

# G401

## COSHH essentials: General guidance



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 monitoring for chronic obstructive pulmonary disease (COPD) caused by work.

It does not apply to asthma, to lung cancer, or to specific diseases such as silicosis.

It sets out what you should expect from a health professional.

Tell your occupational health professional if workers have any of the following symptoms:

- A regular cough with phlegm, for more than three months of the year;
- shortness of breath made worse by mild activity, eg walking with people of the same age;
- wheezing; or
- frequent lung infections or at least two bouts of bronchitis lasting more than three months over any two years.

If workers smoke, help them to cut down or stop.

# Health monitoring for chronic obstructive pulmonary disease

## Control approach 4 Special

### Introduction

- ✓ Your work involves dust, fume or an irritating substance that could cause the lung disease chronic obstructive pulmonary disease (COPD). This includes chronic bronchitis and emphysema.
- ✓ COPD means that the lungs have been gradually damaged. The disease causes permanent lung damage, making for poor quality of life; effectively, your lungs are older than you are and breathing becomes more difficult. COPD develops slowly, so it may take several years to tell if your employee's lungs are working worse than expected. It is long-term trends that are important, not 'single snapshots'.
- ✓ It is estimated that 15% of COPD cases are caused by exposures at work. Smoking is the major cause of COPD, but you still need to control exposures to dust, fume or gas. Smoking makes work-related COPD worse. Workplace substances that cause COPD may also make asthma worse.
- ✓ If you detect an employee's symptoms early enough and reduce their exposure, you will prevent further damage.

### Substances

- ✓ Coal-mine dust, silica, flour dust, grain, wood dust, metal fumes, and irritating gases such as nitrogen oxides and sulphur dioxide can all cause COPD. Some of these can cause other diseases too.

### Occupations

- ✓ Construction, mining, quarrying, welding, baking, dock work, some farming processes, textile work and stonemasonry are all associated with COPD.

### Planning and preparation

- ✓ Plan what you are going to do if a worker shows signs of lung problems and make sure your employees are aware of your plans

### What is health monitoring?

- ✓ Health monitoring is collecting and using information about workers' health, related to the substances they use. The early detection of reduced lung function or increased breathing problems could prevent further damage to the lungs.
- ✓ If the risk of exposure is low in your particular circumstances, you may decide that health monitoring is unnecessary.
- ✓ Health monitoring is **never** an alternative to the proper control of exposure. It is not the same as health screening or health promotion.

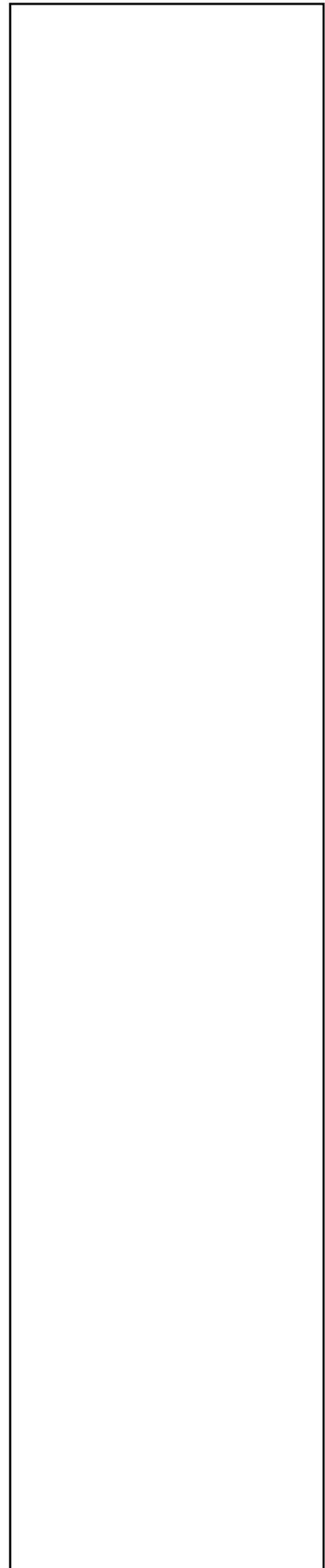
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- ✓ You should consider monitoring your workers' health if:
    - they use substances or are in occupations listed above;
    - are regularly exposed to dusts, noxious gases or fumes; or
    - breathe in mists, dusts, vapours or gases from products labelled R34 'Causes burns', R35 'Causes severe burns' or R37 'Irritating to the respiratory system'.
  - ✓ Where statutory health surveillance is in place for other respiratory diseases, such as asthma, any monitoring for COPD will be a secondary consideration.
  - ✓ Where there is a strong evidence base for a link between specific exposures and COPD then statutory health surveillance will be appropriate.

*What is it likely to cost?*

- ✓ Health monitoring at your workplace costs an estimated £50 per person per test.

**Action**

- ✓ Involve a health professional (doctor or nurse) in your health monitoring programme, they will help develop your scheme - see 'Useful links'.
- ✓ Your health monitoring programme could include the following measures:
  - Assess workers' respiratory health before they start a relevant job to provide a baseline (perhaps using a questionnaire and lung function assessment).
  - Introduce regular testing as advised by the health professional. This could involve further questionnaires and lung function assessments. The health professional must explain the test results to the individual and report to you on the worker's fitness to work.
  - Health professionals should be suitably qualified, eg with an Association for Respiratory Technology and Physiology (ARTP) diploma. This means that their tests will be 'right' - see 'Useful links'.
  - Health professionals should interpret the result trends for groups and individuals, and identify any need to revise the risk assessment.
  - You should appoint a responsible person, supported by the health professional, to report any symptoms that occur between tests.
  - Keep a health record, and encourage workers to keep a copy of their results in case they change jobs.
  - Keep simple attendance records to identify any patterns in sick absence.



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### *Record keeping*

✓ Record:

- the activity that can cause COPD;
- worker's name, address and National Insurance number;
- products or process they work on, and how often;
- protective measures provided;
- date of starting work with the product or process; and
- the fitness for work statement.

### **Useful links**

- For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit [www.hse.gov.uk/](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.
- Look in the Yellow Pages under 'Health and safety consultants' and 'Health authorities and services' for 'occupational health'.
- Also see [www.nhsplus.nhs.uk](http://www.nhsplus.nhs.uk).

This document is available at: [www.hse.gov.uk/pubns/guidance/](http://www.hse.gov.uk/pubns/guidance/) and [www.hse.gov.uk/coshh/essentials/](http://www.hse.gov.uk/coshh/essentials/)

**This document contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do.**

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