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**HEALTH AND SAFETY COMMISSION
ADVISORY COMMITTEE ON TOXIC SUBSTANCES**

Tackling Occupational Asthma

A paper by Donald Adey

Cleared by John Thompson on 28 February 2003

Issue

- 1 Reducing occupational asthma by 30% by 2010.

Timing

- 2 Routine.

Recommendation

- 3 ACTS is invited to note the work HSE has done since their November meeting (ACTS/47/202) and to offer further comment, and input to, the Plan of Actions.

Background

4 Following discussions at ACTS in July 2001 (ACTS/18/2001) on the responses to the consultation exercise carried out in winter 2000/01, the HSC (HSC/01/141) agreed to:

- The establishment of a Project Board to develop the options in the strategy, and new ideas from consultation exercise, into an action Plan;
- The inclusion of the proposed ACoP text as an annex to the main COSHH 2002 ACoP;
- The preparation of COSHH Essentials style guidance for the top eight causes of occupational asthma; and
- A target of 30% for the reduction of occupational asthma by 2010.

This paper is to inform ACTS of the progress made since the ACTS meeting last November and to seek further input to the Plan of Actions.

Argument

Plan of Actions

5 The Asthma Project Board was established in December 2001. Following three meetings of the board and bilaterals with a number of Board members a robust plan of actions has starting to emerge. The most recent Board meeting on 24th Feb

(agenda at Annex 1) received a working paper with additional suggestions for inclusion in the Plan of Actions. (Annex 2) Board members are considering these suggestions individually and will be feeding back their views. Highlighted suggestions were:

- Placing an occupational asthma story line into a TV soap
- Enhancing the Occupational Health content on undergraduate OH degree courses

6 HSE is particularly interested in preventing exposure by developing a “safety by design” approach to processes and design, to eliminate the potential for exposure. **ACTS is invited to consider how they could contribute to the action plan in this and other areas.**

7 The Plan of Actions itself is at Annex 3. This was published on HSE’s asthma web pages on 28th Feb. It will be updated at approximately 6 monthly intervals to include progress and evaluation and new actions. HSE does not intend to publish a paper version of the Plan of Actions.

8 Since the last meeting of ACTS two new members to the Asthma board have been appointed. One Dr Sue Ozanne, is an asthma sufferer, working in research. The other Mrs Liz Corbett, gives the Scottish perspective, and is already helping to strengthen LA related activity. A meeting with HSE’s Local Authority Unit agreed several actions to improve this area including the provision of the FOD Asthma inspection pack on the HSE secure web pages for EHOs use.

ACoP text

6 HSC gave its approval to the COSHH regulatory package on 16 July 2002, with the ACoP text on substances, which cause asthma becoming Appendix 3 to the main COSHH ACoP. The ACoP came into force with the COSHH Regulations 2002 on 6th December 2002.

Guidance

7 An component of the agreed HSC strategy is to make freely available guidance that sets out in simple terms what employers need to do to control exposure to substances that can cause asthma. It was agreed that this should contain the ACoP text, general text on the hazards, (similar to the introductory text in ‘Preventing Asthma at Work’), COSHH Essentials–style control guidance sheets and case studies.

8 Control guidance sheets have been drafted for the main tasks involving isocyanates in motor vehicle repair, flour dust in milling and craft bakery and wood dust in woodworking. We are piloting these with small firms, sending them to volunteers from BOHS for review with a view to clearing them with the ACTS Cosh Essentials Working Group on 29th April. The aim is to have the new sheets available on the COSHH Essentials website in autumn 2003. The plan is to have sheets on the other main causes.

Website

9 The HSE website on asthma was launched on 28th Feb: www.hse.gov.uk/asthma. It includes video clips, on-screen exposure graphs, testimonies from people with occupational asthma, the Asthma Project Board’s Plan of Actions in a web-friendly

format, live issues and links to guidance and other websites. The website will be developed over the coming months, as feed back from Asthma Board members and other is received. ACTS Communications Subgroup provided valuable feedback on the new pages. We plan to refine and improve the Web pages.

Substance specific activity

10 There are different issues surrounding each of the 8 main causes of occupational asthma. An update on work on the target substances was presented to Asthma Board members at the 24th Feb meeting (attached at Annex 4).

11 In particular the Board considered the value of the Susan Tarlow study and work on Isocyanates in Ontario should be examined further. This followed a presentation by two MVR spray painting training school managers, and Board member Dr Paul Gannon. (CIA)

12 In considering Grain, the Board noted that the provisional outcomes from an Agricultural & Docks study, taken with improved SWORD data, could lead to Grain being replaced by Crustacean products as a target substance.

