

Controlling Exposures to prevent occupational lung disease in the construction industry

Concrete Sprayer

HAZARDS AND RISKS

During tunnelling works, sprayed concrete lining (SCL) is applied to the surfaces of the tunnel to provide reinforcement of the excavated area, and is usually repeated a number of times to apply various layers (such as waterproofing), typically using a robotic spraying rig. This process can generate a large quantity of airborne dust which, if inhaled, exposes workers to respiratory health risks. The highest risk to a concrete sprayer's health is likely to be from breathing in dust, and in particular, silica dust.

Construction dust

Construction dust is a general term and includes dust from soil and building materials. Breathing in any dust over time can cause serious lung diseases such as chronic obstructive pulmonary disease (COPD) which is an umbrella term for a number of conditions including chronic bronchitis and emphysema.

Respirable crystalline silica (RCS)

Silica occurs as a component of concrete, and is often present in the consumable materials used during concrete spraying. Inhaling fine silica dust (RCS) over time can lead to serious, life-limiting and irreversible lung diseases such as silicosis, COPD, and lung cancer; these diseases can cause permanent disability and early death, and it is estimated that over 500 construction workers die every year from exposure to RCS.

CONTROL OPTIONS

Elimination/prevention

 Preventing exposure to silica is the most effective control measure of all. It may be possible that silica can be eliminated or greatly reduced by using non-silica or low silica materials for spraying.

Engineering controls

- As concrete spraying is often undertaken in tunnels, it can be difficult to implement local exhaust ventilation (LEV) controls.
- Use of de-duster units (air scrubbers positioned directly behind the work area) can reduce exposures.
- Dilution ventilation forced provision of fresh air to the spraying face to dilute any dust generated – should also be considered in any enclosed environments.

Safe working methods

- Access to areas where spraying is undertaken must be strictly controlled (using physical barriers) and signage used to highlight the necessary controls.
- In most cases it is possible to control exposure to RCS by using a wet mixture that reduces the amount of airborne dust generated; this "wet" method, where additional water is mixed with the concrete before being sprayed, has generally replaced the older industry methods of concrete application.

PPE

- Engineering control techniques may not always be suitable for the task, so respiratory protective equipment (RPE) may be necessary.
- Due to the elevated levels of inhalable dust typically generated, sprayer operatives working alongside the spraying rig will require the use of battery powered respirators with P3 filters (with an APF protection rating of 40).
- Workers in the general vicinity will also need RPE; based on typical dust levels experienced in these areas RPE with an APF protection rating of 20 will usually be sufficient, disposable dust masks (FFP3 rated) will meet this requirement.

MANAGING THE RISK

Training & communication, supervision, maintenance & testing of controls and air

monitoring* are all vital aspects of managing the risk, in addition to health surveillance which can be a requirement in certain circumstances.

See our introductory *Respiratory Health Hazards in Construction Fact Sheet Series:* **Overview** for more information about what things to consider and implement.

Air monitoring*

Air monitoring is a specialist activity. It may be needed as part of a COSHH assessment, as a periodic check on control effectiveness and to assess compliance with relevant WELs, or where there has been a failure in a control (for example if a worker reports respiratory symptoms). A qualified Occupational Hygienist can ensure it is carried out in a way that provides meaningful and helpful results.

The decision to undertake exposure monitoring should be made in accordance with HSE's monitoring strategies outlined in HSG173. In some situation, qualitative or semi-quantitative methods may be suitable. See also COSHH regulation 10 ACOP which details when exposure monitoring is necessary or unnecessary.

Also, see HSE leaflet G409, Exposure measurement: Air sampling. https://www.hse.gov.uk/pubns/guidance/ wd3.pdf



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WORKPLACE EXPOSURE LIMITS (WELS) & EXPOSURE LEVELS

Agent or substance	Control/Exposure Limit	Exposure Levels	Comments
Silica - RCS	Respirable: 0.1 mg/m ³ (8 hr TWA) All Party Parliamentary Group for Respiratory Health (which is an informal, cross- party group formed by MPs and Members of the House of Lords) published a report named "Silica- the next asbestos". This recommends that the WEL for RCS is reduced to 0.05 mg.m-3 as this would be in line with the recommended exposure standard from the Scientific Committee on Occupational Exposure Limits proposed in 2003.	Exposure to RCS is dependent on the silica content of the material being worked, which varies; the silica content of concrete is typically quite high, at anything from 25-75%. Even with basic controls in place, likely exposure to total inhalable dust may be above the WEL (sometime two or three times the limit), and this may also be true for RCS during uncontrolled spraying. Directly underneath the spraying nozzle, exposure will likely be in the range of 10-30mg/m ³ for total inhalable dust, and between 0.04-0.15mg/m ³ for RCS. In more general areas, exposures can still be in the range of 8-16mg/m ³ for total inhalable dust.	Capable of causing cancer where generated as a result of a work process.

Further HSE information

- HSE: Silica dust: www.hse.gov.uk/construction/healthrisks/cancer-and-construction/silica-dust.htm
- COSHH Essentials: Health surveillance for those exposed to respirable crystalline silica (RCS): www.hse.gov.uk/pubns/guidance/g404.pdf
- British Tunnelling Society: https://britishtunnelling.com/



The Chartered Society for Worker Health Protection