

Control of Respiratory Sensitisers			
Policy ✓...	Code of Practice...	Guidance...	Procedure...
Organisation-wide✓		Local...	
Presented to the University Health & Safety Committee for Consultation			
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The purpose of presenting this documents to the University Health and Safety Committee			
Standard 3 year re-fresh✓	Changes in practice and/or legislation...		New Policy...

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1 Foreword

Brunel University of London will protect the health of its employees, students and others by ensuring that it will assess the risks to them from respiratory sensitisers and, if it is not possible to eliminate the risk, will control exposure to it. It will also carry out a health surveillance programme in accordance with the Control of Substances Hazardous to Health Regulations 2002.

2.0 INTRODUCTION

2.1 Respiratory sensitisers are substances which if inhaled may cause allergic respiratory disease by triggering the immune system, causing the individual to become sensitised and, if exposure continues, to potentially develop asthma. These substances are known as allergens.

2.2 Exposure to respiratory sensitisers should be prevented whenever possible; if prevention is not possible then exposure should be kept as low as is reasonably practicable.

2.3 Management systems are required to ensure exposures are kept as low as reasonably practicable, that individuals developing allergies can be quickly identified, and to achieve

compliance with applicable Health and Safety legislation and guidance (including COSHH, EH40/2005 WELs, HSG53, HSG258).

3.0 RESPIRATORY SENSITISERS

The following are some common sensitisers:

- Animal dander (fur, skin cells, feathers, hair)
- Animal saliva (e.g. cats)
- Animal urine (e.g. rats, mice)
- Natural rubber latex (e.g. gloves)
- Hay
- Glutaraldehyde
- Formaldehyde
- Certain antibiotics
- Proteolytic enzymes
- Hardwood and softwood dust
- Epoxy resin systems

Hazard Statement H334_ (“May cause allergy or asthma symptoms or breathing difficulties if inhaled”) under the GB CLP Regulation.

4.0 PERSONNEL AT RISK

Personnel (staff and/or students) working with respiratory sensitisers including but not limited to:

- Animal Technicians
- BSU staff and maintenance personnel
- Laboratory staff
- Maintenance personnel working with wood dusts, epoxy resins
- Postgraduate students
- Contractors, agency staff and limb (b) workers

5.0 ASSESSMENT OF RISK

- 5.1** The Control of Substances Hazardous to Health (COSHH) Regulations 2002 require a risk assessment to be undertaken where there is exposure to respiratory sensitisers. Where exposure cannot be eliminated or prevented, suitable control measures must be identified and in place before work starts, and exposure compared against EH40/2005 Workplace Exposure Limits where applicable.
- 5.2** The risk assessments for each activity are kept in a file (electronically or otherwise) in the location where the activity takes place.
- 5.3** Supervisors should review the risk assessments at least annually and whenever significant changes in work are planned, and inform individuals affected by any changes following any incidents or accidents.

6.0 LOCAL RULES AND SYSTEMS OF WORK

- 6.1** All work with respiratory sensitisers must have local rules or systems of work. They define the working procedures necessary to control exposure and can meet the requirement under COSHH to provide persons at risk with information on how they can reduce that risk.
- 6.2** Local rules and systems of work are kept in a file (electronically or otherwise) in the location where the activity takes place. They may also be displayed on the walls or in a labelled file in the location to which they relate.

7.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)

- 7.1** Protective clothing and equipment to avoid skin contact or contamination of personal clothing with allergens is an essential control measure for all work with animals and is compulsory e.g. lab coats, gowns, gloves. These are provided in each area. PPE and Respiratory Protective Equipment (RPE) requirements are determined through local risk assessment.
- 7.2** Procedures must be documented for the safe handling of soiled clothing prior to laundering for re-use.
- 7.3** Where respiratory protection is used, procedures for selection, face-fit (where applicable), and cleaning and maintenance must follow HSG53: Respiratory Protective Equipment at Work. Engineering controls (e.g. local exhaust ventilation) must be considered first in accordance with the hierarchy of control; LEV selection, testing and maintenance shall follow HSG258: Controlling airborne contaminants at work.
- 7.3** Notices specifying required protective equipment should be displayed at entrances to areas where use of PPE/RPE is required.
- 7.4** Purchasing Additional PPE/RPE
When additional PPE/RPE is required:
 - a) Responsibility rests with the employee's Head of Department.
 - b) For students, responsibility rests with the Head of Department.

8.0 INFORMATION, INSTRUCTION AND TRAINING

- 8.1** All employees and students working with respiratory sensitisers need to be aware of the health risks inherent in the work and of recommended procedures used to reduce exposure to allergens.
- 8.2** Supervisors will ensure that all new employees and students working with respiratory sensitisers receive appropriate instruction and training, are informed of 'local rules' and 'systems of work' and know where to locate them.
- 8.3** The department will arrange specific training when required e.g. face-fit testing for respiratory protective equipment.
- 8.4** Training records will be maintained by the department and will be made available for audit as requested.