13 The Latex Allergy Toolkit Production Team met again on 27th Feb to take forward their work to eliminate sensitisations from latex in the NHS in particular.

Research

14 HSE is considering research which will have a direct impact in the workplace. e.g. improved controls/diagnosis; behavioral factors. We are not proposing to fund research on biological mechanisms and the natural history of asthma. Work on this forms part of the research portfolio of other bodies.

15 The Health and Safety Laboratory held a workshop in January 2003 to help us refine the research questions. This involved external experts on asthma, occupational hygiene and behavioral scientists as well as HSE staff. HSL will produce a report on the potential contribution of each research question to delivery of the asthma targets and an assessment of priority, indicative costs and likely timescale. Dr Paul Nicholson, (FOM/SOM) one of the external Board members, presented the Board with a briefing on the research workshops at the 24th Feb meeting. The Board offered to discuss research projects with HSL.

16 A proposal by the British Occupational Health Research Foundation (BOHRF) to do an 18 month study to produce 'Occupational Health Guidelines for the Prevention and Management of Occupational Asthma' was outlined to the Board by Brian Kazer, the Chief Executive of BOHRF (Powerpoint presentation at Annex 5). HSE strongly supports this project and is providing in particular the Scientific Secretary (Vicky Warbrick) as partner funding in kind.

17 At its last meeting ACTS members commented on the need to demonstrate the costs to industry and others of occupational asthma. Establishing the likely costs to industry remains difficult but we plan to continue discussions with the CBI & TUC on this. It is relatively easy to see for example where one NHS trust is required to pay substantial compensation to staff sensitised by latex or glutaraldehyde, how much cheaper it would have been to substitute with a safer alternative or ensure effective control of exposure. We need robust financial detail to encourage 'invest to save' within industry, commerce, & the health service.

Communication Plan

18 A draft package of press and publicity activity is being finalised. We will be looking for synergies with the interests of members of the Project Board, since the 'partnership' nature of the board offers the potential for far greater media coverage than HSE acting alone.

19 To further raise awareness (and some funds) a team from Secretariat will be taking part in the National Asthma Campaign activities around World Asthma Day (6th May) and will abseiling off the Tate Modern.

Evaluation Plan

20 Evaluation will be achieved through examination of the success of individual projects and their eventual cumulative impact. A higher profile for occupational asthma is likely to result in an initial increase in the number of reported cases with a knock on effect on meeting the reduction target.

Relevant Control Systems

21 Not relevant

Consultation

22 The fourteen 'partner' members of the board have made their suggestions and views to the plan of actions. Representing a wide range of external players the board itself provides assurance that we are consulting with other interested parties.

Presentation

23 Not relevant

Costs and Benefits

24 Not relevant

Environmental implications

25 Not relevant

European implications

26 Not relevant

Devolution

27 Not relevant

Other implications

28 Not relevant

Action

29 ACTS is invited to note the work HSE and stakeholders are doing to tackle occupational asthma and to comment on, and contribute to, the Plan of Actions (Annex 1).

Contact

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ACTS/05/2003 Annex 1

Asthma Project Board

Monday 24th February 2003

Hope Room, Rose Court, 2 Southwark Bridge, London SE1
9HS

1200hrs – buffet luncheon

1300hrs – meeting (to 1600hrs approx)

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Agenda

1. Notes of last meeting – already circulated
2. Introductory remarks / board membership changes.
3. **Presentations**
 - BOHRF research project – Brian Kazer (BOHRF)
 - Feedback on HSL ‘research’ workshop – Paul Nicholson (FOM/SOM)
 - Feedback on HSE ‘routes of referral’ workshop – David Fishwick (HSL)
 - SOM study day - Tony NewmanTaylor (Ind. board member)
 - Spray Painting in MVR – Tyrone Kirk, Dave McGlasham & Paul Gannon (CIA)
 - LASG on the Latex work – Lesley Fudge & Aleks Kiney
4. **Updates**
 - Updates on target substances – Donald Adey (HSE)
 - Plans for EWHS 2003 – Michael Topping (HSE)
 - Web Pages – Chris Turner (HSE)
5. **Suggestions for future meetings**

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Suggestions for Evaluation for inclusion in Plan of Actions - draft suggestions

Working paper – author – D Adey

Suggestion worth including?:

Lead?:

