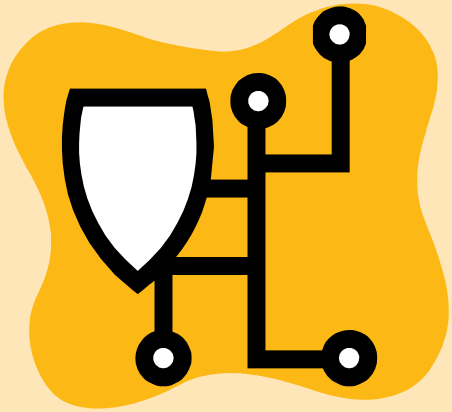
Protection

- Asbestos
- Chemical Safety
- Work related Dermatitis
- Work related Asthma
- Legionella

Essex Health & Safety Liaison Group



Asbestos

Asbestos is the biggest Occupational Health Killer causing 3500 deaths a year.

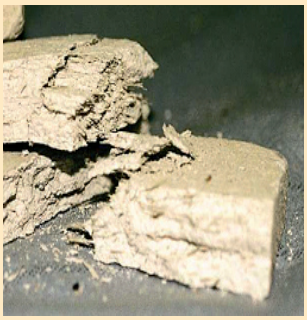
Safety point	Why?	How do you do this?
Asbestos is a fibrous mineral commonly found in buildings constructed prior to 2000. If you are responsible for maintaining or repairing a building then you also have a duty to manage any asbestos in the building.	When inhaled the fibres can damage the lungs and cause cancer.	We have no Asbestos Containing Material on site. Yes ☐ No ☐ You do not need to complete this section further if you have answered yes above. However, you may wish to complete the survey forms overleaf.
A survey of the building should be undertaken to identify any possible Asbestos Containing Material (ACM).	By noting the location and condition of ACM accidental release of asbestos fibres can be prevented.	We have undertaken a visual (type 1) inspection of our business and noted the location of any possible ACM on the SURVEY form. Yes ☐ No ☐ We have had a: Type 1 (Visual) survey carried out. Type 2 (Assessment and Sampling) survey carried out The report can be found
ACM should be managed and all building and maintenance work planned taking ACM into consideration.	Staff and contractors can easily be exposed to Asbestos fibres during plumbing, electrical or building work.	We have completed the Asbestos Management Plan in this pack Yes ☐ No ☐ or We have had a management plan written. It can be found:

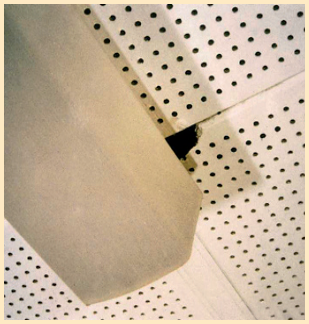
Safety point	Why?	How do you do this?
Anyone working on the building should be made aware of the presence of ACM before commencing any works so that they can plan the work appropriately.	Making workers aware of the location and condition of ACM before they start work will reduce the likelihood of ACM being disturbed and fibres released.	All contractors working on the building are required to sign a declaration that they are aware that the building contains ACM and that no work is to be carried out in or near these areas until a detailed risk assessment has been completed.

Examples of Asbestos Containing Material (ACM) commonly found.

Sprayed Asbestos and Lagging.

Asbestos Insulating Board.





Asbestos Textiles.

Asbestos Survey Form

Name of Room	Building Materials	Description of Location	Presumed asbestos Y/N

Asbestos Management Plan

Name of Room	Plan item number	Building materials	Presumed asbestos (P) or Confirmed (C)	Management Plan action
EXAMPLE Front Office	1	Asbestos insulating ceiling tiles	(C)	In good condition. Monthly observation. If any deterioration noted contact accredited surveyor for advice.

Chemical Safety

Whatever the size of your business you will use some chemicals. Some chemicals and substances are harmful, and can cause injury or ill health. You must assess the risk of these materials and provide protection for staff and members of the public.

