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**HEALTH AND SAFETY COMMISSION**  
**ADVISORY COMMITTEE ON TOXIC SUBSTANCES**  
**Tackling Occupational Asthma**  
**A paper by Donald Adey**

**Issue**

- 1 Reducing occupational asthma by 30% by 2010.

**Timing**

- 2 Routine.

**Recommendation**

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

**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.

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

**Argument**

Plan of Actions

- 6 The Asthma Project Board was established in December 2001. Membership is at Annex 2. Following two meetings of the board and bilaterals with a number of Board members a robust plan of actions is starting to emerge. 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. A draft of the Plan of

Actions is at Annex 1. This will be made more web friendly and published on HSE's forthcoming asthma web pages. 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.

#### ACoP text

7 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 package has been submitted to Ministers and the ACoP text will therefore come into force with the COSHH Regulations 2002.

#### Guidance

8 An important 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 adequately 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.

9 The format of the guidance is still under discussion. 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 consulting on these through HSE sectors and they they will be considered by ACTS COSHH Essentials Working Group at meetings in October and December. The aim, subject to funding, is to have the new sheets available on the COSHH Essentials website in spring 2003.

#### Website

10 Work is underway to prepare new pages for the HSE website on asthma similar to those already live under [www.hse.gov.uk/agriculture](http://www.hse.gov.uk/agriculture) . We plan to include video clips, possibly showing 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, with the initial pages going live this winter. ACTS Communications Subgroup will be asked for feedback on the new pages.

#### Substance specific activity

11 There are different issues surrounding each of the 8 main causes of occupational asthma. In some cases specific action plans may be appropriate for inclusion. In collaboration with DH, the National Patient Safety Agency and the Latex Allergy Support Group a strategy for eliminating allergy from latex gloves is being developed.

#### Research

12 HSE is proposing to fund research to have a direct impact in the workplace. eg. improved controls/diagnosis; behavioural 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.

13 The Health and Safety Laboratory is organising a workshop in January 2003 to help us refine the research questions. This will involve external experts on asthma, occupational hygiene and behavioural 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. We are aiming for a suite of projects over 2-3 years from April 2003.

### **Communication Plan**

14 A fully dove tailed package of press and publicity activity is being prepared separately. 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. A joint Press Release covering the announcement of the Plan of Actions will be issued.

### **Evaluation Plan**

15 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**

16 Not relevant

### **Consultation**

16 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**

17 Not relevant

### **Costs and Benefits**

18 Not relevant

### **Environmental implications**

19 Not relevant

### **European implications**

20 Not relevant

### **Devolution**

21 Not relevant

### **Other implications**

22 Not relevant

### **Action**

23 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).

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# 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 2001.**

**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	Health and Safety Local Authorities Enforcement Liaison 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	Surveillance of Work-related Occupational Respiratory Disease
THOR	The Occupational Health & Reporting network
TUC	Trades Union Congress.

### **Further information**

HSE Website: [www.hse.gov.uk/](http://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**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
a) HSE and Local Authorities	HELA and safety representatives
b) TUC	
c) Society of Occupational Medicine	HSE
<b>PROPOSED MILESTONES</b>	<b>PROGRESS/COMMENTS</b>
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**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
a) <b>Latex:</b> Produce and implement strategy to combat latex allergy	Reduce incidence from latex gloves to zero by '04. Introduce safer substitutes

b) <b>Glutaraldehyde</b> : 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) <b>Flour</b> : 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, which is widely believed to be a more potent allergen than flour itself)	To help to achieve 100% compliance with flour dust MELs and 70% compliance with best practice guidance
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
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
<b>PROPOSED MILESTONES</b>	<b>PROGRESS/COMMENTS</b>
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 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	Report to WATCH
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**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
a) SAVE Consulting Scientists (a Dutch company)	HSE Competition for Ideas research money £63K
b) Chemical Industries Association	Trade associations
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
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**

