

## Appendix 2: Enforcement Management Model (EMM)

Enforcement is likely to be under COSHH regulations 2002 (6<sup>th</sup> Edition). Interpretation of EMM in relation to asthmagens is difficult because of the wide range of substances and processes where they are used. When considering enforcement action inspectors should also refer to OG273/19.

Observation/Regulation	Initial Enforcement Expectation (IEE) / Action
<p>COSHH assessment absent</p> <ul style="list-style-type: none"> <li>• COSHH Regulation 6 requires a risk assessment to be undertaken. To be suitable and sufficient the assessment should consider:</li> <li>• The work activity</li> <li>• The hazards</li> <li>• The people exposed</li> <li>• The type and extent of exposure</li> <li>• The potential health effects</li> <li>• The control measures</li> <li>• Other requirements such as maintenance, training, health surveillance, emergency arrangements and employee consultation (see COSHH ACOP paras 55-63)</li> </ul>	<p>IEE – IN</p> <p>&gt;5 employees Action – IN Written COSHH assessment required</p> <p>&lt; 5 employees Duty-holders are required to assess the risk</p> <p>Action/IEE – IN/letter seeking evidence that company has systematically considered factors liable to produce exposure and to demonstrate that controls in place are effective</p>
<p>COSHH Regulation 7(1) and 7(2) (Elimination and Substitution)</p> <p>Is the use of the asthmagen necessary?</p> <ul style="list-style-type: none"> <li>• Have all alternatives have been considered</li> <li>• Can the asthmagen be substituted for a safer product?</li> <li>• Could a different form of the same substance be used (eg pellets instead of powder)</li> <li>• Can modification to the process be made</li> </ul> <p>See COSHH ACOP (paras 87-90)</p>	<p>;</p> <p>IEE will depend on whether there are reasonably practicable safer alternatives available.</p> <p>Seek specialist advice (FOD SG Occupational Hygiene)</p> <p>.</p>
<p>COSHH Regulation 7 (3), 7(4) and 7(7) Adequate control of exposure</p> <p>Employers must ensure that exposure to asthmagens is reduced to as low a level as is reasonably practicable. They must ensure that measures to control the risk are applied in priority order.</p> <p>Hierarchy of control</p> <ul style="list-style-type: none"> <li>• PPE should only be used when</li> </ul>	<p>Benchmark standard is serious/nil negligible – when controls are good and the asthmagen is controlled as low as reasonably practical (and ALARP below any applicable WEL).</p> <p>Risk gap -; extreme or substantial depending on the potency of the asthmagen and the level and duration of exposure</p> <p>Action: PN – if there is a failure to adequately control a potent respiratory sensitiser (eg isocyanate aerosol). Take</p>

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<p>adequate control cannot be achieved by other means;</p> <ul style="list-style-type: none"> <li>• Safe handling for storage &amp; transport;</li> <li>• Exposure should be limited to as few people as possible;</li> <li>• Appropriate hygiene measures.</li> </ul> <p>There is guidance on reasonably practicable controls for common asthmagens in the following COSHH Essentials Guidance series:</p> <p>WD – woodworking  MR – Motor vehicle repair  FL – Bakeries  WL – Welding  MW – Metal working fluids</p>	<p>specialist advice if considering serving a PN.</p> <p>Action – IN/NOC letter if PPE is only means of control and alternative methods of control have not been considered.</p> <p>See also the enforcement guidance on asthmagens in OC273/19</p> <p>For industry specific guidance on enforcement refer to the Topic Inspection Packs on craft bakeries, motor vehicle repair, and metalworking fluids.</p>
<p>COSHH Regulation 8</p> <p>Control measures are used correctly, in good repair and reviewed.</p> <p>Procedures in place should include:</p> <ul style="list-style-type: none"> <li>• Observation/visual checks;</li> <li>• PPE is compatible with any other PPE used;</li> <li>• PPE is stored properly when not in use;</li> <li>• PPE is removed before eating/drinking or smoking;</li> <li>• Supervision and monitoring of their use.</li> </ul>	<p>Benchmark standard – serious nil negligible if exposure to the asthmagen, is controlled as low as reasonably practicable.</p> <p>Action/IEE- IN if, control measures are not complied with and/or exposure is not controlled as low as reasonably practicable below the WEL.</p>
<p>COSHH Regulation 9 – Maintenance, examination and testing</p> <p>Are there systems in place to ensure that controls are effective.</p> <p>Employer who provides any control measure should ensure that</p> <p>(a) engineering plant/PPE is maintained in an efficient state and in case of;</p> <p>(b) provision of systems of work and supervision and of any other measure, it is reviewed at suitable intervals.</p>	<p>LEV not maintained 14 monthly.  Action/IEE – IN</p> <p>Systems of work not reviewed  Action/IEE –IN</p>
<p>COSHH Regulation 10 – Monitoring exposure</p> <p>Personal airborne sampling may be required to show that WELs have not been exceeded  *for personal monitoring, records should be kept for 40 years  Biological monitoring may be appropriate.</p>	<p>Specialist advice maybe required</p>

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<p>COSHH Regulation 11 – Health Surveillance</p> <p>Health surveillance is appropriate where exposure is to a respiratory sensitiser/asthmagen such as flour, isocyanates, wood dusts etc.</p> <p>Health surveillance should;</p> <ul style="list-style-type: none"> <li>• Be under supervision of a competent person in accordance with published standards and guidance;</li> <li>• Include individual health records for those exposed;</li> <li>• A historical record of jobs in this employment involving exposure to identified substances requiring health surveillance.</li> <li>• Include recommendations on fitness for work from an occupational professional or Doctor.</li> </ul> <p>The health record should not contain confidential clinical data</p> <p>The collective anonymised health data from the monitoring programme should be used for active monitoring and used to inform the review of the risk management system.</p> <p>Health surveillance supports the health risk management system by providing data for the review of exposure and control measures.</p>	<p>Action/IEE –IN</p> <p>Absence of health surveillance (except for self employed)</p> <p>Action/IEE- IN Health surveillance is in place but it is not suitable and sufficient</p> <p>Action/IEE – NOC if no referral system in place</p> <p>Seek Specialist Occupational Health Advice</p>
<p>COSHH Regulations 12 and 7.7 schedule 2A, principle (g) - Training and competent advice</p> <p>Training should cover the issues in the COSHH ACOP for example;</p> <p>How to use the control measures;</p> <p>How to recognise failure in control;</p> <p>Do the employees understand what is required for compliance?</p> <p>Do the employees know the signs and symptoms of OA?</p> <p>Do they know how and when to report?</p> <p>Do they know about the requirement for health surveillance?</p> <p>Small businesses may need competent help to give advice on control measures.</p>	<p>If training is absent the IEE is IN</p>