

Advisory Committee on Toxic Substances Paper		ACTS/3/2010	
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## ADVISORY COMMITTEE ON TOXIC SUBSTANCES

### UPDATE - HSE Progress and updates on current issues

#### A Paper by Jenny Hagan - HSE

Cleared by Steve Coldrick on 24<sup>th</sup> March 2010

#### Issue

1. This paper provides an update on current issues.

#### Timing

2. Routine

#### Issues

##### 3. Cancer Burden

HSE commissioned Imperial College London (Lesley Ruston) to produce an updated and detailed estimate of the current and future burden of occupational cancer in Great Britain (GB). This project will contribute to the delivery of HSE's strategy 'to specifically target key health issues...' and to help HSE to develop and prioritise practical measures to reduce the cancer burden in the future.

The work was undertaken in two phases:

The First phase considered the current cancer burden, due to past occupational exposures. This was estimated for six cancer sites: bladder, leukaemia, lung, mesothelioma, sinonasal and non-melanoma skin cancer. The results of this work were published in 2007.

Further work, in collaboration with the Institute of Occupational Medicine (IOM), involved refinements to the methodology and thorough re-evaluation of the relevant occupational exposures in GB. These were used to prepare current burden estimates for 24 cancer sites, including revised and updated estimates for the original 6 cancers. The results of this work are due to be published later this year.

The Second Phase considered the future cancer burden. This work involved developing a priority list of cancer sites and exposures/occupations (again in collaboration with HSE and IOM) as the basis for estimating the future burden of occupational cancer in GB for the

next fifty years. This work will also be published later this year and the findings will be sent to ACTS members. HSE intends to hold a 3<sup>rd</sup> cancer stakeholder workshop to present these findings. This will probably be in Autumn of this year.

### **Asbestos**

The Hidden Killer campaign has been successful in raising awareness of asbestos and increasing the intention on duty holders to manage exposure. HSE has continued the campaign by targeting vocational education and working with suppliers to increase use of Personal Protective Equipment (PPE).

### **Silica**

Research suggests that in 2004, over 500 British construction workers died from lung cancer caused by **past** silica exposure (Rushton *et al.*, 2008). A HSE respirable crystalline silica (RCS) exposure survey conducted between 2003 and 2005 pinpointed:

- construction
- brick making
- stonemasonry
- quarrying

as sectors requiring further interventions (please refer to the dust campaign update below) and for these and other reasons, RCS has been included in HSE's Long Latency Disease Programme.

There are ongoing discussions about reducing the Workplace Exposure Limit (WEL) for silica from 0.1 to 0.05 mg/m<sup>3</sup>. There are questions about whether it is practicable for industry to comply with this reduction and whether existing equipment can measure precisely enough below 0.1 mg/m<sup>3</sup> for enforcement purposes. There are two ongoing research projects at HSL looking at this issue. Early results look promising and ACTS members will be advised of these at a future date when the projects are finalised.

### **Semiconductors and National Semiconductors UK (NSUK) in Scotland**

In the late 1990's an investigation by HSE was prompted by concerns about a possible cancer risk for workers at a factory in Greenock Scotland. The findings of this investigation, reported in 2001, were inconclusive but raised the possibility that working at the plant had caused an increase in risk of lung and possibly other cancers, which required further assessment.

HSE, in collaboration with the Institute of Occupational Medicine (IOM), carried out some follow-up research, which will be published this Spring. A large study of IBM workers in the US was subsequently published. There were some similarities with the HSE findings though the authors concluded that there was no clear evidence of any risk. The Semiconductor Industry Association in the USA is also conducting a relevant study, which involves much larger numbers of people but HSE does not know when the results will be published.

Following the publication of the original NSUK report, industry wide inspections by HSE were undertaken. The inspections demonstrated widespread acceptable or in some cases good practice in the control of chemicals, although some improvements were identified, and were subsequently made. In consultation with HSE, the industry has since developed guidance on good practice.

In 2009, HSE carried out a further programme of visits to 17 semiconductor manufacturers. The report on this activity will be published at the same time as the further research at NSUK and sent out to members of ACTS.

#### **4. Dust campaign update**

HSE recently hosted the inaugural partnership meetings with stakeholders in quarries, welding, foundries and stone workers; each group agreed the ill health problems they wanted to address and scope of the activities discussed ways of working together to address the occupational exposure risks to dust.

There was a positive response from each meeting, with partners agreeing to progress a range of actions before the next meetings (scheduled between May and July 2010). The partners included trade unions, trade associations, individual businesses, health and safety consultants, supply-side and training organisations.

Planned stone worker activities include surveying members on dust management and reviewing education and training. Foundry activities include writing an article for a Trade journal and reviewing education. Planned welder activities include the formation of a dedicated Committee, providing health and safety information in trade press and providing welding seminars at training events. Planned quarry activities are working together to communicate key messages and sharing information between members such as tips on good practise and monitoring exposure.

