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HEALTH AND SAFETY COMMISSION

ADVISORY COMMITTEE ON TOXIC SUBSTANCES (ACTS)

Current Developments

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12. ***“Strategic thinking – work in progress”*: Making health and safety a cornerstone of a civilized society**

1. Crystalline silica

The recent HSE review of respirable crystalline silica (RCS) has been published in two separate documents in HSE's hazard assessment document (EH75) series. The Phase 1 document (EH75/4) was published in August 2002 and covers issues relating to the risks of silicosis and identifies factors that influence the toxic potency of RCS (e.g. nature of industrial process and contamination with other minerals). Phase 2 (EH75/5) was published in May 2003 and presents evidence for the ability of RCS to cause lung cancer. The Phase 2 review (endorsed by WATCH in May 2002) concludes that although RCS is a cause of lung cancer in humans, it is not a potent carcinogen. Furthermore, control against silicosis should minimise any increased risk of lung cancer. The Phase 1 review indicates that the risks of developing silicosis are higher than were previously believed. Current information indicates that with exposure to the current MEL value of 0.3 mg.m^{-3} (8-hour TWA) there is a 20% risk of eventually contracting silicosis. This risk estimate is considered by HSE to be representative of the risks from all industrial processes that generate exposures to freshly fractured RCS e.g. grinding, polishing, cutting, drilling, fettling, crushing and milling. The dusts can be generated from working with such materials as stone, sand, clays, bricks and concrete (i.e. any material containing crystalline silica). It is possible that exposure to RCS that has not been freshly fractured may pose a lower risk to health but there is insufficient information to quantify by how much the risk may be reduced.

As a result of these developments, HSE is reviewing the OEL for RCS and will recommend to HSC via ACTS proposals for consultation once the new OEL framework is agreed. In the meantime, HSE has issued a CHAN ([CHAN No 35](#)) to inform employers about the new information on RCS and to raise awareness of the health risks. The CHAN has been widely distributed and has generated much interest. HSE has also produced a briefing for safety representatives to help present the technical information on the health risks of RCS in more detail than could be achieved in the CHAN, but in a non-technical format. HSE has already begun work on a Regulatory Impact Assessment (RIA) to support decision-making on a reduced OEL for RCS. The RIA will be particularly important in future EU negotiations on a Binding Limit for RCS. SCOEL issued a recommendation in July 2002 stating that to control against silicosis, exposures should be reduced to below 0.05 mg.m^{-3} (8-hour TWA). It is therefore likely that EU negotiations on a Binding Limit will commence with discussions on the technical feasibility of control to this value. The RIA is seeking information on the costs to British industry of control to 0.01 , 0.05 , 0.1 and 0.3 mg.m^{-3} (8-hour TWA). At the moment, the timescale for future EU negotiations on a Binding Limit for RCS is unknown, but is likely to be some years away at the very least.

2. Standing Committee on Hazard Information and Packaging (SCHIP)

SCHIP has not met since the meeting on 12 February 2003 and the next meeting is not envisaged until February 2004. SCHIP Secretariat continue to keep Members informed of

developments on the 29th Adaptation to Technical Progress (29th ATP) of the Dangerous Substances Directive (DSD) 67/548/EEC and on the work of the various SCHIP working groups (Classification and Labelling Panel, European Chemicals Policy rapid response Panel, and Pesticides Panel). A “round up” report on major matters of interest will be sent to all members in July. This will provide an opportunity for comment and a basis for cascading information to member’s stakeholders.

3. Control of Substances Hazardous to Health Regulations (COSHH)

COSHH 2003

3.1. The Control of Substances Hazardous to Health (Amendment) Regulations 2003 came into force on 29 April. The effect of COSHH 2003 is:

- a. to extend to mutagens the additional control requirements that COSHH already imposed on carcinogens (thereby implementing part of the 2nd Amendment to the Carcinogens Directive); and
- b. to make explicit that 17 key “dioxins” are carcinogenic for the purposes of COSHH.

In connection with point b. above guidance on the control of dioxins in the metal recycling issue is to be published in June or July.

COSHH 2004

3.2. Preliminary work has begun on two more changes to COSHH. These are:

3.2.1. The disapplication of COSHH to non-seagoing ships (this is needed to implement recommendations of the report following the “Marchioness” disaster that the authority with responsibility for health and safety on ships at sea (i.e. the Maritime and Coastguard Agency) should also cover ships on inland waterways); and

3.2.2. A ban on the supply and use of cement containing more than 2 ppm of chromium VI (except for use in closed systems). (This is to implement part of the recently adopted 26th Amendment to the Marketing and Use Directive.)