1. HSE – work to apply R42 to further asthmagens throughout EU to be done in 03/04.	HSE – C Elliot-Minty
2. HSE – a long term study on grain exposed workers, including dockers will report in spring by mid 2003	HSE – Roger Rawbone
3. HID to undertake inspection visits to 35 more hazardous industries to assess the control of asthmagens being used. Firms presently being selected.	
4. HSE – attempt to place storyline into radio programme	NAC/HSE
5. HSE – written guidance on medical surveillance.	HSE R Rawbone HSE D Adey
6. HSE Research Euro best practice – Sweden/Germany/Finland	
7. HSE Commission research to prove “flattening” - P47	HSE Andrew Garrod
8. HSE How do we get at SMART repairers – P47	HSE
9. HSE - Produce a new leaflet – “what is Asthma”	HSE
10. HSE – for POOSH to run a major conference during Euro H&S week	POOSH
11. CIEH/HSE Look at Glut usage by Dentists–	?
12. HSE/CIEH/IOSH/BIOH/CBI/NAC – joint articles to be placed in range of partners professional journals etc.	HSE + partners

13. SOM – an asthma ‘study day’ to be hosted at their spring ‘03 weekend gathering.	SOM
14. SOM Encourage more Doctors into Occupational Medicine	SOM
15. BOHRF – research project – Occupational Health Guidelines	BOHRF
16. TUC – Unison & other unions to designate one day per year as ‘Annual Safety Rep Inspection Day’	TUC IOSH
17. IOSH to consider own occupational asthma web page plus links.	CIA
18. CIA – paint suppliers to give out info	CIA
19. CIA suggestion to improve syllabuses for training of spray painters.	CIEH
20. CIEH – input to syllabus for undergraduate courses for Environmental Health courses.	HSE
21. CIEH – target HQ of firms like Pizza Hut – staff training.	HSE
22. CIEH – target HQ of large chain stores with ‘in store’ bakeries’. (Also suggested by CBI)	NAC?
23. CIEH – to attempt to place ‘occupational asthma storyline’ into a TV soap.(suggested by several others as well)	DTI
24. DTI/SBS – Road show round existing small firms partnership meetings.	DTI
25. “ - Link to Web site.	NHS?
26. NHS Brit Soc of Gastro..Endos..Comm – get them to recommend new substances	NHS?
27. NHS RCN – encourage to re-do guidelines – link to research.	NHS?/FOM
28. NHS – People with no formal qualifications can set themselves out as experts – tighten this up?	HSE
29. NHS – Easy access to industry based guidelines.	HSE/DWP/NHS?
30. NHS – Need for centrally funded insurance-based compensation scheme?	NHS?
31. NHS – Need for accredited centres for treatment.	Various

ACTS/05/2003 Annex 3

OCCUPATIONAL ASTHMA

Plan of Actions to reduce Occupational Asthma

Executive Summary

This plan of actions is the work of the Asthma Project Board – a partnership board established by the Health & Safety Commission in January 2002.

The plan lists a wide range of work, to be undertaken by differing organisations, which is intended to contribute significantly to combating occupational asthma and asthma made worse by work.

The plan should be seen as a living document, as when:

- **new partners suggest additional activities, or,**
- **research indicates new routes, or,**
- **best practice elsewhere in the EU or wider, is found,**

The plan will be updated to include new activities, as well as reporting progress with existing projects.

History

A strategy for reducing occupational asthma was developed from meetings the Health & Safety Executive held with key interests. Health and Safety Commission Commissioners, trade unionists, doctors, representatives of the business community, independent experts and government officials all took part. Enthusiastic commitment from stakeholders to work with the Health and Safety Executive to tackle occupational asthma was obvious and new ideas were incorporated into the draft strategy. Proposals were under each of the five programmes in the occupational health strategy, *Securing Health Together*.

After public consultation over the winter of 2000/2001, the HSC agreed in October 2001 to set up an Asthma Project Board

comprised of stakeholders to develop into a formal action plan the best ideas from the strategy in the consultative document, consider the relative merit of new ideas arising from consultation and champion the cause of asthma caused by and made worse by work.

The Asthma Project Board saw that it needed to enable others to add activities that tackled the problem and decided to publish a plan of actions, seeking to ensure that this grew over time.

Format of the Plan of Actions

The tables set out a framework for recording and updating these activities. Organised into the five Securing Health Together programmes, tailored to focus on asthma. Similar actions are grouped together. For each action we have provided details of the:

- intended outcome
- lead organisations
- other key players
- any specific costs
- proposed milestones
- together with space for reporting back on progress.

