

Breathless wait

A TUC survey of safety reps has revealed that employers are failing to control the causes of asthma. TUC's Owen Tudor says the case for a legally-binding Approved Code of Practice on asthma is stronger than ever.

Nearly a thousand safety reps from workplaces where asthma-causing substances are used regularly, told the TUC what was going on in their workplace – and over a third of safety reps reported that colleagues had developed asthma because of workplace exposure to harmful chemicals or dusts.

Most people with asthma are able to carry on with their lives and jobs without major problems – studies have shown they have very low sickness absence rates.

But victims of work-related

asthma face continued exposure to the substance causing their asthma unless they leave their job or their employer takes the necessary step to prevent further exposure.

And most employers aren't doing that, according to the TUC survey. That explains why enterprises with one or more asthma sufferers face an average of 35.61 days of sickness absence every year.

Over a third of safety reps responding indicated that workers with occupational asthma had to take sick leave as a result. This echoes the findings of research studies cited in the TUC's 1996 book, *Asthma at work*.

Why workers wheeze

TUC found workers are regularly exposed to the following asthma-causing substances

Substance	Number	Percent
Glues and resins	232	26
Wood dust	179	20
Latex	145	17
Isocyanates	96	11
Solder/colophony	95	11
Flour/grain	80	9
Glutaraldehyde	58	7
Laboratory animals	24	3

Employer action

Safety reps reported that employers were more likely to deal with the work-related asthma risks under a general risk assessment than under a COSHH risk assessment – but a risk assessment was generally as far as it went. Only just over a quarter (28 per cent) of employers were



HSE

Teens 'n' toxins: A new US study has shown work exposures to chemical toxins such as cleaning agents, bleaches and acids can cause serious harm to young workers. The analysis found about 14 per cent of exposures to working teens were classified as severe, such as burns or respiratory injuries. Leading the exposures list was alkaline corrosives (13.2 per cent). Other hazardous exposures included gases and fumes

(12 per cent), cleaning agents (9.7 per cent), bleaches (8.3 per cent), drugs (7.4 per cent) and acids (7.2 per cent).

Woolf A and others. *Adolescent occupational toxic exposures: A national study*. Archives of Pediatrics and Adolescent Medicine, vol. 155, no. 6, June 2001, pages 704-710.

Young bronchitics: Young adults exposed to vapours, gas, dust or fumes at work are at risk of developing work-

related chronic bronchitis. An international team of researchers evaluated the lung health and job exposure to various lung irritants in more than 13,000 men and women aged 20 to 44 living in 14 different countries. Agricultural workers had a significantly increased risk of chronic bronchitis, whether or not they smoked. People working in the textile, wood, food, and paper and chemical processing indus-

carrying out health surveillance, and less than a quarter (23 per cent) were providing any training for the workforce.

The Management Regulations were recently amended (*Hazards* 69) to set out the "hierarchy of control" managers should use to decide the priority to be given to various measures to prevent work-related asthma. But the TUC survey shows managers aren't following that hierarchy.

The first thing employers should do is substitute the asthma-causing substance, using a safe or safer alternative. If that isn't possible, the process involved should be enclosed to prevent exposure. If that won't work, exposure should be reduced using ventilation, and only if all else fails should respiratory protective equipment (RPE) be used.

Safety reps reported, however, that the last – worst – option was the most popular with employers, and that nearly four times as many employers used the last two options than the first two! Only 7.5 per cent of employers were substituting asthma-causing substances, compared with 26 per cent who resorted to respiratory equipment.

The TUC also asked safety

reps what the main cause of asthma in their workplace was, using the HSE's list of the top eight asthma-causing substances.

Glues and resins were the most common, with wood dust next. Latex, which has only recently been understood to be a major cause of asthma at work, came third.

Action on asthma

Safety reps reported they were more likely to use inspections as a way of dealing with asthma at work than any other action, with 44 per cent carrying out inspections, 30 per cent having provided the workforce they represent with information about asthma and 27 per cent having raised the issue at their safety committee (reps may have taken one or more of these actions).

But the survey demonstrated a lack of training for safety reps, with only 3 per cent having attended a course specifically on asthma, compared to 25 per cent who had attended a course on COSHH, and 79 per cent who had taken a general safety rep training course.

The TUC will be using the survey findings to redouble its

call for an Approved Code of Practice (ACoP) on asthma, setting out what employers need to do. The Health and Safety Commission has issued another consultative document on the issue, but no decision about an ACoP has yet been taken.

In addition, the TUC will be calling on the Industrial Injuries Advisory Council to make asthma caused by latex a prescribed disease, so that sufferers can claim industrial injuries benefit for their asthma.

At present the other main causes are all explicitly covered, and latex asthma sufferers have to make their case individually on a case-by-case basis.

And the TUC will be developing, piloting and then providing courses on asthma at work for safety reps over the next 12 months, with financial support from the HSE.

The TUC survey of safety reps was supported by the HSE Training Initiative. It was conducted in May and June 2001 and analysed for TUC by LRD. web: www.tuc.org.uk

Asthma at work: Causes, effects and what to do about them. TUC, 1996. Details from *Hazards*, tel: 0114 267 8936; email: sub@hazards.org

tries also had an increased risk of bronchitis, especially if they smoked.

Zock J-P and others. *Occupation, chronic bronchitis, and lung function in young adults.* *American Journal of Respiratory and Critical Care Medicine*, vol. 163, June 2001, pages 1572-1577.

Wood Finnish: Finnish unions are to seek a much tighter workplace exposure standard for wood dust. *Trade Union News from Finland* reports the current wood dust

standard in Finland is 5 milligrams of dust per cubic metre (mg/m³) of air – the UK maximum exposure limit is the same. "However, studies suggest that concentrations of as little as 1 mg/m³ already cause symptoms in the eyes, nose, throat, skin and lungs," says the report. Sweden, Norway and Denmark currently have a wood dust standard of 2 mg/m³, but are campaigning for the 1 mg/m³ standard.



hazards questionnaire

Who are you? Jeanette Devereux, health and safety rep for 1,200 Usdaw members at Reality call centre in Widnes. Also Usdaw convenor and branch secretary.

What made you become a safety rep? Health and safety wasn't being taken seriously by the union or the company. I could see lots of problems in the workplace so I put myself forward and was elected.

What training have you received? TUC Stage I and II and Usdaw weekend schools.

How much time do you spend safety repping? All the time.

Where do you get support? From Doug Russell, the Usdaw Health and Safety Officer, who is a mine of information and a good back-up. I would never be without my TUC *Hazards at Work* book.

What are the major health and safety hazards at work? As a call centre, the main problems are RSI, stress and inadequate rest breaks.

Why be a safety rep? To get members and management to recognise the importance of health and safety issues.

What's your most satisfying accomplishment as a safety rep? It used to get so hot that members were fainting with the heat. I insisted they hire decent fans to cool the air down during hot spells. It got so expensive they eventually agreed to install air-conditioning.

What was your worst experience? Not being consulted by managers on some major issues that could have affected members' safety and welfare.

Why is a safety rep's job important? It's the only way to make sure that members' health and well-being are protected.

What advice would you give to other safety reps? It's important to keep up-to-date. Keep on training. Management are increasingly getting NEBOSH and IOSH training; we need TUC training to keep up with them.