There is one asthma-related death in the country every week, and it is estimated that 10 to 15 per cent of asthma is work-related. This type of asthma falls into two categories – work-aggravated asthma (where an existing asthma condition is aggravated by the work environment) and occupational asthma (asthma that has been brought on by conditions in a workplace environment).

Despite this, there is still a lack of awareness about asthma among employers. While every asthma sufferer’s environmental triggers for an attack are different, occupational asthma is more frequently reported among people who work in certain areas. Occupations that involve working with animals or chemicals have higher incidences of occupational asthma, and professions such as nursing, baking, painting, welding, carpentry and construction pose more of a risk for employees developing the condition.

People who develop asthma as a result of their work environment may not be able to carry on in that environment. Guiney advises employers to move employees with asthma to areas of the workplace with lower exposure to asthma triggers. Afterwards, on an ongoing basis, they need to review the situation to see if the person can manage their asthma under the new conditions.

In the event that somebody’s asthma is occupational, it is essential that the condition is diagnosed accurately, says Guiney, who manages the Asthma helpline of Asthma Ireland. “The employee would have to go through specific serial objective tests, for example spectrometry. They would need to engage with a respiratory consultant to conduct proper lung function testing.”

Guiney suggests that any adult who suddenly develops asthma would be advised to consider taking tests for occupational asthma as conditions in the workplace could be the cause of an unprecedented onset.

### WORKPLACE TRIGGERS

Research in the UK found that 43 per cent of people with asthma claim that their condition can get in the way of them doing their job, and more than 18 million working days are lost to asthma each year in the UK. Asthma UK asked employees with asthma if things at work made their asthma worse; 40 per cent said ‘Yes’. These are the things they blamed:

- Dust 62%
- Cigarette smoke 38%
- Stress 27%
- Chemicals 19%
- Fumes 17%
- Perfumes/Air Fresheners 14%

### VIDEO CAMPAIGN

As part of a general asthma awareness campaign, the Asthma Society of Ireland has partnered with RTE Star Nuala Carey to present a new online information resource for people with asthma and allergies. The new online videos contain advice and information on all aspects of asthma and allergies. They cover a wide range of topics including the link between asthma and the environment, what happens during an allergy attack, what to do if you suspect you have asthma and what to do if you think your asthma is getting worse.
**WORKPLACE ALLERGIES**

**ASTHMA AFFECTS THE AIRWAYS**

Asthma is a condition that affects the airways – the small tubes that carry the air in and out of the lungs. Children with asthma have airways that are extra sensitive to substances (or triggers) which irritate them. Common triggers include cold and flu, cigarette smoke, exercise and allergic responses to pollen, furry or feathery animals or house-dust mites.

When the airways come into contact with an asthma trigger, the muscle around the airways’ walls tighten so that the airways become narrower. The lining of the airways swell and produce sticky mucus. As the airways narrow, it becomes difficult for the air to move in and out. That is why a child will find breathing difficult and you might hear a wheezing noise.

Whilst there is no cure, asthma can be controlled by avoiding ‘triggers’ and by the use of ‘reliever’ and ‘preventer’ medication.

Relievers are medicines that people with asthma take immediately when asthma appears. Preventers help calm down the airways and stop them from being so sensitive. It’s important to discuss with a GP or asthma nurse the treatment that most suits you.

Under control. The Asthma Society hopes these new videos will help people with asthma and allergies and their families to understand the condition better and encourage them to seek further advice on asthma and allergy control.

“The videos answer many questions received by the nurses on the Asthma helpline, especially regarding allergy testing. Patients can now see on our website through these new videos what happens during an allergy test,” says Guiney.

“We hope the videos will be a valuable resource for patients. I urge all people affected by asthma and allergies to log onto www.asthasociety.ie to find out more. The Asthma helpline number is 1850 445464.”

Dr Peter Greally, paediatrician on the Asthma Society’s Medical Advisory Committee, comments: “In practice from listening to my patients, I saw a need for the issues and questions covered in the videos to be addressed, particularly in regards to asthma and swimming. The videos contain a wealth of information on many aspects of asthma and allergies.”

He said that addressing the many common misconceptions will greatly benefit people who are unsure of triggers in the environment and in their own homes, and how they can minimise their exposure to these triggers.

**LEGAL OBLIGATION**

While occupational asthma is a real worry, the majority of people who suffer from asthma in the workplace have an existing condition. These employees also have a right to be accommodated in the workplace as best they can, and this is not at the discretion of the company. Employers are obliged by law to provide a safe and healthy workplace.

Examples of ways that employers can facilitate asthma sufferers would be to ensure...
WORK-AGGRAVATED ASTHMA

Work-related asthma can be categorised as work-aggravated asthma and occupational asthma:

* Work-Aggravated Asthma
Employees with work-aggravated asthma usually have a history of pre-existing asthma and may be on treatment now or have been on treatment in the past. Some but not all of the latter group may give a history of childhood asthma that they have ‘grown out’ of. They may tell of recurrent asthmatic episodes that are triggered by cold temperatures, excessive exertion or exposure to irritant aerosols, including dusts, fumes, vapours and gases. They may get wheezy or have other symptoms at work. The problem can often be eliminated by improving the work environment or avoiding the irritant.

* Occupational Asthma
Occupational asthma is caused as a direct result of workplace exposure. There are two forms:

  * Irritant-induced occupational asthma usually develops after a single, very high exposure to an irritant chemical. It is a direct ‘burn’ effect on the airways and is not related to the immune system. Examples of causal agents include ammonia, acids and smoke. The high levels of exposure required are usually the result of accidents or some major failure of controls, often in enclosed spaces. Employees nearly always manifest asthma symptoms within twenty-four hours of the exposure (i.e. there is no latent period). Symptoms will tend to improve over time and may go away entirely, but if symptoms last beyond six months then persistent problems are possible.

  * Allergic occupational asthma is caused by sensitisation or becoming allergic to a specific chemical agent in the workplace over a period of time. This is the mechanism for over 90 per cent of cases of occupational asthma. The sensitisation process develops over time (i.e. there is a latency period). Latency periods are variable and can be as short as several weeks or as long as 30 years. If exposure is consistent, the period of greatest risk is the first two years of exposure but the risk does not go away after that, although it may reduce somewhat.

(Source: SFA Health and Safety Toolkit for Small Businesses)