The asthma plan of actions includes new ideas that Asthma Project Board members and others have suggested. The intention is to update the plan at six-monthly intervals with progress reports and further initiatives, following discussions at the Board or with other key interests.

The proposals include an action to measure progress towards meeting the target of reducing occupational asthma by 30% by 2010. Individual actions will also be evaluated separately, to assess what works and what does not. Action is also being taken forward by the main Securing Health Together Programme Action Groups, on a wider basis than simply for occupational asthma. So as to avoid unnecessary duplication, references are made to this where appropriate.

Abbreviations used:

ACoP	Approved Code of Practice
CIA	Chemical Industries Association
COSHH	Control of Substances Hazardous to Health
EU	European Union
GPs	General Practitioners
HELA Liaison	Health and Safety Local Authorities Enforcement Committee
HSC	Health and Safety Commission
HSE	Health and Safety Executive
HSL	Health and Safety Laboratory
MELs	Maximum Exposure Limits
NAC	National Asthma Campaign
NHS	National Health Service
ODIN	Occupational Diseases Intelligence Network
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
WATCH	Working Group on the Assessment of Toxic Chemicals
SOM	Society of Occupational Medicine
SWORD Respiratory	Surveillance of Work-related Occupational Disease
THOR	The Occupational Health & Reporting network
TUC	Trades Union Congress.

Further information

HSE Website: www.hse.gov.uk/

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Programme 1 (Compliance): To improve the law and compliance with it.

The need

The main causes of occupational asthma and the measures needed to control exposure are well established. Efforts to ensure the requirements of the Control of Substances Hazardous to Health Regulations by the most suitable methods are an important part of this plan.

1.1 Enforcement and targeting – general initiatives

ACTIONS	INTENDED OUTCOME
a) Inspectors will target the top 8 substances and related occupations with the highest rate of occupational asthma, (i.e. isocyanates, flour and grain, wood dust, glutaraldehyde, solder/colophony, laboratory animals, resins and glues, and latex) to enforce the COSHH regulations including the control of substances that cause occupational asthma	At least 50% of premises by 2005 to have suitable risk assessments, engineering controls, personal protective equipment and health surveillance in place. Substitution to be the first consideration where possible. Compliance with MELs to be improved
b) Produce safety representatives' inspection notices	Improved workplace knowledge and control (contributes to part a)
c) Publish general guidelines on occupational asthma for GPs	Quicker detection of condition by GPs. Increased professional awareness
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) HSE and Local Authorities	HELA and safety representatives
b) TUC	

c) Society of Occupational Medicine	HSE
PROPOSED MILESTONES	PROGRESS/COMMENTS
a) 1. HSE inspection pack for main causes by March 2002 2. Making it happen style campaign until 2007 3. Publicise high profile cases, and good practice 4. Publication of ACoP as part of COSHH 2002	1. HSE inspection packs and core statements agreed 4. Expected Autumn/Winter 2002/03
b) Producing notices from November 2002	Increase in HSE enforcement notices issued expected
c) Under discussion	

1.2 Enforcement and targeting – specific substances

ACTIONS	INTENDED OUTCOME
a) Latex: Produce and implement strategy to combat latex allergy	Reduce incidence from latex gloves to zero by '04. Introduce safer substitutes
b) Glutaraldehyde: Produce and deliver a strategy to reduce asthma due to sterilising agents, including glutaraldehyde	Reduce incidence from glutaraldehyde to zero by 2005 ensuring that alternatives do not pose greater asthma risk
c) Flour: Carry out a follow up project on flour dust. (NB the term 'flour dust' includes additives when added to final product mix, including fungal amylase,	To help to achieve 100% compliance with flour dust MELs and 70% compliance with best practice guidance

which is widely believed to be a more potent allergen than flour itself)	
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) Latex Allergy Support Group, National Association of Theatre Nurses, Department of Health, TUC, HSE, Royal College of Nursing, Purchasing & Supply Agency	Medical Devices Agency, manufacturers
b) HSE, Department of Health	Scottish Executive, National Assembly for Wales
c) HSE	Local authorities, Federation of Bakers, National Association of Master Bakers
PROPOSED MILESTONES	PROGRESS/COMMENTS
a) 1. Meeting on 20 May 2002 2. Published report 3. Agreement to produce toolkit – Nov 2002 4. Toolkit produced and made available – Spring 2003 5. Partners actively using toolkit & seminars being run – Autumn 2004 6. High power/high protein gloves phased out – Autumn 2004 7. Inappropriate use of latex gloves phased out – Spring 2005	
b) 1. Consider hazard	Report to WATCH

assessment September 2002 2. Expert consideration of alternatives 3. Sterilising fluids that may cause asthma phased out so far as is reasonably practicable 4. All sterilising fluids adequately controlled	
c) 1. Information gathering 2. Revisit bakeries in 2004 already having been seen by inspectors in 2002.	Project plan agreed June 2002

Programme 2 (Continuous improvement): To create an environment where all those with an interest, can strive for excellence through continuous improvement to reduce occupational asthma.

