

## COSHH: SENSITISERS & ALLERGIES POLICY

### Policy Statement:

**All Employees:** This policy applies to all persons working for or on our behalf of the McSence Group of Companies which includes the subsidiary companies - *McSence Communication Ltd, McSence Ltd, McSence Services Ltd & McSence Workspace Ltd* in any capacity including but not limited to:

- All employees at all levels, prospective employees, agency workers, seconded workers, temporary workers, contractors/sub-contractors, clients, agents, external consultants, volunteers, members of the public, group's supply chain, third-party representatives and/or business partners who will be referred to in our Group policies as "all employees".

**The Workplace:** This policy applies to all persons working for or on our behalf of the McSence Group of Companies in any capacity at the workplace(s) as defined below which includes but not limited to:

- McSence Premises, Offices, Units, Business Park, Client's Premises, External Meeting Places, Customers' Homes, Gardens, Sheltered Housing, Whilst On-Call, On-Duty, Emergency Cover, Working from Home including On-Line Meetings, Whilst Driving in Company Time, Working Public Areas (café's, trains, coffee shops, buses etc) and will be referred to throughout this policy as "the workplace".

One of the more insidious ways that substances may pose a hazard to humans is via their property of creating an allergic response in the human body. This property occurs in relatively few compounds and preparations, and even then, affects a minority of people - but they are, nevertheless, seriously affected. Examples of these compounds include latex, peanuts, isocyanates, moulds, household mites, wood dust, epoxy resins, cement, and coal-tar products. Collectively, these compounds with allergenic properties are called 'sensitisers'.

**Sensitiser Safety:** Sensitising agents are present in many forms and pose a wide range of health hazards to workers. Exposure to them can lead to respiratory complaints such as occupational asthma, or skin complaints such as dermatitis. As these agents are hazardous to health, there is a duty under the 'Control of substances hazardous to health regulations' to carry out risk assessments to identify the agents and supply appropriate control measures and training. This Guide looks at general hazards and typical control measures associated with commonly-used sensitising substances. The person making the assessment must be competent by being aware of:

- HSE guidelines and the law
- the properties of the substances concerned
- procedures and practices in the specific workplace

If in any doubt, employers should consult a chemist, occupational hygienist or similarly-qualified adviser.

**Effects of Sensitisation:** It is difficult to predict the effects of a sensitising agent and who will be affected by it (typically 5-25% of individuals are affected). Some people develop allergic symptoms over a long time, while others may have an immediate allergic reaction. Reactions to sensitisers also vary from mild irritation (sneezing and rashes) to acute reaction (permanent disability). Once a person is sensitised, the symptoms are irreversible and can occur either immediately or several hours after contact with the substance. If not immediate, they are often most severe in the evenings or at night, so the person may not realise that work is causing the problem.

**Identifying Sensitisers:** Under the requirements of the 'Chemical hazards information and packaging regulations' (CHIP) all hazardous substances must be clearly labelled with relevant safety information, including:

- Substance: eg, isocyanates, chromium, etc
- Category of danger: eg, irritant, toxic, corrosive, etc
- Risk phrase (r + number): eg, r42 may cause sensitisation if inhaled, r43 may cause sensitisation by skin contact, etc
- Safety phrase: eg, 'do not breath vapour', 'avoid contact with skin', etc.

The information will also contain an orange-and-black pictogram depicting the type of danger: a cross for harmful or irritant, etc.

This must also be supported with manufacturers' safety data sheets that should give information on safe handling and use of the substance, and any precautions to be taken. As sensitisers do not have a direct dose-to-response relationship (small quantities can cause large allergic reactions and vice versa) EH40 sets legally binding limits called 'maximum exposure limits' (MELs) that must not be exceeded. Further information can be obtained on substances and its permitted exposure levels from 'EH40: occupational exposure limits' published annually by the HSE. The first stage of the risk assessment is to identify any substance used in the workplace that may cause sensitisation. This can be achieved by checking the 'R phrase' on the packaging. With bulk materials, (grain, wood dusts and by-products, solder fumes, etc) this information may not be readily available; the supplier or manufacturer should therefore be contacted for more information. When identified, the following risk-assessment steps should be considered, in descending order:

- ✚ Can it be eliminated altogether?
- ✚ Can it be replaced with something less hazardous?
- ✚ Can the hazard be separated from those it may harm?
- ✚ Can the work be reorganised to reduce the risk?
- ✚ Can personal protective equipment be used?