Safety point	Why?	How do you do this?
You must prevent or properly control exposure to chemicals or hazardous substances.	Using chemicals or other hazardous substances at work can put people's health at risk, so the law requires employers to control exposure to hazardous substances to prevent ill-health.	By assessing the risk to staff and implementing any necessary control measures e.g. PPE, training. Do staff use chemicals or hazardous substances? Yes ☐ No ☐
We use the following chemicals or hazardous substances		
Examples Substances used directly in work activities (e.g. glues, paints, cleaning agents); Substances generated during work activities (e.g. fumes from soldering and welding); Naturally occurring substances (e.g. grain dust); Biological agents such as bacteria and other micro-organisms.	We have	We use it for
Identify the chemical or hazardous substance.	To determine the potential effects on health.	You must get hold of, and read, the Safety Data Sheets for the chemical from your supplier. This will tell you what the hazards are, how it should be handled, stored and disposed of and what should be done in the case of an accident. For some chemicals the safety information is contained on the product label e.g. bleach.

Safety point	Why?	How do you do this?
Chemicals or hazardous substances should be used and handled in a safe manner.	Incorrect use of hazardous products could result in exposure through inhalation, direct contact with the skin, splashing them into the eyes or ingestion.	Follow the manufacturer's guidance in the safety data sheets. This may include using personal protective equipment which must be suitable for the product. Record this on your Chemical Safety check sheet at the end of this section.
Have you got the right protective equipment?	Protective equipment prevents or reduces contact with the hazardous product.	Do you check the manufacturer's instructions and provide the protective equipment they specify? Yes ☐ No ☐ Do you train staff to use the protective equipment properly? Yes ☐ No ☐ Do you check it is being properly used? Yes ☐ No ☐
Are chemicals and hazardous substances stored safely?	Some chemicals and substances should be stored in specific ways, as instructed by the manufacturer or supplier as they may pose a fire risk. Restricting access to hazardous substances can prevent unauthorized use and exposure.	Where are the chemicals stored? Do your chemicals require any specific storage requirements e.g. ventilation, segregation of chemicals. Yes ☐ No ☐ If yes what are they? How do you prevent unauthorized access? Who is responsible for ensuring carrying out the above?

Safety point	Why?	How do you do this?
Staff must be properly trained in the correct use of chemicals and hazardous substances.	Some hazardous products have risks which are not obvious to people using them. Refresher training will reduce the chances of bad habits developing in the workforce.	Do you train staff on hazardous products you use? Yes ☐ No ☐ Do you provide refresher training? Yes ☐ No ☐ If so how often? Who responsible for carrying out the training? Record staff training on the staff training record sheets

Chemical Safety Checks

Chemical or hazardous substance	Who uses it?	Control measures and protective equipment	Staff trained to use hazardous product

Work related Dermatitis

Work related dermatitis (often called eczema) is one of the main causes of ill-health for catering and cleaning staff and is a very painful condition. However, dermatitis is easily prevented using good hygiene techniques.

What is dermatitis?

Dermatitis is a skin condition caused by contact with something that irritates the skin or causes an allergic reaction. It usually occurs where the irritant touches the skin, but not always.

If you look at skin that has dermatitis, you could see one or all of these signs:

- Redness
- Scaling/flaking
- Blistering
- Weeping
- Cracking
- Swelling

There are two different types of contact dermatitis:

Irritant and Allergic

What causes irritant contact dermatitis?

It can occur quickly after contact with a strong irritant, or over a longer period from repeated contact with weaker irritants. Irritants can be chemical, biological, mechanical or physical. Repeated and prolonged contact with water (e.g. more than 20 hand washes or having wet hands for more than 2 hours per shift) can also cause irritant dermatitis.

Examples of Irritant contact dermatitis:

- Wet work
- Soaps, shampoos and detergents
- Solvents
- Some food (e.g. onions)
- Oils and greases
- Dusts
- Acids and alkalis

What causes allergic contact dermatitis?

This can occur when the sufferer develops an allergy to a substance. Once someone is ‘sensitised’, it is likely to be permanent and any skin contact with that substance will cause allergic contact dermatitis. Often skin sensitisers are also irritants.

Some of the more common causes of allergic contact dermatitis include:

- Some hair dyes
- UV cured printing inks
- Adhesives
- Some food (e.g. shellfish, flour, garlic)
- Wet cement
- Some plants (e.g. chrysanthemums)