3.3. Subject to the agreement of the HSC it is hoped to issue a consultative document towards the end of this year. The CD will propose that the changes are made by way of the Control of Substances Hazardous to Health (Amendment) Regulations 2004. (These Regulations will also be used to implement the new OEL framework.)

4. European Week for Safety and Health 2003: Dangerous substances

[ACTS/09/03](#) was considered by members at the March meeting. On 19 May, a European Week Newsletter and action pack was launched at HSE’s stand at the Safety and Health EXPO in Birmingham. Members should by now have received copies of the Newsletter. Additional copies can be obtained from the HSE InfoLine: 08701 545 500.

A free action pack - aimed at participants in the Week - with a mini CD ROM, stickers, fact sheets, leaflets and a poster, focusing on the theme of this year's is available from a dedicated helpline: 08000 850050 or from the HSE web site: www.hse.gov.uk/euroweek

650,000 Newsletters and 200,000 action packs have been produced; these are also available from HSE's web site. This year, we are trying to get as many stakeholders as possible to include HSE's European Week web advert on their websites.

In response to queries raised at the March meeting about local authority involvement, HSE can confirm that its Local Authority Unit (LAU) has, through HSE/Local Authority Enforcement Liaison Committee (HELA), issued guidance to Local Authorities on priorities for 2003-04. This guidance promotes joint working with HSE, highlights European Week as an opportunity to promote *e-COSHH Essentials* and the new control sheets/guidance, many of which are directly relevant (and some, specific) to the LA enforced sector.

LAU flags up the Week and the featured topics, as soon as they have been announced, in a bi-monthly LAU Newsletter. This is issued electronically. The Chartered Institute of Environmental Health (CIEH) and the Local Government Association also receive the promotional information. The bi-monthly LAU Newsletter is announced on the Chartered Institute of Environmental Health EHCnet, including a link to the HSE/HELA/LAU Website. The LAU newsletter has already carried at least 4 articles referring to European Week 2003 and it will continue to do so in each issue in the run-up to the Week.

5. Occupational Asthma (OA)

A number of projects & actions to roll forward the Plan of Actions to combat OA have taken place or are underway:

- a. We are about to ask Asthma Board members and ACTS members to trial a 'risk messenger' CD rom. This is in the format of an interactive game as we attempt to find new ways of getting risk messages across. OA was the subject chosen as a test bed for this type of 'risk messenger'.
- b. John Thompson, (Head of CFPD) supported by a FOD inspector, spoke on OA at a meeting of the Directors of Public Protection in Wales in June. This has led to increased awareness and interest in OA issues. A number of enhanced projects are now being followed up.
- c. John also spoke, during May, on OA at a fringe meeting of the RCN Congress.
- d. The newest member of the Asthma Board, ➡◀, invited Donald Adey, (HSE, CFPD5) to speak on OA to a meeting on EHOs, H&S, & Union reps in Glasgow City Council. A number of internal projects are being worked up looking at use of asthmagens within the authority.
- e. HSE commissioned work by the Institute of Occupational Medicine on usage by industry of isocyanates is about to produce the final stage 1 report. Expected July.

- f. Work to examine the reported success in Ontario in reducing OA from isocyanates is going on. Papers requested from Canada have arrived & further questions need to be asked.
- g. We are working with the National Respiratory Training Centre on a proposal to provide training on OA for practice nurses.
- h. We have established contact with the new Safe & Healthy Working initiative in Scotland to see if OA can feature more.
- i. The FOD Asthmagens Inspection Pack has now been released for use by EHOs on the LAU web site
- j. A team of HSE policy staff & one Asthma Board member raised over £2,100 for Asthma research on World Asthma Day by abseiling from the Tate Modern. This received wide press coverage.

6. 2nd IOELV Directive

The European Commission's second Directive on Occupational Exposure Limit Values (IOELVs) is currently under negotiation. HSE officials are due to attend a meeting of Member States' representatives on 3 July where it is intended that the Directive will be adopted. It will subsequently need to be implemented by Member States.

The first IOELV Directive was implemented in Great Britain and Northern Ireland in December 2001, when the limits set out in the Directive for 63 substances were incorporated into EH40. The second IOELV Directive has a further Annex of substances with indicative limits which Member States will need to incorporate into their domestic limit-setting systems.

The current Annex to the Directive lists 43 substances. 25 of these substances were in the original text of the Directive which was agreed over two years ago. The European Commission subsequently decided, on legal advice, that it needed to incorporate within the 2nd IOELV Directive all the substances which remained in the 1st Indicative Limit Values (ILV) Directive (91/322/EEC). Further background detail on the new substances was provided to ACTS members in the Current Developments paper to the November 2002 meeting ([ACTS/49/2002](#)).