9.0 SENSITISATION

9.1 Allergy symptoms may include:

<i>Skin symptoms:</i>	redness, itching
<i>Mucous membrane symptoms:</i>	eyes: itchy / watery / red nose: itchy / runny / blocked / sneezing
<i>Respiratory symptoms:</i>	cough / breathlessness / tightness of chest / wheeze

9.2 Symptoms do not always occur on first exposure. Most cases of sensitisation occur within the first two years, often within the first six months from initial exposure, but may also appear after decades of exposure. Once a person is sensitised that sensitisation is life long and if occupational asthma has developed subsequent exposures to very low concentrations can provoke an asthmatic attack.

9.3 Symptoms are often most severe in the evening or during the night. Improvement in symptoms during the weekend and holidays often points to an occupational cause.

10.0 HEALTH SURVEILLANCE

10.1 The University runs a health surveillance programme for all personnel working with respiratory sensitisers (see section 4.0). This is carried out by Occupational Health and is a requirement under the COSHH Regulations. Employees must cooperate with Health Surveillance requests.

10.2 Health surveillance protects the health of personnel by detecting, at as early a stage as possible, changes in health that may be caused by substances at work. It also helps in monitoring the effectiveness of control procedures. Occupational Health will investigate new and increased symptoms identified during the surveillance programme or at any other time (see section 11.0).

10.3 For those working in the PASH Centre

A pre-employment RFT is required followed by a repeat RFT 6 weeks, 12 weeks and 12 months after starting work and then annually. The Health Surveillance Review questionnaire will be completed at the same time.

10.4 Personnel at Higher Risk

For those at higher risk e.g. asthmatics or those with an identified allergy, additional information will be given on control measures to minimise this at the RFT appointment.

10.5 Health surveillance records will be retained for a minimum of 40 years in accordance with COSHH Reg 11(3).

11.0 NEW OR INCREASED SYMPTOMS

11.1 Employees and students developing new or increased symptoms must report them to their line manager, tutor or Student Support Services who in turn may refer them to Occupational Health. Support will be given, as far as is reasonably practical, to any individual developing an allergic disease so they may continue their work without further damage to health.

- 11.2** The Occupational Health Adviser will carry out an initial assessment and an appointment with the Occupational Health Physician will be made if necessary; referral for further investigations or specialist opinion may also be required.
- 11.3** When an allergy is confirmed Occupational Health will review work practices and control measures and keep sensitised individuals under regular review. Discussions will take place with the individual's manager or supervisor if changes are recommended.
- 11.4** Possible Recommendations include:
- a) Reduced involvement in some activities
 - b) Use of additional PPE
 - c) Review of medication / use of medication
 - d) Changes in work practices
 - e) Redeployment to other work
- 11.5** When additional PPE is required – see Section 7.

12.0 OCCUPATIONAL ASTHMA

- 12.1** Where an individual has developed occupational asthma the individual will usually be advised to stop working with the respiratory sensitiser that causes the asthma because of the high risk of developing chronic asthma if exposures to even small amounts of allergen continue.
- 12.2** If, after being fully informed of the risks of continued exposure the individual elects to continue work, this will be allowed provided the individual agrees to comply with all recommendations to minimise exposure and be monitored under stricter Occupational Health surveillance.
- 12.3** If the Occupational Health Physician recommends that an individual should cease work with the respiratory sensitiser on health grounds, the College will make every effort to re-deploy the individual to other work.
- 12.4** Any cases of occupational asthma will be reported under RIDDOR to the Health and Safety Executive.

13.0 REDEPLOYMENT

- 13.1** If the Occupational Health Physician recommends that an individual should cease work with the respiratory sensitiser, on health grounds, the University will make every effort to re-deploy the individual to other work.
- 13.2** Where the individual is engaged in a research project for award or degree the University will endeavour to provide the support necessary to enable the individual to complete an appropriate research programme.
- 13.3** The University will meet its duties under the Equality Act 2010 to consider and implement reasonable adjustments for staff and students with long-term allergic or respiratory conditions.

14.0 EMPLOYEE RESPONSIBILITIES

14.1 Employees have a responsibility under the Health and Safety at Work Act etc 1974 to ensure their own health and safety at work. They have a responsibility to

- a) Comply with all health and safety procedures
- b) Use all control measures and PPE provided
- c) Report any defects in control measures and PPE to your supervisor
- d) Participate in the annual health surveillance programme
- e) Report any possible symptoms of allergy to Occupational Health
- f) Attend training

15.0 INSPECTIONS, AUDIT AND REVIEW

15.1 Systems for periodically checking that work is being carried out in accordance with recommended practices and that new workers are provided with appropriate information and training are necessary to maintain awareness and standards and to identify failure of controls.

15.2 Risk assessments are reviewed annually or when significant changes to work practices are planned and Occupational Health will report annually on the participation in the health surveillance programme detailing any new allergies.