HSE is now working to develop the construction strand of the dust initiative and a partnership team will be brought together to consider this sector.

The campaign will contribute to the delivery of HSE's strategy 'to specifically target key health issues...' and develop the most effective ways to change behaviour within the workplace, by delivering key messages to raise awareness of the risks and the effective use of the correct controls.

HSE has commissioned insight research on the five industries considered to have the highest risk of exposure [caused by inhaling dusts, vapours, gases and fumes in the workplace] - Stone workers, Quarry Workers, Welders, Foundry Workers and Construction. This research will help HSE to understand current awareness, perceptions, attitudes and behaviours within these industries, provide key insights into the target audiences and help maximise impact by providing key insights about the targets, which will inform future communications strategies.

#### **5. Lead**

In 2008, at the request of ACTS, WATCH looked at lead as concerns had been raised about studies in the open literature suggesting that adverse health effects might be associated with exposures to lead at levels below the current regulatory standards. A paper put to WATCH in October 2008 outlined the current scientific and regulatory situation concerning UK limits, SCOEL activities, etc.

Overall, WATCH agreed that toxicological and occupational profiles available to HSE and WATCH for lead were up to date and reasonably clear.

Based on the toxicological evidence available, WATCH recommended that UK standards for lead should be revisited. In this context, members suggested that consideration should be given to:

- the relative priority that should be given to this issue alongside other issues currently being addressed by ACTS
- the issue of relative susceptibility of different age and gender groups in the population
- options for consultation and collaboration with other stakeholder groups and government departments concerned with exposure to lead,

The WATCH suggestions were reported back to ACTS at its November 2008 meeting. In November 2009, HSE received some media criticism about its position on lead, in particular:

- that there is a discrepancy between the UK lead exposure limits and those set by other member states
- that current scientific evidence suggests that long-term, low-level exposure can give rise to ill health and that more than 100,000 workers **could** suffer ill health as a result
- that certain information in HSE's guidance leaflet 'Lead and You' was misleading.

Although HSE's regulations and statutory guidance on lead exposure are both in line with the wider EU regulatory framework, HSE will consider the evidence on health risks from low level lead exposure when considering whether changes to regulations, guidance to employers and advice to workers may be appropriate.

The leaflet 'Lead and You – A guide to working safely with lead' contained the sentence "Serious ill-health problems rarely occur unless people have at least 100 micrograms in one decilitre of their blood". This statement referred to the effects of acute lead poisoning and was correct when understood in this way. However, it was agreed that no further copies of the leaflet would be distributed and it was removed from the HSE website.

The periodic review of the leaflet was brought forward, the leaflet layout was updated and some minor changes were made to the text.

HSE is currently considering the way forward on lead. The work on lead so far has contributed to the delivery of HSE's strategy 'to specifically target key health issues...' and developed the most effective ways to change behaviour within the workplace, by delivering key messages to raise awareness of the risks, and the effective use of the correct controls.

## **6. Respiratory Protective Equipment (RPE)**

HSE is working in partnership with industry stakeholders to develop and deliver fit for purpose information and tools to support employers across relevant industries, sectors, occupations and processes.

The RPE Project will contribute to the delivery of HSE's strategy 'to specifically target key health issues...' and reduce respiratory disease, by securing good practice in the selection, use and maintenance of RPE.

Recent surveys of employers and employees suggest that a high proportion consider themselves to regularly breathe in substances, which could lead to a risk of respiratory disease. RPE is a key control measure for protecting against such exposure, but evidence suggests that compliance with good practice is low.

The Project's stakeholder Steering Group met for the second time in January 2010. Planning is in the early stages, so project deliverables are not finalised, but one initial idea is to develop a good practice DVD for employers and the Group is also exploring options for updating the guidance. HSE also plans to develop and deliver new training on RPE for operational inspectors. The Project is likely to run until at least 2013.

## **7. Nanotechnology**

The UK Nanotechnologies Strategy was launched by the Department of Business Innovation and Skills (BIS) on 18 March 2010.

A cross government group consisting of HSE, BIS, DEFRA, DoH and the FSA developed the strategy, with HSE providing the occupational health and safety input. The strategy was produced at the request of the Ministerial Group on Nanotechnologies (MGN), which is chaired by Lord Drayson.

HSE has agreed to continue to work with OGD partners and will contribute to a cross Government exercise to develop an "information gathering scheme", continue to horizon scan and develop legislation if required in the future and make and maintain currency of a contribution to a "Government Portal" (to be established by BIS).

The strategy can be found at: <http://interactive.bis.gov.uk/nano/>

### **Contact**

Jenny Hagan (HSE)