

G402

COSHH Essentials:
General guidance

Health surveillance for occupational asthma

Control approach 4: Special

This information will help employers (including the self-employed) comply with the Control of Substances Hazardous to Health Regulations 2002 (COSHH), as amended, to control exposure and protect workers' health. It is also useful for trade union safety representatives.

The sheet describes specialist advice on health surveillance for occupational asthma.

It sets out what you should expect from a health surveillance provider.

Health surveillance should identify if your workers have any of the following symptoms:

- recurring sore or watering eyes;
- recurring blocked or running nose;
- bouts of coughing;
- chest tightness;
- shortness of breath;
- wheezing;
- any persistent chest problems;
- if any symptoms experienced improve at weekends or during holidays.

Workers should also understand the importance of reporting these symptoms if they occur. A clear system should be in place for who they report these symptoms to.

Introduction

- Occupational asthma (OA) is asthma caused by a substance in the work environment.
- Where a worker is sensitised (allergic) to a particular substance, further exposure (even at low levels) may trigger an asthma attack.
- If you detect symptoms early and modify a sensitised worker's exposure, the risk of developing long-term asthma is reduced.

Main causes

- Isocyanates (eg two-pack spray paints), flour dust, grain dust, wood dust, latex, rosin-based solder flux fume, laboratory animals, cleaning products, enzymes, stainless-steel welding, aldehydes, glues and resins.

High risk occupational groups

These include bakeries, food manufacturing, beauty industry, cleaning services, healthcare workers, spray painters, repairers (including electronics), welders, woodworkers (including forestry), workers exposed to metal working fluids, seafood processing, laboratory work and detergent manufacturing.

What is health surveillance?

- Health surveillance is a risk-based scheme of repeated health checks for the early identification of ill-health caused by work (eg OA).
- You should not use health surveillance instead of doing a risk assessment or using effective exposure controls.
- You should feed results from health surveillance into your risk management system.
- Where OA is identified in a worker you must review your risk assessment and controls, taking into account any advice given, for example, by an occupational health professional.
- Health surveillance is not the same as health promotion or health screening.

Planning and preparation

Plan what you are going to do if a worker reports symptoms of OA. This includes:

- referring workers for further assessment of their symptoms by a suitable health professional eg in occupational health;
- how workers diagnosed with OA will be managed at work, such as working in an alternative role;
- ensuring your workers are aware of your plans.

When health surveillance is required

Health surveillance should be considered where there is:

- exposure to the main causes of occupational asthma (above) or substances and processes where occupational asthma is a known problem;
- exposure to substances labelled:
 - H334 'May cause allergy or asthma symptoms or breathing difficulties if inhaled.'
- reliance on Personal Protective Equipment (PPE) in workers exposed to substances which may cause OA; or
- a confirmed case of OA in your workers.

What a suitable health surveillance scheme should look like

- You will need to involve an occupational health professional (doctor or nurse) who has the relevant competence, skills and experience for the health risks in your business. They will help you develop your health surveillance scheme, and they can train responsible persons (see below) to help deliver it.
- Workers' respiratory health should be assessed before exposure, but if not, as soon as possible after exposure starts (for example within six weeks) to provide a baseline.
- You must have ongoing assessments at appropriate frequencies, usually annually, although more frequent assessments are appropriate for new workers. Your occupational health professional can advise you on how frequently you should do this.
- Health surveillance should involve an appropriate questionnaire and the performance of spirometry.
- Occupational health professionals should interpret the health surveillance results for both individuals and groups of similarly exposed workers, taking into account any previously available results. This allows you to identify any need to revise your risk assessment, review exposure controls, and where necessary move workers to alternative roles.
- In circumstances where there is:
 - exposure to a potential respiratory sensitiser; or
 - only occasional exposure to a known respiratory sensitiser; or
 - adequate control of exposure with no evidence of health problems at health surveillance (questionnaire and spirometry) over a representative time period;

an annual respiratory questionnaire and keeping a health record may be adequate.

- You should ensure that your risk management system allows workers to report any symptoms that occur between planned health surveillance assessments. This could be either to your responsible person or occupational health professional.
- A 'responsible person' is a worker you appoint who is trained and supported by an occupational health professional. You should always consult with your occupational health professional if you decide to use a responsible person as part of your health surveillance scheme.

- You must keep a health record for each worker under health surveillance and also encourage them to keep a copy of their results in case they change jobs.
- Your risk management system should ensure that concerns raised by employees are investigated and that any relevant sick leave data are taken into account. This can help highlight cases of OA and any issues with working practices.
- Your responsible person could administer the questionnaire. You should always consult with your occupational health professional when making these decisions.

Record keeping for Health Surveillance

- You must keep a health record for each worker under health surveillance which includes:
 - the worker's name and address;
 - national insurance number;
 - products or process(es) they work on;
 - date exposure started and its frequency and duration;
 - what personal protective equipment (PPE) is used; and
 - the results of any health surveillance.
- These health records should be kept securely for at least 40 years from the date of the last entry

Further information

For further information visit www.hse.gov.uk/ and search for 'health surveillance' and 'occupational health' and 'Work-related Asthma statistics in Great Britain.'

For a list of substances that can cause occupational asthma, visit <https://www.hse.gov.uk/asthma/substances.htm>

For information about health and safety visit <https://books.hse.gov.uk> or <http://www.hse.gov.uk>

You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

To report inconsistencies or inaccuracies in this guidance email: commissioning@wlt.com