

Industrial Injuries Advisory Council Information Note

Asthma in cleaners

May 2015

1. This information note has been prepared in response to a question on the prescription of occupational asthma for cleaners raised by a delegate at the IIAC Public Meeting in 2014. In response to this query the Council considered whether it was appropriate to extend the terms of prescription for PD (Prescribed Disease) D7 (occupational asthma) to include cleaning agents.
2. Some cleaning products contain agents that are known to be respiratory sensitisers; employees who use these may develop occupational asthma as a result of repeated exposures at work. Some products are respiratory irritants and can aggravate pre-existing asthma; while a high-intensity exposure to one or more of them may give rise to irritant-induced asthma *de novo*.
3. Aggravation of pre-existing asthma is not compensatable under the Scheme. However, the outcome of new asthma caused by work is provided for under the Industrial Injury Scheme, respectively by PD D7 (for sensitising agents) and the 'accident' provisions (for high-intensity exposures inducing irritant asthma).
4. New asthma induced by cleaning work appears to be fairly rare in the UK. Between 2004 and 2013 an estimated 175 cases of occupational asthma in cleaners, most of them female, were reported to the national surveillance scheme for occupational respiratory diseases at the University of Manchester (personal communication, November 2014); the relevant occupational categories included 'cleaners or domestics', 'industrial cleaners', 'window cleaners' and those in 'elementary cleaning occupations'.
5. The agents suspected to be responsible were listed as: 'cleaning materials', 'sterilising or disinfecting agents', bleach or chlorine, 'other biocides', isocyanates, flour, enzymes and a wide variety of unspecified fumes and gases.
6. No cases of irritant-induced asthma in cleaners have been reported to the Manchester scheme at the time of inquiry (November 2014).
7. Epidemiological studies – of general or occupational populations in the UK and elsewhere – indicate that the prevalence of asthma-like symptoms in cleaners is considerably higher (Siracusa *et al.*, 2013) than is reflected by this experience, an apparent inconsistency that remains unresolved. In particular, it is unclear at present:

- a. to what extent people who report symptoms in a survey questionnaire truly have asthma as compared with less specific respiratory symptoms;
 - b. whether cases of asthma identified in this way arise *de novo* from cleaning-related exposures or are causally unrelated, with symptoms provoked by such exposures (cases where pre-existing asthma has been aggravated);
 - c. which group(s) of workers are at risk, or which agents or work practices confer an increased risk of occupational asthma. 'Cleaner', when defined broadly, covers many occupations.
8. The Council considers that the case is not made so far for the separate prescription of asthma in cleaners (to complement existing provisions outlined in paragraph 3). It will continue to monitor and appraise the published literature in the field.

References:

Siracusa A, De Blay F, Folletti I, Moscato G, Olivieri M, Quirce S, Raulf-Heimsoth M, Sastre J, Tarlo SM, Walusiak-Skorupa J, Zock JP. Asthma and exposure to cleaning products - a European Academy of Allergy and Clinical Immunology task force consensus statement. *Allergy*. 2013 Dec;68(12):1532-45