The need

To encourage employers to get better each year rather than simply meet legal requirements. Encourage use of management tools like benchmarking so that employers know where they are in relation to their own health targets, what their competitors are achieving and the industry average in order to drive improvements up. Show the financial savings which can be made from fewer days lost through sickness, staff turnover and insurance claims. Likely that this aspect will develop at a later stage once good practice has emerged from other programmes.

2.1 Quality guidance

ACTIONS	INTENDED OUTCOME
a) Develop a computer game for employees available on the Internet	Workers and managers to find the game useful in raising awareness of asthma from isocyanates

b) Refine CIA Health Advisory Group chemicals guidance; e.g. on controls, redeployment of staff issues and health surveillance	That others may pick up on the idea of benchmarking and collecting/sharing best practice
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) SAVE Consulting Scientists (a Dutch company)	HSE Competition for Ideas research money £63K
b) Chemical Industries Association	Trade associations
PROPOSED MILESTONES	PROGRESS COMMENTS
a) Advanced Risk Messaging software on the Internet by autumn 2002	Prototype developed. Collecting case studies & started work on software for field-test
b) Under development	

2.2 Asthma champions/knowledge network

ACTIONS	INTENDED OUTCOME
a) Set up an asthma knowledge network	Have a database of people to speak to as mentors on occupational and work-related asthma
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) National Asthma Campaign, Specialist Advisory Panel	HSE
PROPOSED MILESTONES	PROGRESS COMMENTS
a) Under development	Under development

Programme 3 (Knowledge): To obtain essential knowledge.

The need

The Surveillance of Work-related Occupational Respiratory Disease (SWORD) scheme has provided, since 1989, annual estimates of the numbers of new cases of occupational asthma in Great Britain (1,500 to 3,000) and information on industries where they occur.

This information is in line with the data obtained from the Labour Force Survey, which estimates that some 150,000 people suffer from a lower respiratory disease with asthmatic symptoms caused by their work. Both the estimates and the cases of ill-health formally reported to HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations, almost certainly under-estimate the scale of the problem.

Although these data sources are imperfect they will form the baseline against which to measure any change in the number and type of new cases reported following implementation of the asthma plan of action. The Occupational Health and Reporting network (THOR) will assess progress against all Securing Health Together targets. In addition, to help us target guidance we need more information as to how and why individuals develop occupational asthma.

3.1 Collecting data on new cases of occupational asthma

ACTIONS	INTENDED OUTCOME
a) THOR, (previously ODIN), to continue collection of data on new cases	That reliable information is available to monitor trends, allowing better targeting of actions to combat the illness
b) Produce a questionnaire on predictors of work-related asthma	Questionnaire used in health surveillance programmes and as diagnostic tool in asthma research
c) Enable GPs to more easily report occupational asthma	GPs to be able to request HSE action without disclosing individuals' names
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE

a) Manchester University	HSE £300K pa (scheme wider than just asthma)
b) Institute of Occupational Medicine	HSE £66K
c) To be set	HSE and other interested/willing parties
PROPOSED MILESTONES	PROGRESS/COMMENTS
a) Estimates of new cases published October each year	Figures for 2001 available on website (http://www.hse.gov.uk/statistics/2001/hsspt2.pdf). Data collection extended until 2006
b) Develop and validate a self-administered questionnaire for the detection of work-related asthma by November 2002	Started February 2002
c) Appointment of lead organisation by December 2002	Under development

3.2 Industry surveys

ACTIONS	INTENDED OUTCOME
a) Study how a group of new sufferers were diagnosed with occupational asthma	Improved understanding of effectiveness of health surveillance, leading to more accurate & speedy diagnosis. Find new case studies
b) Survey to seek information in different sectors that use isocyanates on numbers exposed, job profiles, practices and typical exposures	The information will help HSE target guidance and enforcement activity
LEAD ORGANISATIONS	OTHER KEY PLAYERS

