

## Summary of advisory report on inhalant allergens in the workplace

### *Request for advice*

On 24 November 2008, the Dutch Minister of Social Affairs and Employment asked the Social and Economic Council's Working Conditions Committee to advise the Government on how best to deal with inhalant allergens in the workplace. In his request, the Minister referred to two options for exercising the employer's duty of care with respect to inhalant allergens, in other words to prevent the detrimental effects of exposure. The first option involves developing guidelines for employers. The second involves identifying an 'accepted risk level' and making improvements based on that level in order to prevent or reduce exposure. The Minister asked the Committee to evaluate both options and also submitted a number of specific questions concerning the chosen option. The request for advice is explicitly limited to inhalant allergens, in other words substances that cause an allergic reaction in the lungs, such as asthma. Exposure via the skin is therefore not considered, as better protection is both available and feasible in such situations.

### *Background*

In 2002, the Social and Economic Council's Occupational Exposure Limits (OEL) Subcommittee [*Subcommissie Grenswaarden Stoffen op de Werkplek*] reviewed a draft report by the Health Council of the Netherlands [*Gezondheidsraad*] on setting an exposure limit for flour dust. The draft report suggests that the exposure limit for flour dust should be based on an assessment of the extra risk of sensitisation. As there was no overall context for dealing with this kind of risk assessment, in 2003 the OEL Subcommittee asked the then State Secretary for Social Affairs and Employment to have the Health Council publish a general report on allergens/sensitising substances and how to assess them. The Health Council published its advisory report *Prevention of work-related airway allergies. Recommended occupational exposure limits and periodic screening* in 2008. The Health Council observed that exposure to allergens sensitises employees to such substances and eventually causes them to develop allergies. Approximately 200 such substances can occur in the workplace. One of the more serious effects of exposure is that the employee will develop occupational allergic asthma. The Health Council estimates that there are some 500 to 2000 new cases of this disorder in the Netherlands every year. According to the Health Council, early diagnosis and preventing exposure will largely eradicate the complaint.

The Health Council would prefer to protect employees by setting health-based recommended occupational exposure limits (OELs). The threshold levels are often so low, however, that they cannot be detected using the techniques currently available. Where detection is not possible, the Health Council suggests establishing reference values, meaning concentration levels that correspond to a predefined accepted extra risk of allergic sensitisation. The Health Council also considers that periodic screening for allergic sensitisation – provided that the tests are accurate and reliable – is only of value as a supplement to measures intended to reduce exposure.

The Health Council report cited above provided the background and basis for the present advisory report.

*Employer's duty of care*

According to the Netherlands' occupational health and safety legislation, it is the employer who bears the main responsibility for ensuring proper working conditions. This is referred to as the "employer's duty of care". What is important is for employers to be aware of the potential risk of working with inhalant allergens and to take steps to prevent exposing their employees to such substances or, if that is not possible, to minimise exposure. They can do that by conducting a risk inventory and evaluation (RIE) and by developing a strategic plan based on its results. Taking into account the employer's occupational health and safety strategy (prioritised list of measures) and the principle of reasonableness, the plan should consist of measures intended to prevent or minimise exposure.

Employers should also inform their employees of the potential risk of exposure in the workplace. The Working Conditions Committee emphasises the importance of proper, open and effective communication. It urges employers to take their duty of care seriously, and to develop strategies that will prevent or minimise exposure in the same manner as exposure to hazardous substances is prevented or minimised.

*Committee's viewpoint*

The Working Conditions Committee advocates both of the options suggested by the Minister: developing guidelines and identifying accepted risk levels. It urges the stakeholders involved to take a two-track approach to tackling exposure to inhalant allergens. Developing guidelines should produce results in the short term. While it is also important to identify occupational exposure limits/reference values, experience shows that this process will take quite some time.

The *first track* involves introducing measures that will prevent or minimise exposure so that employees can avoid becoming sensitised in the first place. The social partners will develop guidelines at national level for use in those economic sectors and industries where exposure is not yet being managed properly. In those instances, the social partners at sector or industry level must work together to develop health & safety catalogues [*arbocatalogi*]. They will be held accountable for this by the social partners at national level. The guidelines will basically be intended to prevent exposure to allergens in the workplace and can help specify how various sectors/industries should deal with the various categories of allergens. The guidelines will effectively put the employer's duty of care into practice. In addition to describing practical measures for managing exposure, the guidelines should also describe the risks associated with exposure, the RIE and related strategic plan, special circumstances and peak exposure, the public (statutory) exposure limits and private exposure limits, how information is to be provided to employers and employees, how employees are to be instructed, and how employee health should be screened. The Ministry of Social Affairs and Employment will be asked to facilitate initiatives in this direction by the social partners.

