

Asthma is a common condition which affects the respiratory system and can lead to chronic disablement. Occupational asthma is an allergic reaction that affects some people and is caused by substances, known as respiratory sensitisers, that can affect the body's immune system when inhaled.

Typical symptoms can include wheezing, coughing, tightness of the chest and general breathing difficulties. Liability claims can arise where asthma related conditions are diagnosed and attributed to the work process, or where an existing condition is aggravated by workplace exposure. Such claims can have significant values, particularly where the individual becomes hypersensitive and has to be completely removed from sensitising substance(s) and processes and where alternative duties or redeployment are not an option.

There are many occupations in which respiratory sensitisers are encountered. The HSE's guidance note EH40: "Workplace Exposure Limits" highlights substances known to be respiratory sensitisers and provides exposure values where dust or fumes are generated via the use of the notation "SEN". This list is updated as new processes and products are developed and scientific knowledge evolves.

Minimum standards

- Consider the activities and substances used in your workplace. Identify any substances in use, to be introduced, or being created which may cause asthma
- Carry out a COSHH risk assessment, and review this when any aspect of the process is changed or when new substances are introduced, ensuring that exposure to asthmagens is minimised to below or better than EH40 limits by:
 - Eliminating use of irritant and sensitising substances, or replacing them with something less harmful
 - Introducing appropriate control measures e.g. enclose or redesigning the process to limit the number of people exposed, and/or introduce appropriate extraction systems
 - Once all options to prevent exposure are fully exhausted consider carefully the use of suitable personal protective equipment (PPE), including the required training, cleaning, inspection and storage requirements associated with it.

- The work environment and exposure values should be checked (measured) and monitored periodically by competent individuals to ensure that control measures are effective, and to detect any deteriorations. This will often require the use of specialist equipment and expertise. The results of assessments should be recorded and archived.
- Review your occupational health provision and, if required, introduce a programme of health screening to ensure information is captured identifying individuals that may be pre-disposed to asthma or are already sensitised to substances. Consider the use of 'exit medicals' so you can record the health status of exposed employees who leave your employment.
- Ensure affected employees are fully aware of the hazards and risks associated with respiratory sensitisers. Ensure they are fully aware of controls and what to do when symptoms occur. They should be fully trained, their competence validated and a system of audit and supervision implemented to ensure continuing compliance to expected standards.





Guidance and useful information

- Health & Safety Executive – Asthma
www.hse.gov.uk/asthma/index.htm
- HSE Guidance note EH40/2005 (as amended)
“Workplace Exposure Limits”
www.hse.gov.uk/pubns/priced/eh40.pdf
- The Control of Substances Hazardous to Health Regulations 2002 (as amended) – Approved Code of Practice and Guidance L5
www.hse.gov.uk/pubns/priced/l5.pdf
- HSG276, published 2014, Isocyanate paint spraying Safely managing spray booths and rooms
- British Occupational Hygiene Society
www.bohs.org
- British Occupational Health Research Foundation
www.bohrf.org.uk/projects/asthma.html

Further information

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