	AND RESOURCE
a) HSL, Employment Medical Advisory Service and external occupational respiratory specialists	HSE £185K
b) Institute of Occupational Medicine and University of Aberdeen	HSE £236K
PROPOSED MILESTONES	PROGRESS COMMENTS
a) 1. Final report by Spring 2003 2. Communicate results and involve Royal College of General Practitioners & manufacturers	Data collection underway
b) 1. Report on pilot exercise May 2002 2. Completion of field study February 2003 3. Final report by May 2003	Work started December 2001

3.3 Information from safety representatives

ACTIONS	INTENDED OUTCOME
a) TUC to carry out a survey of safety representatives on asthma issues	To establish current levels of knowledge and the importance of training in preventing occupational asthma
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) Trades Union Congress	HSE (resourced as part of contract under 4.3)
PROPOSED MILESTONES	PROGRESS COMMENTS
a) Survey report by August 2001	Completed findings re-published January 2002 in 'No substitute for action on asthma'

	by Jacqueline Page, TUC
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3.4 How much 'exposure' causes asthma. (Dose response relationship)

ACTION	INTENDED OUTCOME
a) Research to find the best ways to separate substances causing irritation as opposed to those which cause asthma by sensitisation	Improved understanding of the disease and better diagnosis
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) HSL	HSE £67K
PROPOSED MILESTONES	PROGRESS COMMENTS
a) Final report by June 2003	Ethics approval received. Sampling to start shortly

3.5 Developing occupational asthma research programme

ACTIONS	INTENDED OUTCOME
a) Run an asthma research programme working event	To agree priorities for asthma research programme aimed at improving workplace controls
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) HSL	HSE £20K Other relevant stakeholders including other Government Departments
PROPOSED MILESTONES	PROGRESS COMMENTS

a) 1. Workshop by January 2003 2. Report published March 2003	
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Programme 4 (Skills): To ensure that all interested parties have the necessary competence and skills.

The need

Stakeholder organisations and other partners can help to pass on important messages on occupational asthma, if these are incorporated into their training courses. In principle the earlier health and safety messages are given, the more likely they are to influence peoples' attitudes. HSE considers that a multi-pronged approach is needed, there being no single right way to address skills; it will vary according to the audience once we are clear on appropriate messages and the best route of delivery. There is scope for improved diagnosis of occupational asthma and for better awareness among health professionals, workers and safety representatives of the importance of preventing the disease.

4.1 Improve skills of General Practitioners

ACTIONS	INTENDED OUTCOME
a) Run a GPs' conference on occupational asthma at Royal College of Physicians b) Run a GPs' study day	a) 300 GPs aware of HSC strategy and problems of diagnosis. Ultimately improved diagnosis b) Widen further professional knowledge
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) HSE b) Society of Occupational Medicine (SOM)	a) Royal College of Physicians & Royal Brompton Hospital b) HSE
PROPOSED MILESTONES	PROGRESS COMMENTS
a) 1. Conference held in March 2002 2. Disseminate results b) At same time as SOM	a) Programme & speakers successfully arranged. Some 200 delegates attended

spring or autumn seminar in 2003	
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4.2 General practice nurses

ACTIONS	INTENDED OUTCOME
a) Extend training of practice nurses and occupational health nurses on causes of occupational asthma	Increased referrals to specialists leading to improved diagnosis.
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) National Asthma and Respiratory Training Centre & Respiratory Education Resource Centre	National Asthma Campaign (General Practice Airways Group) HSE
PROPOSED MILESTONES	PROGRESS COMMENTS
a) By 2003	

4.3 Workers and their representatives

ACTIONS	INTENDED OUTCOME
a) TUC will produce a training module for safety representatives on tackling occupational and work-related asthma	High quality materials for 1,000 safety reps in 2002. Will then be used for courses in subsequent years and passed on to priority groups
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) Trades Union Congress	HSE £25K
PROPOSED MILESTONES	PROGRESS COMMENTS
a) 1. Pilot course October 2001 2. Final printed materials by April '02 3. Follow up evaluation summer 2002	1. Three pilot courses held 2. Workbook available from May '02 for use on COSHH courses or 3-day module 3. Main courses from September 2002 but evaluation once COSHH 2002 in force

4.4 European Health & Safety Week - 2003

ACTIONS	INTENDED OUTCOME
To organise and run a high profile conference on occupational asthma during European H&S week 2003	To raise awareness and knowledge by attracting a wide range of professionals. Leading to further projects to combat this illness
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
Not yet set	HSE
PROPOSED MILESTONES	PROGRESS COMMENTS

Set lead body by December 2002	Meeting organised for late November 2002 to agree the lead organisation
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4.5 Wider involvement by all affected by occupational asthma

ACTIONS	INTENDED OUTCOME
Encourage full use of the published ACoP	That all those involved are easily able to find the information they need. Raised awareness and increased prevention
LEAD ORGANISATIONS HSE	OTHER KEY PLAYERS AND RESOURCE All Asthma Board members and through them other trade and professional organisations
PROPOSED MILESTONES	PROGRESS COMMENTS
a) Implementation of communications plan b) 'Sign up' to ACoP launch campaign	a) Plan to be published in November 2002 'Sign up' campaign being prepared as part of communications plan

Programme 5 (Support): To ensure that appropriate mechanisms are in place to deliver information, advice and other support on occupational asthma.