Safety point	Why?	How do you do this?
AVOID direct contact Avoid direct contact between un-protected hands and substances, products and wet work where this is sensible and practical, for instance: • Get rid of the substance/product/wet work all together. • Substitute the product/substance for something less harmful. • Introduce controls (such as tools or equipment) to keep a safe working distance between skin and substances/products/wet work.	Contact with certain substances and products and/or regular wet work may cause dermatitis	**What do you do to avoid contact?**
PROTECT the Skin Avoiding contact will not always be possible so: • Provide suitable personal protective equipment such as gloves. • Tell workers to wash their hands before eating and drinking, and before wearing gloves. Ensure suitable cleaning systems exist for mobile workers. • Provide suitable mild skin cleaning and moisturising cream and washing facilities with hot and cold water. • Remind workers to wash any contamination from their skin promptly. • Provide soft (cotton or disposable paper) towels for drying the skin. Tell workers about the importance of thorough drying after washing. • Protect the skin by moisturizing as often as possible and particularly at the end of the day – this replaces the natural oils that help keep the skin's protective barrier working properly. • Use suitable barrier creams before and during work.	Limiting work likely to cause or promote dermatitis, providing personal protective equipment and ensuring hands are cared for will reduce the likelihood of your staff developing this condition	**What do you do to protect?**

Safety point	Why?	How do you do this?
CHECK hands regularly • Check hands regularly for the first signs of itchy, dry or red skin. • When skin problems are spotted early, they can be treated, which can stop them from getting too bad. • Get advice from your GP if you suspect that you may have skin problems. Check regularly that all these actions are carried out in practice. If protective gloves are the only option then it is essential to ensure you have the correct glove for the type of work. When you select protective gloves, base your choice on the work, the wearer and the environment they work in. You need to consider the following five factors: • Identify the substances handled. • Identify all other hazards. • Consider the type and duration of contact. • Consider the user – size and comfort. • Consider the task.	Regular monitoring allows for prompt identification of any problems before the condition becomes too serious. Poorly fitting or inadequate gloves may not protect the wearer properly or may trap water and other substances close to the skin resulting in dermatitis	**What do you do to check?** Do you use gloves? Yes ☐ No ☐ Gloves to be used: Job / Gloves to be worn (4 empty rows)

Work-Related Asthma

What is Work-Related Asthma?

Work-related asthma is asthma caused or made worse by work.

Some people may have had asthma before they started work, but workplace substances may make their asthma worse.

There are also substances which are used at work which can cause asthma in otherwise healthy people, for example flour or wood dust. These substances are called 'respiratory sensitisers' or 'asthmagens'. Once someone becomes sensitised to these, even small amounts of the substance can trigger an asthma attack.

Some substances can make existing asthma worse. These are called 'respiratory irritants' and they can trigger attacks in those with asthma caused by work or with pre-existing asthma.

Examples include chlorine, general dust and even cold air.

Symptoms

People can work with a substance for several months or even years before they develop a sensitisation to breathing it in.

Sometimes the symptoms start as soon as the person is exposed to the substance, but often they are delayed for several hours, so they are most severe in the evenings or during the night, and workers may not realise it is work that is causing the problem. Symptoms may improve during weekends and holidays when they have had some break from the substance.

The symptoms for asthma are attacks of coughing, wheezing, breathlessness and chest tightness. People may also develop rhinitis and conjunctivitis - runny or stuffy nose and watery or prickly eyes.

Once a person is sensitised, continued exposure can result in permanent damage to their lungs and increasingly severe symptoms.

People with rhinitis may go on to develop asthma. Asthma attacks are likely to become worse and can also be triggered by respiratory irritants. These attacks often continue for years after exposure to the sensitiser has stopped.

Causes of asthma

There are many different kinds of substances which may be respiratory sensitisers. Chemicals, metals, and natural substances of animal or plant origin. Below is a list of substance groups that are particularly likely to cause asthma and where you may use these in your business.

Some of the activities in this pack referred to as 'Areas That Need Extra Care' are ones where asthma is a high risk, for example the 'Flour Dust' page which covers flour dusts and improvers. You must get these pages if they apply to your business.

Look for the risk phrase **R42 'may cause sensitisation by inhalation'** or **R42/43 'May cause sensitisation by inhalation and skin contact'** on product labels and safety data sheets for the substances you use, this should tell you if any substance is known to cause or make worse asthma.