For convenience, the following sections have been split into two generic sets of substances; respiratory sensitisers and skin sensitisers, but it is important to note that some substances (latex, wood dusts, resins, etc) can have either, or both, effects on a person exposed to them.

**Respiratory Sensitisers:** Breathing-in respiratory sensitisers can cause permanent damage to the nose, throat and lungs. They may cause:

- ✚ asthma: attacks of coughing, wheezing, chest tightness and breathlessness
- ✚ bronchitis: caused by dusts (even if they have no overtly-toxic properties)
- ✚ farmer's lung: caused by dust particles from mouldy hay
- ✚ fibrosis: caused by the build-up of fibres in the lung (agricultural dusts, silica, asbestos, etc)
- ✚ rhinitis and conjunctivitis: runny or stuffy nose, watery or prickly eyes
- ✚ in extreme cases, cancers of the throat and lungs.

Long-term exposure will cause the symptoms to become increasingly severe; people with rhinitis may go on to develop asthma, and asthma sufferers may experience more-severe attacks. If a worker has become sensitised, a full medical examination will be required, and the occurrence must be reported to the HSE or local authority EHO (see the requirements of RIDDOR).

**Typical Respiratory Sensitisers:** The substances most likely to cause these effects are:

- ✚ Animals and insects: from droppings, urine, hair, fur, feathers, dander, mites, etc
- ✚ Flour, grain, hay and pollens: dusts from grain handling, milling, baking, malting, etc
- ✚ Glues and resins: curing of epoxy resins
- ✚ Isocyanates: from vehicle paint spraying and foam manufacturing
- ✚ Latex: especially from powdered latex gloves
- ✚ Soldering/welding fluxes: from welding, soldering (rosin flux), electronic assembly
- ✚ Wood dusts: from woodworking, sawing, sanding, etc (hardwood dusts are also carcinogens)

There are also incidences of sensitisation caused by antibiotics, inorganic and organic substances, and substances from plant or animal origins. Special attention should be given to the machining of medium-density fibreboard (MDF) as harm can be caused by both the dust and the free formaldehyde released when machining. EH75/1 recommends keeping levels as low as is reasonable practicable below their respective MELs.

### Typical control measures for respiratory sensitisers

Unless the substance can be eliminated and all risks of sensitisation removed, further measures will be required. An occupational hygienist, using specialised equipment, should carry out tests for the presence of a sensitiser in the atmosphere. However, typical control measures are:

- ✚ provision of suitable ventilation or extraction systems: fume cupboards, local exhaust ventilation (LEV) all of which is subject to a statutory inspection under COSHH

- ✦ Operation of a health-surveillance system: periodic health checks by a GP or an occupational health nurse. This is important as the 'safe levels' and their effects may not be known
- ✦ Provision of training and information to workers: risks to their health, symptoms of sensitisation, importance of reporting these, proper use of control measures, the need to report failures of control measures, etc
- ✦ Performing workplace monitoring and regular checks to ensure that all control measures are being used and are effective: PPE used correctly and in good condition. A further risk assessment should be undertaken if there is a change of substance or of its use
- ✦ Ensuring that all control measure are maintained and used correctly: filters checked and cleaned, seals in good condition, etc.
- ✦ Providing respiratory protective equipment (RPE): subject to a risk assessment. RPE, like PPE, should be used only as a last resort. (This must be regularly checked)
- ✦ Ensuring adequate housekeeping: do not allow the build up of dusts, clean surfaces regularly (this may require specialists or extra control measures).
- ✦ Prohibiting smoking, drinking and eating in all work areas: it is medically proven that smoking has a synergistic effect with respiratory sensitisers (multiplies the effect a many times)
- ✦ Ensuring high standards of personal hygiene: washing facilities, clean work clothing, etc.

