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Target Audience
AFQ Inspectors
Specialist Group Inspectors

MANAGING HEALTH RISKS ARISING FROM THE USE AND HANDLING OF SPICES AND SEASONINGS

This SIM advises inspectors on the key issues surrounding the use of spices and seasoning in the food sector.

HEALTH HAZARDS

General

1 In general, spices and seasonings are non-hazardous when eaten: indeed they are actually classified as 'food products'. However, a number of spices and seasoning can cause health related problems when they come into contact with the skin or their dusts are inhaled.

Data sheets

2 The Spice and Seasoning Association have produced a series of data sheets which identify the health hazards of spices and herbs. Employers who use spices and herbs should have obtained copies of these data sheets or something similar from their suppliers.

3 The Tea Packers Association have also produced a data sheet and associated code of practice for black leaf tea.

General dust limits

4 The Control of Substances Hazardous to Health Regulations (COSHH) apply to any 'substance which is hazardous to health'. This includes a dust of any kind when it is present in substantial quantities in air. This applies to dust levels of over 10 mg/m³ total inhalable 8hr TWA dust or 4 mg/m³ 8hr TWA respirable dust. This means that COSHH will apply if people are exposed to any spice or seasoning dust above these levels.

5 Examination of the data sheets would suggest that, in general, most spices and herbs fall under the 'general dust' category. Thus the 10 mg/m³ total inhalable dust and 4 mg/m³ respirable dust limits should be applied where there is no evidence that the product can cause more serious health effects, ie irritation or respiratory sensitisation.

Irritants

6 Where there is evidence that a spice or seasoning can cause irritant effects, exposure will need to be more strictly controlled.

7 The Seasoning and Spice Association health and safety data sheets, identify a number of ground spices and herbs that will cause irritant effects at dust levels over 3 mg/m³. These include ground black and white pepper, ground chillies, ground mustard and gaiangal. This 3 mg/m³ in-house limit should be applied to all irritants unless the suppliers health and data sheet indicates that a lower limit should be applied.

Respiratory sensitisers

8 Where there is evidence that a spice or seasoning can cause respiratory sensitisation effects, exposure should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.

9 The Seasoning and Spice Association health and safety data sheets, identify a number of ground spices and herbs that will cause sensitisation effects. These include garlic powders and ground celery and celery seeds. For many respiratory sensitises, there is no information which would enable in-house exposure limits to be set. Therefore, exposure should be reduced to as low as is reasonably practicable unless the suppliers health and data sheet indicates a specific limit that should be applied.

Health surveillance

10 Some degree of health surveillance will be required for respiratory sensitisers, unless the COSHH assessment has shown that there is unlikely to be a risk of sensitisation under the conditions of use.

11 Companies should identify potential respiratory sensitisers from the suppliers' health and safety data sheets. It is particularly important that employers monitor sickness absence for signs of respiratory problems and any suspected/reported cases should be referred in the first instance to an occupational nurse or doctor. Employees should be provided appropriate information in such cases. If inspectors are not satisfied with the standard of health surveillance then they should consider involving specialist group medical and occupational health inspectors.

Occupational skin disease

12 About 40% of dermatitis cases in the food industry are caused by contact with foods. A wide variety of foods have been shown to cause dermatitis problems, including spices and seasonings. These include horseradish, mustard, and garlic.

RESULTS OF LOCAL PROJECT ON COMPLIANCE WITH COSHH

13 During 2000/2001 the Yorkshire and North East Division carried out a local project to 20 sites using spices and seasonings (including tea) to investigate compliance with COSHH. The results of this project are given at the [appendix](#).

FURTHER ACTION

14 Where employers are using spices and seasonings, inspectors should consider and apply the guidance in this SIM. In particular, where employers are over reliant in the use of personal protective equipment, eg dust masks, as their primary control measures,

consideration should be given to the provision and use of a local exhaust ventilation system (s) where this is appropriate.

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APPENDIX (para 13)

RESULTS OF LOCAL PROJECT ON COMPLIANCE WITH COSHH

Common processes

1 The 3 most common processes observed during project visits were:

- (1) weighing operations;
- (2) mixing and blending operations; and
- (3) packing and bagging operations.

COSHH assessments

2 The quality of the COSHH assessments varied considerably. Seventy per cent of assessments were deemed adequate, with 30% of assessments in need of some level of improvement.

Control measures

Local exhaust ventilation (LEV)

3 Of those companies requiring LEV 75% had provided it. The remaining 25% of companies were relying on the provision and use of personal protective equipment (PPE), ie dusts masks. Where LEV was provided, there was evidence that the majority of companies were complying with COSHH by keeping the LEV properly maintained, and were using it correctly.

Monitoring of exposure levels

4 Fifty-five per cent of companies have monitored exposure levels. Forty-five per cent of companies have not monitored exposure levels.

Health surveillance

5 Sixty per cent of companies carry out pre-employment medicals for respiratory sensitisation and 55% for occupational skin disease.

6 Fifty per cent of companies carry out ongoing health surveillance for respiratory sensitisation and 45% for occupational skin disease.

Action taken by HSE inspectors

7 In 25% of companies no intervention was deemed necessary.

8 Of the other 75% of companies where some form of intervention was deemed necessary, the majority of intervention was in the form of verbal advice or letter. The most common intervention on the various control measures, in order, were:

- (1) The need for COSHH assessments and the use of data sheets.
- (2) The need for the provision, maintenance and examination of LEV systems and the need to improve existing LEV.
- (3) The need for use of PPE (dust masks) as a temporary measure to protect workers whilst LEV provisions are made adequate.
- (4) The need for health surveillance for respiratory sensitises.
- (5) The need for monitoring of exposure levels.
- (6) An improvement notice was issued at one company requiring the provision of an LEV system for control exposure to tea dust.

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