

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH REGULATIONS 1988

HEALTH SURVEILLANCE FOR THE SPRAYING OF ISOCYANATE PAINTS IN MOTOR VEHICLE REFINISHING

Introduction

1 This document contains internal guidance which has been made available to the public. The information may not be directly applicable in all circumstances and any queries should be directed to the appropriate enforcing authority.

2 The guidance supplements that given in Health Surveillance under COSHH, ISBN 0 11 885447 X. The need for and form of health surveillance are discussed, along with aspects such as record keeping, questionnaires, tests and screening.

3 Vehicle paints containing isocyanates are widely used in motor vehicle painting to give polyurethane finishes and can be identified by their labels which should say "Contains isocyanates, may cause sensitisation by inhalation".

4 Health surveillance as outlined in this document is considered appropriate where isocyanate paints are routinely used for vehicle refinishing.

Need for health surveillance

5 It is generally accepted that the 3 conditions (see COSHH regulation 11(2)(b)) necessary for health surveillance are met in the case of isocyanate paint spraying in motor vehicle repair (MVR). The 3 conditions are:

- (1) there is an identifiable disease or adverse health effect related to exposure - including occupational asthma;
- (2) there is a reasonable likelihood that the disease may occur under the particular conditions of work - because of under-reporting and mis-reporting, estimates vary about the actual number of cases but there are thought to be perhaps several dozen per year; and
- (3) there are valid techniques for detecting indications of the disease - including respiratory questionnaires and lung function testing.

6 The amount of spraying of isocyanate paints will vary from company to company. The general assessment required under COSHH, regulation 6 should take all relevant factors into account in determining the appropriate level of health surveillance. Although it is open to a user to demonstrate that his/her particular conditions of work are such that exposure is negligible and that therefore, there is no

reasonable likelihood that relevant diseases or adverse health effects may occur, it is still recommended that health surveillance is carried out.

Industry advice

7 Motor vehicle repair trade organisations have generally accepted the need for health surveillance. The Society of Motor Manufacturers and Traders, and the Vehicle Builders and Repairers Association have stated in a number of publications that health surveillance is likely to be required for spraying paints containing isocyanate. A number of national car dealerships routinely undertake health surveillance of employees involved.

Form of health surveillance

- (1) The most appropriate form of surveillance for the MVR industry is considered to be a combination of:
- (2) good record keeping;
- (3) respiratory questionnaires for those involved; and
- (4) routine lung function tests, where an occupational health professional advises it.

8 Enquiries may be carried out by a properly trained responsible person in accordance with the instructions of an occupational health nurse or doctor who should be involved in training the responsible person and setting up the surveillance system. All positive symptoms which are reported should be referred immediately to the doctor or nurse for further investigation. Responsible persons should not be expected to judge or distinguish symptoms of occupational asthma from other respiratory symptoms that may be reported.

Record keeping

9 Companies using isocyanate paints should keep basic occupational health records for those exposed.

10 A record containing the following particulars should be kept for every employee undergoing health surveillance:

- (1) surname, forenames, sex, date of birth, permanent address, post code, national insurance number, date of commencement of present employment and an historical record of jobs involving exposure to isocyanate paints;
- (2) conclusions of health surveillance procedures and the date on which and by whom they were carried out. The conclusions should be expressed in terms of the employee's fitness for his/her work and will include, where appropriate, a record of the decisions of the

occupational health nurse or other suitably qualified or responsible person, but not confidential clinical data.

11 Records should also be kept of the reasons for sickness absences.

Respiratory questionnaires and lung function tests

12 Well designed questionnaires of symptoms can identify employees developing occupational asthma. However, because lung function can deteriorate insidiously without obvious symptoms following exposure to isocyanates, the respiratory questionnaires may be supplemented by routine lung function tests (lung function tests themselves are of limited value in detecting occupational asthma). It is recommended that respiratory questionnaires and any required testing should be undertaken at:

- (1) pre-exposure;
- (2) 6 weeks;
- (3) 6 months; and
- (4) thereafter, annually.

Pre-exposure screening

13 Pre-exposure screening is valuable in identifying those who suffer from chronic respiratory disease who should not work with isocyanate paints. Lung function tests before work is started provide a baseline against which to measure future tests.

Information on health surveillance

14 Employees should be made aware of the role of health surveillance. The collective results should be provided to employees in a form calculated to prevent them from being identified as relating to any particular person.

Follow-up action

15 If it is thought that someone is sensitised, the affected individual should be removed from the source of exposure, and advised to consult his/her doctor, who should be given relevant information about exposure to isocyanates. The COSHH assessment and control measures should be reviewed urgently.

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