Substance Groups	Typical Occurrence
• Isocyanates	• 2 pack paints used in vehicle spraying
• Animal dander (e.g. skin flakes)	• Pet shops, animal boarding establishments
• Grain dusts/hay dust/ flour dusts/ flour improvers	• Bakeries, caterers, hay handling, malting
• Wood dusts	• Woodworking units, builders merchants, sawmills
• Soldering flux/colophony fume	• Repair work activity/electronic assembly
• Latex	• Latex protective gloves
• Hot-wire-sealed film wrapping	• Packaging food products
• Shellfish i.e. prawns	• Shellfish processing
• Glues and resins	• Curing of epoxy resins

Safety point	Why?	What do you do?
The use of certain substances needs to be controlled. A list of substances and where they might be found is listed above.	These substances are likely to trigger Occupational Asthma.	Do you use chemicals/substance groups that may cause occupational asthma? Yes ☐ No ☐
The use of certain respiratory sensitizers and their levels in the air strictly controlled by legislation.	Some respiratory sensitizers are so dangerous they have been assigned Workplace Exposure Limits (WEL) and Short Term Exposure Limits (STEL). These are concentrations of the substance in the air, above which you are legally required to take specific actions as they have known health effects.	You can find the list of chemicals given WEL or STEL by searching the HSE website (www.hse.gov.uk) for EH40. You will need specialist advice if you use these chemicals. Complete the section below if you use any of these substances.

Workplace Exposure Limits and Short Term Exposure Limits Section		
Substance	Who is exposed	What controls do you have?

Information, Instruction and Training for Employees

You have a legal duty to inform, instruct and train staff who are likely to be exposed to respiratory sensitisers so that they know and understand:

- the risks to health;
- the symptoms of sensitisation;
- the importance of reporting minor symptoms at an early stage;
- the proper use of control measures;
- the need to report promptly any failures in control measures.

Health Surveillance

WHAT IS IT?	WHAT DO I NEED TO DO?
Health surveillance is about systematically watching out for early signs of work-related ill health in employees exposed to certain health risks. It helps prevent asthma by detecting the early signs. Health surveillance is never an alternative to the proper control of exposure. It is not the same as health screening or health promotion.	You must set up a system of health surveillance if your employees are exposed to respiratory sensitisers, unless you are confident your assessment shows there is unlikely to be a risk to their health. You should contact the Employment Medical Advisory Service through the local HSE office who can recommend local Occupational Health Professionals to advise you.

Example Health Surveillance Questionnaire

You may wish to photocopy the following template for use when questioning staff when first employed and regularly during their employment.	
Employees name Reference no	
Have you any chest problems, e.g. periods of breathlessness, wheeze, chest tightness or coughing attacks?	Yes ☐ No ☐
Since starting your present job (or in your previous employment) have you had any of the following symptoms (do not including isolated colds, sore throats or flu)	
a) recurring soreness of or watering of eyes,	Yes ☐ No ☐
b) recurring blocked or running nose,	Yes ☐ No ☐
c) bouts of coughing,	Yes ☐ No ☐
d) chest tightness,	Yes ☐ No ☐
e) wheezing,	Yes ☐ No ☐
f) breathlessness,	Yes ☐ No ☐
g) any other persistent chest problems.	Yes ☐ No ☐
Have you consulted your doctor about any of the above since the last questionnaire?	Yes ☐ No ☐
To be completed by the responsible person: a) no further action required b) refer to company occupational health adviser	
Signature of responsible person Date I confirm that the responses given by me are correct and that I have received a copy of the completed questionnaire.	
Signed Date	

What Should I do About Sensitised Employees?

If health surveillance makes you suspect an employee has become sensitised you should:

- Removed the affected person from the work activity.
- Advise to them to consult their doctor giving information on the work they do and the substances they may have been breathing.
- Review your assessment/control measures and make any necessary changes.
- Report the illness to your local authority – see the sheet on Accident prevention and reporting.

Legionnaires' Disease

Although the number of confirmed cases of Legionnaires' Disease remain relatively low, the high mortality rate amongst susceptible individuals is such that the control of legionellosis is a real consideration in buildings, especially those which accommodate the elderly or people whose immune system is impaired.

What is legionnaires' disease

Legionnaires' disease is a type of pneumonia, which kills between 10—40% of those infected. The illness occurs more frequently in men than women. It usually affects middle aged or elderly people and it more commonly affects smokers or people with other chest problems and in people whose immune system is impaired.

How is the disease caught?

People catch legionnaires' disease by inhaling small droplets of water suspended in the air, which contain the bacteria.

Aerosols can be formed from fine droplets generated from water containing the legionella bacteria by, for example, running a tap or shower, flushing a toilet, or from bubbles arising from whirlpool baths, hydrotherapy pools, Jacuzzi's, garden water features and from cooling towers. Legionnaires' disease does not spread from person to person.

Any water system that produces tiny droplets of water has the potential to spread legionella.

What can we do about it?