The *second track* involves developing and adopting occupational exposure limits and/or reference values. What is most important is to adopt health-related occupational exposure limits wherever possible. Where that is not possible or if the threshold value is so low that it can scarcely be detected, reference values should be developed. These should be based on an "accepted risk", in other words on the accepted extra risk of allergic sensitisation.

The Working Conditions Committee considers that substances that meet the Public OEL criteria<sup>1</sup> should be covered by the Public OEL system for setting exposure limits. Given the scope of REACH, this in any case means unintentionally produced inhalant allergens and high-risk substances. The Committee would ask the Minister to identify such high-risk substances and expects that they will in any event include the Code A substances (Risk column) listed in Annex D of the Health Council's advisory report.

The Committee asks that when the Minister establishes the Health Council's working programme, he should consider both the working programme of the European Commission's Scientific Committee for Occupational Exposure Limits (SCOEL) as well as the information made available via REACH and the Global Harmonised System (GHS) of Classification and Labelling of Chemicals (hazard statements/labelling/packaging requirements)/ CLP (Classification, Labelling and Packaging).

With respect to the order in which Public (i.e. statutory) OELs should be adopted, the Committee considers that the order should be determined by the number of persons at risk of exposure, the number of workplaces, and the level of risk of sensitisation. The Health Council should investigate whether there is sufficient information available on the relevant inhalant allergens to recommend an exposure limit. The Health Council should also be asked to examine whether a "group exposure limit" can be established for groups of inhalant allergens.

Making use of reference values implies an accepted level of risk, meaning an extra risk of sensitisation after exposure to that value for eight hours a day, forty hours a week, throughout an employee's entire working life (forty years). Reference values also indicate the level to which exposure must in any event be reduced. The Working Conditions Committee advocates an approach based on risk figures. This would assume the following: that the target risk level would be set at a 1% extra risk of sensitisation and that the OEL Subcommittee would conduct a feasibility test so as to determine the occupational exposure limit, repeating the test every four years where necessary.

The Working Conditions Committee considers *health screening* important not only with a view to protecting employees (at the earliest possible stage), but also as a means of checking how effective the measures intended to prevent sensitisation actually are. The results of a health screening programme may cause a particular industry or company to tighten up its prevention policy. Before the actual introduction, the various industries will have to consider a number of factors associated with health screening. These factors should be clarified and adopted jointly by the social partners at industry level. They concern:

- the status of health screening in the overall strategy. Prevention should be the strategic priority; what is most important is to prevent sensitisation from occurring in the first place. Health screening should be complementary to that aim. The outcome of a health screening programme could lead to changes in a prevention policy in general or to the policy pertaining to a specific employee or group of employees;
- participation. The success of a health screening programme depends on getting as many employees as possible to participate. It is important to encourage participation at industry level.

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<sup>1</sup> These are: no limits required by the EU, without owners, high risk, and (ad hoc) political decision-making.

- offering a health screening programme. Before a health screening programme can be offered, the occupational health and safety strategy must be introduced. The first screening only indicates the “state of health” of the relevant workforce. Industry-level agreements will have to be made concerning repeat screenings, in particular for persons who have become sensitised to allergens.
- execution, responsibilities and quality requirements. In the Committee’s view, the physicians and medical officers involved should be impartial experts in the field.
- the consequences of the screening results. The Committee considers it important to have specific expertise available. The Committee advises the Minister to join the social partners in investigating how best to deal with the consequences of the screening programme's findings.

There should also be agreement as to how best to inform employers and employees, including information provided during vocational training.

The Committee also recommends that the local social partners and their insurers (absenteeism, occupational invalidity and healthcare) work together to identify ways in which the insurers can lend support.

Finally, the Committee considers it vital to have a list of inhalant allergens. A list of this kind will give employers, works councils and other employee representatives something to go by when adopting an RIE and strategic plan. The Committee asks the Minister to commission an independent institute to draw up an annual list of inhalant allergens.

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