HSE's opinion is that all the substances which are included in the 2nd IOELV Directive should have limits which have been recommended by the European Commission's Scientific Committee on Occupational Exposure Limits (SCOEL) following a review of the latest toxicological information. At the present time, 10 substances which are listed in the Annex to the draft Directive have no such recommended limit. In two cases the SCOEL summary document is out for wide public consultation (sent to ACTS members in January and February this year); in the other eight cases SCOEL determined following review that there was insufficient toxicological evidence on which to base a limit.

Unless the European Commission amends the Annex to the draft Directive the HSE, on behalf of the UK, intends to vote against the proposals on 3 July, and has sought Ministerial agreement to this course of action. HSE officials will be able to give ACTS members an oral update on developments at the ACTS meeting on 10 July.

7. Update on the amendment to the Asbestos Worker Protection Directive (83/477/EEC, as amended by 91/382/EEC)

In the November 2002 ACTS current developments paper ([ACTS/49/2002](#)) we advised members that the European Commission's (EC) proposal to amend the Asbestos Worker Protection Directive had reached a common position on 23 September 2002 and had been referred back to the European Parliament (EP) for its second reading.

Since then the EP, the Council and the EC agreed a compromise text at the second reading stage. The Directive was finally adopted on 18 February 2003 and published in the Official Journal of the European Communities on 15 April 2003 (L97/48). The Directive must be transposed into UK legislation by 15 April 2006. HSE plans to develop draft proposals to implement the Directive during 2003/4.

8. Marketing and Use Directive – Restricting the level of Chromium VI in cement

Enclosed with the papers for the November 2002 ACTS meeting was a copy of a Health and Safety Commission MISC paper on the European Commission's proposal to amend the Marketing and Use Directive to restrict the level of chromium VI in cement (COM (2002) 459 final). The purpose of the proposal is to reduce the number of new cases each year of allergic contact dermatitis caused by exposure to cement.

Negotiations in the Council's Working Group began in September 2002; two meetings were held under the Danish Presidency. But in February, at the start of the Greek Presidency, the European Parliament approached the Presidency and the European Commission to discuss the possibility of agreeing a compromise text (first-reading deal). This was completely unexpected, but as the UK fully supported the Commission's proposal and the UK representative had already secured amendments to the text in line with the UK negotiating position, it was prudent to participate actively in securing this deal. We were able to ensure that the majority of the EP draft amendments, in particular those that were likely to result in additional burdens were removed and we achieved a compromise text in line with our original negotiating position. During discussions on the compromise text the UK supported the inclusion of a derogation that exempted the production of cement in "controlled closed and totally automated" systems, where there is no possibility of contact with the skin. This clarified the intention and scope of the restriction. The cement manufacturing industry indicated its support for this approach.

The Directive was adopted at the European Council meeting on 19 May 2003 and so we are awaiting its publication in the Official Journal. Member States must have implementing legislation in place one year after its publication in the OJ and the legislation must apply 18 months after its publication in the OJ.

9. ACTS European Risk Management Advisory Group (ERMAG)

9.1 ERMAG is the consultative forum that considers risk reduction strategies for chemicals being reviewed through the European Existing Substance Regulation (ESR).

9.2 SinceERMAG last met in January 2002, we have seen a slowing of progress at European level with risk reduction strategy work; for example, the February 2002 working group meeting was cancelled. The need for the European Commission and Member States to focus on the emerging new European strategy on chemicals (REACH) has been a significant contributory factor.

9.3 European Commission is developing a strategy to address the transition from the existing legal framework, including ESR, to the proposed new REACH system. They recognise the need to utilise the effort put into the ESR programme. As a result, European working group meetings have been re-started.

9.4 We have keptERMAG informed during this changing period via e-mail. We have not felt that it was necessary to call a meeting; substances currently being progressed have been considered at previousERMAG meetings.

9.5 We anticipate that work in the ESR area will continue to decline during the REACH transition period. As a result, we think it is appropriate to review the role of theERMAG. We propose to do this during the current work year and report to you.

10. Securing Health Together - The Commission's new Strategic Plan

The Securing Health Together strategy and the HSC aim to do more to address the new and emerging work-related health issues.

The revised HSC vision and mission includes an aim *to do more to address the new and emerging work-related health issues*. At a Commission meeting on the 29th April they developed their strategic thinking on what this meant in practice. They agreed that the aims and targets of Securing Health Together were still the right ones but HSE and our partners now need to focus on implementation and delivery of some key parts of the jigsaw.