The need

However good the messages used to persuade employers and employees to take appropriate action to prevent occupational asthma, they will not have any effect unless they reach those who need them in a form they can understand. Similarly, information for health professionals will not help them unless they receive and use it.

5.1 COSHH Essentials-style guidance

ACTIONS	INTENDED OUTCOME
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a) Publish COSHH Essentials-style guidance for top causes of occupational asthma and associated publicity	At least 30% take up of guidance and at least 50% to have taken action after reading the guidance. This also has links with enforcement activity
b) Make available case studies on occupational asthma	To help to provide best practice and an economic incentive to employers
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) HSE	HELA, Confederation of British Industry, Trades Union Congress, British Institute of Occupational Hygienists, British Occupational Hygiene Society, and Faculty of Occupational Medicine, Society of Occupational Medicine
b) HSE	Confederation of British Industry, Trades Union Congress, Royal Brompton Hospital, National Asthma Campaign, Small Business Service
PROPOSED MILESTONES	PROGRESS COMMENTS
a) 1. First three publications on: isocyanates in motor vehicle repair, flour dust & wood dust by April 2003 2. Generic guide by April 2003 3. Publication on net & paper copy - April 2003	Priorities agreed. Presently establishing contacts and best practice
b) Supporting case studies by	

January 2003	
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5.2 Delivery of messages

ACTIONS	INTENDED OUTCOME
a) Publish HSE web pages on asthma including action plan and on specific causes of occupational asthma	Relevant good practice guidance on controls. (Also to take account of those whose first language is other than English). That the HSE web pages have clear 'links' to other web sites of use
b) Produce an Information leaflet on asthma targeting new business start ups	Relevant to all businesses but particularly new ones to raise awareness and point out further information (links with 5.1, 5.2a) and 5.2c) sections)
c) Extend the existing NAC helpline to have further knowledge of occupational asthma	Greater awareness and more people encouraged to talk to their GP about referral to specialists. This then helps to improve diagnosis
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) HSE and Department of Health	National Asthma Campaign, CBI, Trades Union Congress, British Institute of Occupational Hygienists, British Occupational Hygiene Society
b) Small Business Service and HSE	Trade Associations, Institution of Occupational Safety and Health, libraries, banks, surgeries
c) National Asthma Campaign	HSE, Royal Brompton Hospital, NHS Direct
PROPOSED	PROGRESS COMMENTS

MILESTONES	
a) 1. Initial pages by December 2002 2. Pages on first three specific substances by March 2003	1. Nearing completion 2. Priorities agreed. Establishing contacts
b) 1. Draft leaflet 2. Distribute leaflet	1. Under development
c) Briefing for Helpline nurses by 2003	Already giving some advice. Exploring cost implications and possible link with NHS Direct

5.3 Address job insecurity

ACTIONS	INTENDED OUTCOME
a) Assemble the information to show the true costs of occupational asthma	Allows individuals, employers and government to appreciate the real costs of this illness to them
b) Research to investigate whether compensation schemes could be directed towards rehabilitation and training	Workers bring problems to light early rather than wait until disease is chronic. Would encourage removal from exposure e.g. where an alternative job is lower paid
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) HSE and Department for Work and Pensions	Industrial Injuries Advisory Council, Department of Health and Trades Union Congress
PROPOSED MILESTONES	PROGRESS COMMENTS
a) Report on costings by 2003	HSE to consider cost issues since job insecurity is a big factor in employees attempting to conceal symptoms

5.4 Collaborative projects

ACTIONS	INTENDED OUTCOME
a) Run a multi organisation trial scheme where NAC volunteers visit companies and talk to workers	Far greater awareness by workers and managers, and more people encouraged to talk to their GP about referral to specialists. Helps to improve diagnosis. TUC updating leaflet for safety reps
LEAD ORGANISATIONS	OTHER KEY PLAYERS AND RESOURCE
a) National Asthma Campaign	HSE, Trades Union Congress and Confederation of British Industry which will promote the availability of visits through its Regional Councils. Also Small Business Service through Local Business Partnerships
PROPOSED MILESTONES	PROGRESS COMMENTS
a) Pilot by March 2003	Agreement reached on which industries to visit first

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ACTS/05/2003 Annex 4

Updates on target substances, for Asthma Board meeting on 24th February '03:

Common threads –

HSE Inspectors continue to target all the top eight substances. The Inspectors pack is being revised. (due this month). First results from inspections expected in May. The new SWORD data is for years 1999-2001 (earlier figures were 1996-2000). Within the top eight substances more effort is being put into the first five, in the first instance.

