form for each exposed individual.'

The sheet is part of HSE guidance *COSHH essentials: easy steps to control chemicals*. It can be used as part of the approach needed to control asthma risks.

Occupational asthma

- Occupational asthma is a major occupational health problem with potentially serious implications for both affected individuals and their employers.
- You have identified work with a substance that causes occupational asthma.
- If you detect an employee's symptoms early enough and take steps to manage their exposure to the substance responsible you will minimise the long-term health consequences.
- The top causes in the UK are isocyanates (eg two-pack spray paints), flour dust, grain dust, glutaraldehyde, wood dust, latex (powdered natural rubber latex gloves), rosin-cored solder fume, laboratory animals or glues and resins.
- First consider a higher level of health surveillance for any substance that causes occupational asthma.

What is health surveillance?

- Health surveillance is collecting and using information about workers' health related to the substances they use.
- Health surveillance helps prevent the development of asthma by detecting early signs of ill health.
- It helps keep workers aware of potential ill health effects and of the need to maintain and use controls.
- It is never an alternative to proper control of exposure.
- It is not the same as health screening or health promotion programmes.

Who needs higher-level health surveillance?

- Everyone working with or near substances, or in processes, where occupational asthma is known to be a specific problem.
- Employees working with the top causes (see Occupational asthma above) and those using products labelled R42 'May cause sensitisation by inhalation' (which means may cause asthma), or R42/43 'May cause sensitisation by inhalation and skin contact' (R numbers have to be included on labels for hazardous substances by law).
- ✓ If your COSHH assessment shows the risk is low in your particular circumstances, then in consultation with your occupational health professional, you may move to a lower level of surveillance (see below).
- Your occupational doctor or nurse will develop the detailed requirements.

What should you do for higher-level health surveillance?

- ✓ Seek advice from, and involve, an occupational health professional (doctor or nurse) in your health surveillance programme.
- ✓ Assess a worker's respiratory health before they start a relevant job to provide a baseline record.

- ✓ Ensure a regular (at least annual) questionnaire and clinical assessment by an occupational doctor or nurse (see Further information).
- ✓ Appoint a responsible person, supported by an occupational doctor or nurse, for the reporting of symptoms as they occur. The doctor or nurse can advise on any adverse findings from the questionnaire, make arrangements for further investigation where necessary or advise whether extra health surveillance is needed.
- ✓ Provide information and training on relevant exposures and on the symptoms and consequences of occupational asthma (also COSHH regulation 12).
- ✓ Keep a health record of all exposed employees.
- ✓ Monitor sickness absence.

What is it likely to cost?

- It has been estimated that higher-level health surveillance costs up to £50 per person per year.

Lower-level health surveillance

- Health surveillance will always be appropriate where there is the potential for exposure to a respiratory sensitiser.
- Your COSHH assessment and your doctor or nurse may indicate that you can move to a lower level of health surveillance. This may be because workers are only occasionally exposed to a substance known to cause occupational asthma or because health surveillance has consistently shown adequate control.
- Lower-level health surveillance differs from higher-level surveillance as an annual clinical assessment by a health professional may not be necessary. A suitably trained responsible person can administer an annual questionnaire. This could reduce the cost of the health surveillance programme to nearer £20 per person.
- You still need to seek the advice of an occupational doctor or nurse in defining the programme and in the training of a responsible person.
- However, if you move to a lower level of health surveillance and there is a confirmed case of occupational asthma at your workplace you should consider increasing the level or frequency of health surveillance.

Further information

- Occupational doctors and nurses can be found in the Yellow Pages under 'Health and safety consultants' and 'Health authorities and services'. See also the NHS website at www.nhsplus.nhs.uk/
- Suggested health surveillance questionnaires are available on the HSE website at www.hse.gov.uk/asthma/healthchecks.htm#question
- Employment Medical Advisory Service (EMAS) available at your local HSE office (address in phone book).

Technical references

- *Medical aspects of occupational asthma* Medical Guidance Note MS25 (Second edition) HSE Books 1998 ISBN 0 7176 1547 2
- *Asthmagen? Critical assessments of the evidence for agents implicated in occupational asthma* HSE Books 1997 ISBN 0 7176 1465 4 (also known as the Asthmagen Compendium)

Employee checklist

Are you having any of the following symptoms at work:

- Recurring soreness or watering of eyes?
- Recurring blocked or running nose?
- Bouts of coughing?
- Chest tightness?
- Wheezing?
- Breathlessness?
- Any other persistent or history of chest problems?
- Do the symptoms improve at weekends or during holidays?

If so, tell your occupational doctor or nurse or, if appropriate, your designated responsible person at work.



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