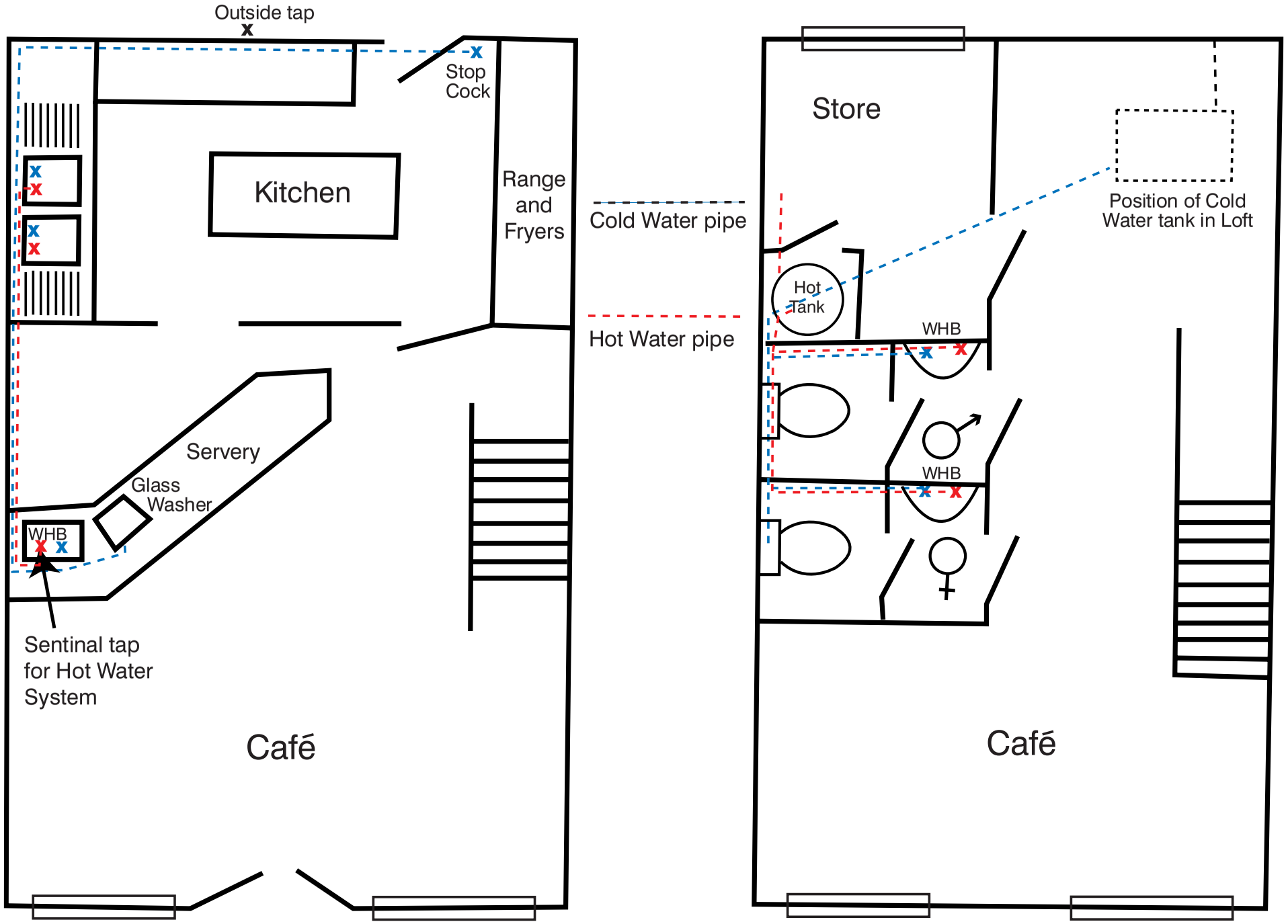
It is important to identify any places where the bacteria can grow and ensure adequate controls are put in place to reduce the risk of bacteria surviving and entering the environment on droplets.
The bacteria are more likely to grow:

- In warm water between 20 - 45^{o}C (optimum temperature 37^{o}C)
- Where there is a source of nutrients for the bacteria e.g. Slime (biofilm), rust, algae and dirt on pipe and tank surfaces
- In water heaters/calorifiers where water is stored at temperatures less than 45^{o}C
- In pipes with little or no water flow (this includes unoccupied rooms)

Know your system

You should prepare a plan of the hot and cold water system in the property based on evidence and information available on site. If you have a very old building you may need to ask a qualified plumber to help you.
Update the diagram when new information comes to light or when you make any alterations to your water systems.
Ensure you note on the diagram:
The position of the header tank/s (if any) and water heater/s and how these link to all the water outlets (taps, shower heads etc.) on the systems supplied by the hot water heater.
An example of a plan is shown. On the following page please insert your own plan.