- **Isocyanates –**

1. New SWORD data still shows this as top cause. 113 cases now predicted (was 128)
2. COSHH Essentials control guidance sheets aimed at workers & bosses are being prepared and will be published as part of phase 2 of e COSHH Essentials in October '03
3. The IOM study on use and control of isocyanates in industry is on target to report by May '03. Determining exposure levels & controls in use.
4. Secretariat examining the Ontario initiative, a widely praised ten-year programme to tackle the problem industry by industry, to see what lessons we can learn.
5. Plans to assess the risks to 'Smart' car repairers, and see control methods.

- **Flour dust –**

1. New SWORD data confirms Flour & Grain together as 2nd top cause. Case levels unchanged, 83 new cases now predicted per year (was 80). Taken to be 62 cases from flour.
2. Top ten tips for reducing exposure being published in a new HSG Essentials book and will be on new website.
3. Inspection project on craft bakeries/pizzerias/in store bakeries under way – initial report Sept '03
4. COSHH Essentials Control guidance sheets for common tasks are in preparation and will be available by October '03
5. ACTS will look at control of exposure to amylases, and other enzymes at its July meeting
6. HSE met with Assn of Bakery Ingredients Manufacturers on 29th Jan. They reported on a method for measuring the dustiness of enzyme preparations and agreed to submit a proposed entry for the plan of actions to their Executive Board about phasing out the dustiest products.
7. Looking to set up a project with one large super market chain on 'in store' bakeries.

- **Glutaraldehyde –**

1. Glut' estimated cases are now 40 per year (49)
2. NHS moving from Glut' to 'alternatives'. Tristel (CIO2), Sterilox (Superox water), Steris (peracetic acid), SDA, & OPA, and others.
3. Work now starting to establish as far as possible what Trusts are using and then to evaluate the main systems. Hope to be able to muster broad agreement to recommend safer alternatives.
4. WATCH concluded at Sept meeting that two substitutes, succinic dialdehyde (SDA) and ortho-phthalaldehyde (OPA), may have potential to cause occupational asthma. Pending further work HSE effectively recommend the same control measures as Glut'.
5. Research to determine exposure peaks from 'accidental spillages', substance by substance being commissioned.

- **Wood dust –**

1. SWORD estimates 43 cases per year (was 49).
2. HSE Woodworking Information sheets being reviewed to go into new free publication this year. New material will be added, including on medium density fibreboard.
3. The Top tips will also be published shortly on the website.
4. COSHH Essentials new control guidance sheets are in preparation.
5. Sector Information Note coming out under the Dangerous Substances & Explosive Atmospheres Regs 2002. Will effect chipboard manufacturers and others with dust at high concentrations

- **Latex –**

1. Latex cases now estimated at 46 per year (was 38)
2. A team (comprising HSE, industry, TUC, Royal College of Nursing, Latex Allergy Support Group, National Patients Support Group and DH) has been appointed to produce a latex awareness toolkit. This will be launched in October 2003 during European Health and Safety Week.
3. A new policy on the use of latex gloves has been developed which states "latex gloves should only be used where there is an operational need. Where used latex gloves should be low protein and powder free."
4. Guidance leaflet "Latex and You" is being revised to take account of the new policy.

- **Grain**

1. Using the split suggested by statistics suggests 21 new cases a year (20 before)
2. Long-term study on exposed workers (farmers/dockers) now expected to conclude in June this year. Latest information shows exposure to MEL exceeded during certain procedures, where PPE not being used.

- **Solder/Colophony-**

1. Cases estimated at 38 (was 35)
2. New case study being examined to see if usable example.

- **Laboratory Animals-**

1. Cases now running at 28 (was 32)
2. Ongoing FOD survey on control measures in lab animal facilities in educational establishments. Some 30 inspections have taken place. To report this summer.

- **Glues & Resins-**

1. Cases now running at 31 per year (was 30)

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20th Feb 2003

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