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Cleaning Products and Asthma: Education and Information for the Hospitality Industry

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BACKGROUND: Analysis of data from state-based surveillance systems in four states found that cleaning products accounted for 12% of the confirmed cases of work-related asthma (WRA). Other studies have also linked the use of cleaning products to work-related asthma as well as general asthma. Many cleaning products contain chemicals that have been associated with causing asthma or making existing asthma worse. Workers using cleaning products are at risk, as are customers in areas where these cleaning products are used.

State-based surveillance systems for WRA have reported hotels to be among the top three settings in which individuals developed WRA after being exposed to cleaning products. Hotel housekeepers clean an average of 16 hotel rooms in a day and their job demands a variety of cleaning tasks, including cleaning and polishing toilets, sinks, bathtubs, and mirrors, washing floors and removing stains. Many traditional cleaning products (e.g., glass cleaner, floor finish, metal polish, toilet bowl cleaner, disinfectants) contain solvents that can result in injury and illness, including asthma. Mixing cleaning products together, using a cleaner at full strength when the instructions say to dilute it, and cleaning too frequently are some of the improper work methods that put workers and others at risk. Educational efforts to encourage appropriate cleaning practices can be complicated by language barriers.

METHODS: Building on existing knowledge and frameworks, including previous research on asthma and cleaning products, the New York State Department of Health Bureau of Occupational Health and Injury Prevention has developed education materials regarding cleaning products and asthma for the hospitality industry. Based on demographics research, the informational materials produced and used for this project are being made available in English and Spanish. These materials include information on the association between cleaning products and asthma; symptoms that may indicate asthma, if they are associated with work, and what to do if the symptoms occur; and safer cleaning methods and products, how to select less toxic or irritating products and proper use of personal protective equipment.

RESULTS: The presentation will summarize some of the research on cleaning products and asthma and discuss the use of this information to develop an outreach campaign to help implement prevention practices in the workplace based on this knowledge.

CONCLUSIONS: It is important to translate research findings into the workplace in order to prevent illness and injury. Often, as epidemiologists, we identify research needs and subsequently design, plan and conduct studies but fail to implement this important step.

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