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

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
a) THOR, (previously ODIN), to continue collection of data on new cases	That reliable information is available to monitor trends, allowing better targetting 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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
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
<b>PROPOSED MILESTONES</b>	<b>PROGRESS/COMMENTS</b>
a) Estimates of new cases published October each year	Figures for 2001 available on website ( <a href="http://www.hse.gov.uk/statistics/2001/hsspt2.pdf">http://www.hse.gov.uk/statistics/2001/hsspt2.pdf</a> ). 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
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### **3.2 Industry surveys**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
a) HSL, Employment Medical Advisory Service and external occupational respiratory specialists	HSE £185K
b) Institute of Occupational Medicine and University of Aberdeen	HSE £236K
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
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**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
a) Trades Union Congress	HSE (resourced as part of contract under 4.3)
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
a) Survey report by August 2001	Completed findings re-published January 2002 in 'No substitute for action on asthma' by Jacqueline Page, TUC

### **3.4 How much 'exposure' causes asthma. (Dose response relationship)**

<b>ACTION</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
a) HSL	HSE £67K
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
a) Final report by June 2003	Ethics approval received. Sampling to start shortly

### **3.5 Developing occupational asthma research programme**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
a) Run an asthma research programme working event	To agree priorities for asthma research programme aimed at improving workplace controls
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
a) HSL	HSE £20K Other relevant stakeholders including other Government Departments
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
a) 1. Workshop by January 2003 2. Report published March 2003	

**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**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
a) HSE b) Society of Occupational Medicine (SOM)	a) Royal College of Physicians & Royal Brompton Hospital b) HSE
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
a) 1. Conference held in March 2002 2. Disseminate results b) At same time as SOM spring or autumn seminar in 2003	a) Programme & speakers successfully arranged. Some 200 delegates attended

**4.2 General practice nurses**

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

### **4.3 Workers and their representatives**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
a) Trades Union Congress	HSE £25K
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
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**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
Not yet set	HSE
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
Set lead body by December 2002	Meeting organised for late November 2002 to agree the lead organisation

### **4.5 Wider involvement by all effected by occupational asthma**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
HSE	All Asthma Board members and through them other trade and professional organisations
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
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**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
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
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
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	

**5.2 Delivery of messages**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
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
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
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

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
a) HSE and Department for Work and Pensions	Industrial Injuries Advisory Council, Department of Health and Trades Union Congress
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
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**

<b>ACTIONS</b>	<b>INTENDED OUTCOME</b>
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
<b>LEAD ORGANISATIONS</b>	<b>OTHER KEY PLAYERS AND RESOURCE</b>
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
<b>PROPOSED MILESTONES</b>	<b>PROGRESS COMMENTS</b>
a) Pilot by March 2003	Agreement reached on which industries to visit first

## **ASTHMA BOARD MEMBERS**

**Mr Chris Beach,**

Joint nomination by British Institution of Occupational Hygienists and British Occupational Hygiene Society

**Mrs Sandra Caldwell,**

Director, Health Directorate, Health and Safety Executive (**Chair**)

**Ms Donna Covey,**

Chief Executive, National Asthma Campaign

**Dr Paul Gannon,**

Nominated by Chemical Industries Association

**Dr Ian Lawson,**

Nominated by the Institution of Occupational Safety and Health

**Prof Tony Newman Taylor,**

Physician, Medical Director, Director of Research, Royal Brompton Hospital

**Dr Paul Nicholson,**

Joint nomination by Society of Occupational Medicine and Faculty of Occupational Medicine

**Dr Susan Ozanne**

An asthma victim

**Mr Mark Platt,**

Senior Policy Adviser, Health & Safety, Confederation of British Industry

**Mr David Purchon,**

President 1999-2001, Chartered Institute of Environmental Health

**Dr Alastair Robertson,**

Consultant in Occupational Medicine, Selly Oak Hospital (Nominated by Dept of Health)

**Ms Brenda Stephens,**

Workplace Health Development Specialist, National Assembly for Wales

**Ms Kim Sunley,**

Health and Safety Officer, GMB (Nominated by TUC)

**Mr Owen Tudor,**

Senior Policy Officer, Commissioner (TUC)

**Miss Claire Williamson,**

Regulatory Compliance Manager, Small Business Service, Dept for Trade and Industry

**Ms Anne Wilson**

Head of Health Unit, Field Operations Directorate, Health and Safety Executive

**Mr John Thompson,**

Head of Chemicals Policy Division, Health and Safety Executive (Secretary)