### Skin sensitisers

Contact with skin sensitisers has similar effects as for respiratory sensitisers except that it may not be confined to the parts of the body where there is direct contact. Contact with skin may lead to:

- ✦ Allergic reactions: dermatitis, rashes, itching, blistering, cracking, etc
- ✦ Eczema and psoriasis
- ✦ Pigment disturbances: skin lightening or colouration (hydroquinone, alkyl catechols, phenols)
- ✦ Skin cancer (prolonged exposure to uv light, coal-tar products, polycyclic aromatic hydrocarbons)
- ✦ Skin irritation: redness, cracking, dryness, hives, and acne (mineral oils, cutting oils, etc)
- ✦ Ulceration: sores weeping and bleeding

Long-term exposure will cause the symptoms to become increasingly severe. If a worker has become sensitised, a full medical examination is required and the occurrence must be reported to the HSE or local authority EHO (see the requirements of RIDDOR). It is important to note that certain substances may also enter the bloodstream through skin contact and cause toxic reactions somewhere else in the body (systemic toxicity).

**Work activities with exposure to skin sensitisers:** These effects are most common in the following industries:

- ✦ Catering and food processing: animal products, enzymes, natural acids, etc
- ✦ Cleaners: chemicals, bleaches, detergents, etc
- ✦ Construction workers: from contact with wet cement
- ✦ Engineering: usually from contact with metal-working fluids
- ✦ Glass and ceramic workers
- ✦ Hairdressers: shampoos, dyes, bleaches, soaps, etc
- ✦ Health- and care-service workers: latex, cleaning chemicals, constant washing
- ✦ Laboratory and chemical workers
- ✦ Printers: inks and solvents

**Typical skin sensitisers and irritants:** The substances most likely to cause sensitisation or irritation can occur from dusts, fumes, mists, vapours and general contact with:

- ✦ Acids and alkalis
- ✦ Animals and insects: hair, fur, excretions
- ✦ Chromates: in cement dusts
- ✦ Constant immersion in liquids: washing processes, food preparation, etc
- ✦ Epoxy resins
- ✦ Latex rubber: gloves, tubing
- ✦ Nickel: in some coins and jewellery
- ✦ Oils and solvents: clogging the pores or breaking down or removing the natural protective barriers in the skin
- ✦ Soaps and detergents: hairdressing chemicals, etc

**Typical control measures for skin sensitisers:** There are no published exposure standards for skin exposure, so it is important to prevent or minimise contact. Typical control measures should include:

- ✚ Ensuring high standards of personal hygiene: washing facilities, clean work clothing, etc
- ✚ Ensuring that all control measure are maintained and used correctly
- ✚ Operation of a health surveillance system: pre screening before use and periodic health checks by gp or an occupational health nurse
- ✚ Performing workplace monitoring and regular checks to ensure that control measures are being used and are effective: conduct a further risk assessment if substance or its use are changed
- ✚ Ppe: care should be taken if latex gloves are used
- ✚ Providing skin-care products: barrier creams and moisturisers
- ✚ Provision of suitable ventilation or extraction systems (dusts, fumes, vapours and mists): fume cupboards, local exhaust ventilation all being subject to a statutory inspection
- ✚ Provision of training and information: risks to health, symptoms of sensitisation, importance of reporting symptoms, proper use of controls, the need to report failures of control measures, etc
- ✚ Substitution of the sensitiser (eg, switch from latex gloves to nitrile or silicone).

**Latex sensitivity:** Latex consists of a combination of natural proteins and added chemicals. Both the proteins and the additives are linked to allergic reactions. The use of latex gloves, particularly in medical work, is commonplace as it offers a high degree of protection against micro-organisms; unfortunately, latex and some synthetic rubbers can cause severe allergic reactions. The following precautions should be considered along with the measures outlined above:

- ✚ Implement a general policy on latex: purchasing and its use
- ✚ Limit exposure when there is no risk of infection, only use latex when other ppe is not suitable
- ✚ Only use powdered gloves when powder-free are not appropriate
- ✚ Wash hands after using gloves: do not use barrier creams with latex as they may increase penetration of allergens.

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**Company Intranet – Staff Zone:** All the McSence Groups policies, procedures, handbooks are available on-line to all employees on the McSence Group’s Staff Zone Intranet via our website [Login | McSence](#)

**Compliance:** Failure to comply with the provisions of this Policy may result in Disciplinary proceedings.



*McSence Group Signatory:*

**David Maxwell | Chief Executive**

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**Policy Amendments & Revisions:** This policy will be reviewed annually and, if necessary, revised in the light of legislative or organisational changes. Improvements will be made by learning from experience and the use of an established annual review. Should any amendments, revisions, or updates be made to this policy it is the responsibility of the Company Senior Management Team (SMT) to see that all relevant employees receive notice and training if necessary.