Example plan of hot/cold water system

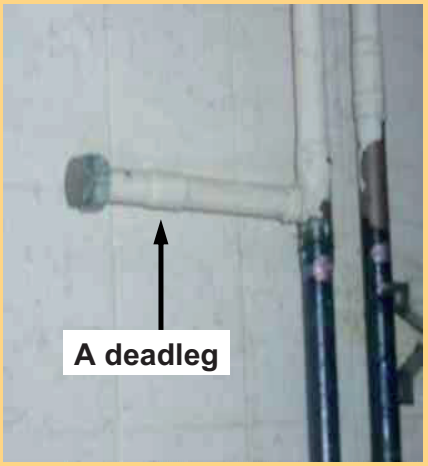


Plan of the hot and cold water systems:

Name of business:

Address of property

Safety point	Why?	How do you do this?
Hot and cold water tanks		
Water temperatures in the (boiler) should be set to reach at least 60°C. Cold water must be kept below 20°C at all times.	The bacteria grow easily in warm water between 20 - 45°C and may multiply to hazardous numbers in areas where water can collect. Please note that temperatures above 50°C in the pipes will increase the risk of scalding injuries. If your temperatures approach 60°C, you should provide warning signs and consider thermostatic mixing valves.	What temperature does your boiler/s operate at: What temperature is the water in your cold water storage tank?
Fit tight fitting covers or lids to all cold water storage tanks to prevent contamination from debris, insects and vermin. Visually inspect the insides of cold water storage tanks for cleanliness each year as well as checking that the water temperature is below 20°C.	Dirty tanks containing debris should be cleaned as necessary to prevent the available nutrients for the bacteria. If the water temperature is above 20°C then you may need to re-site or insulate the tank against thermal heat.  **Cold water tank with algae, rust and debris**	Can you gain access to your cold water storage tanks Yes ☐ No ☐ How often do you inspect the tanks and ensure they are free from debris. Are the cold water storage tanks fitted with tight fitting lids? Yes ☐ No ☐ If no, please advise what action is to be taken.

Safety point	Why?	How do you do this?
Hot and cold water temperatures		
Once a month hot and cold water temperatures should be taken from the sentinel taps for each hot and cold water system. If, after one minute, hot water temperatures are less than 50°C the boiler/ calorifier thermostat should be increased. If cold water temperatures are greater than 20°C after two minutes of flushing, you will need to investigate why this is happening and seek further advice.	The sentinel taps are those closest to the boiler or the cold water tank and those furthest away. Note: Where taps are fitted with a thermostatic mixing valve limiting issuing water below 50°C then you will need to measure the surface temperature of the pipework prior to the mixing valve.	Where do you record your monthly temperature checks? Do your cold water taps achieve a maximum temperature of 20°C at the furthest point within 2 minutes? Yes ☐ No ☐ If not what action have you taken?
Outlets that are not in frequent use		
Any water outlets in the building including sealed off areas and outside taps must be identified and fully documented. Any outlets including showers and taps that may not be used during any given week must be highlighted. Each of these outlets must be flushed for two minutes on a weekly basis with a record kept. If these outlets are not required and if the pipework can be cutback to prevent the creation of a dead leg they should be removed.	A deadleg is the section of pipe leading to a fitting e.g. a sink, through which water only passes when there is water drawn from the fitting. Deadlegs or disused systems will cause water stagnation and mould growth and provide a perfect environment for bacteria to grow.  	Do you have any water outlets that are not used frequently? Yes ☐ No ☐ Please list the outlets and their location here: How often do you flush these outlets? Do you have any deadlegs? Yes ☐ No ☐

Safety point	Why?	How do you do this?
Shower heads		
All shower heads should be removed, cleaned, descaled (if necessary) and disinfected every three months. Keep a record of the dates when the shower heads were cleaned in your diary.	Shower heads produce a fine spray and aerosol and are an ideal source for legionella bacteria. Shower heads also get a build up of dirt and mould which is a food source for bacteria. It is therefore important to clean all shower heads at least every three months.	Do you have any shower heads in your business? Yes ☐ No ☐ How often do you clean and disinfect every shower head? Where do you record these checks?