They agreed that access to support (useful and useable advice, guidance, expertise and services) was crucial. They characterised this as access to people and tools that can solve the problems that employers and individuals have with health issues in the workplace.

Other key blocks of work were to:

- a. develop an influencing strategy – particularly to ensure delivery of access to OH support for all in GB, but also to promote simple key health at work messages;
- b. establish and make the business case;
- c. make the most of opportunities offered by different delivery mechanisms in Scotland, Wales and England;
- d. enable government as an employer and procurer of services to set the example
- e. establish if LA-enforced premises are genuinely 'low risk' in relation to health issues and if not develop ways to support LA inspectors in tackling them;
- f. provide the Commission with options on how it can do more on health
- g. look again at our presentation of our views on risk management to ensure it applies equally to health; and

- h. consider how we can ensure that organisations that fail to manage health bear the cost.

HSE will now take these forward as part of its own work plans and build upon the work already done with external Securing Health Together partners and other stakeholders.

11. Consultative Document on new MELs.

On 2 June the Health and Safety Commission published a Consultative Document (CD) setting out proposals for two new MELs. [CD187 "Control of Substances Hazardous to Health Regulations 2002. Proposals for new Maximum Exposure Limits"](#) proposes new MELs for refractory ceramic fibres (RCFs) and for subtilisins. Individual copies of the CD were sent to all ACTS members.

For RCFs, consultees are asked if they agree with the setting of a MEL and, if so, whether this should be set at 0.5 f/ml or at 1 f/ml. They are also asked whether they think that the existing gravimetric limit for RCFs of 0.5 mg.m⁻³ should eventually be removed or amended.

For subtilisins, consultees are asked whether or not they agree with both 8-hour TWA and short-term exposure limits set at 40 ng.m⁻³ (or 0.00004 mg.m⁻³).

The consultation period lasts until 1 September 2003 and it is intended that HSE will report back to the ACTS meeting in March 2004 on the results of the consultation exercise. Subject to the views of consultees, and ACTS and HSC agreement, the new MELs will be published in 2004 in the first HSE publication listing exposure limits under the new framework for Occupational Exposure Limits.

12. "Strategic thinking – work in progress": Making health and safety a cornerstone of a civilized society,

The Health and Safety Executive (HSE) has recently called on everyone involved in the world of work to give it their views on health and safety for the next 10 years. Each year injuries and ill health caused by work result in 40 million days off, with effects in terms of personal suffering and lost productivity. Now the HSE is seeking views on its strategy for the years ahead by publishing *Strategic Thinking – work in progress*.

'*Strategic Thinking – work in progress*' emerges from close discussion between the Health and Safety Commission and the Executive. Comments will contribute to a draft strategic plan for 2004-10, which will be published as a consultation document in the early autumn.

The paper suggests 5 big issues that present the most significant opportunities and threats to occupational health and safety over the next 10 years:

- **A changing economy in a changing world.** Not only do technology and globalisation continue to affect the nature of competition, but factors such as an ageing workforce and changing attitudes to risk-taking and responsibilities will also have significant effects.

- **Health issues.** Issues such as stress and musculo-skeletal disorders have come to the fore as key contributors to the 40 million working days lost each year to occupational ill health and injury. This presents challenges in terms of both the skills required of health and safety professionals and the linkages with wider government emphasis on creating a healthy, productive and more inclusive workforce.
- **Public Protection and Security.** There has been growing demand for HSC/E's public protection role to expand, pushing the organisations towards new areas, some of which are already regulated by other authorities and some of which lie significantly outside the core expertise of HSE.
- **Role of local authorities.** Changes in the economy away from manufacturing and towards the services sector mean that the number of businesses for which local authorities have enforcement responsibilities has greatly increased. These are also the businesses where "newer" health issues are particularly prevalent. Whilst there is some excellent work done by some local authorities, the picture is inconsistent and the overall resource dedicated to health and safety enforcement continues to fall year on year.
- **Managing the business.** HSE has undergone major change in recent years to concentrate effort more directly on achieving its targets: reductions in the numbers of people killed, injured and made ill by work. The organisation needs to go further in becoming more flexible and responsive to change in order to maximise its effectiveness.

HSE has invited feedback on its thinking to date. Comments will contribute to a draft strategic plan for 2004-10 to be published as a consultation document in the early autumn.

Copies of '*Strategic Thinking – work in progress*' can be accessed online at: <http://www.hse.gov.uk/consult/disdocs/strategicthinking.pdf>. Alternatively they can be ordered from HSE strategy, Strategy and Intelligence Division, 8NW, Rose Court, 2 Southwark Bridge, London, SE1 9HS or email: sid.consult@hse.gsi.gov.uk. The closing date for responses is 13th August 2003.