

Advisory Committee on Toxic Substances Minutes			ACTS/MINS/2/2012
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Advisory Committee on Toxic Substances (ACTS)

Minutes of the 101st meeting of the Advisory Committee on Toxic Substances held on 13 November 2012 at Unite, Birmingham

Present:

Jane Willis - Chair (HSE)
 Ian Brown - Independent
 Alastair Hay - TUC
 John Hopley – CBI
 Len Levy – Independent
 Bud Hudspith – TUC
 Roger Alesbury – CBI
 Susan Murray - TUC
 Elspeth Metcalfe - Independent

Apologies:

David Tolley – LA
 Steve Francis – CBI
 Robin Chapman – CBI
 Doug Russell – TUC

Officials Present:

Kären Clayton - Director, Long Latency Health Risks Division (LLHRD)
 Gill Smith – Head of COSHH and Chemical Carcinogens Unit
 Marie Warburton – Secretariat
 Chris Lucas - HSE
 Marjory Mitchell – HSE
 Robin Foster - HSE

Presenters

Item 4: Robin Foster; Item 5: Chris Lucas; Item 6: Marjory Mitchell

Item	
1	Introductions and apologies
1.1(i)	The Chair welcomed members to the 101 st meeting of the Advisory Committee on Toxic Substances and thanked Susan Murray for providing the venue
1.1(ii)	Apologies were received from Robin Chapman and Doug Russell
2	Agreement of minutes/matters arising
2.1(i)	The minutes of the 100 th meeting of ACTS were formally accepted.
2.1(ii)	A CBI member of ACTS brought to the chairs attention, action point 3, of the secretary's update on matters arising from the 101 st meeting of ACTS. The ACTS member asked for it to be noted that ACTS would like a response from the HSE Board on the request to review the effects of past decisions/advice made by ACTS. The chair explained that HSE's CE had been informed of ACTS concerns. To date there had not been a definite response to these. HSE would follow this up before the next meeting. The Chair suggested that the Board's decision that HSE should organise an occupational disease conference in 2013 provided some insight into the Board's intentions for the focus of HSE future work on wider

Item	issues of occupational disease.
2.1(iii)	Members agreed that the minutes of the 101st meeting of ACTS would be made available on the HSE website after they had been cleared by members via correspondence and before formal agreement at the following meeting in May 2013.
2.2	Current Issues
2.2(i)	<p><u>Update on HSE's review of ACOPs</u></p> <p>The Chair updated ACTS members with the latest progress with the ACOP review. HSE's consultation on proposals to review ACOPs closed on the 14th September 2012 and the HSE Board considered the early feedback on the outcome of the consultation at their meeting on the 26th September 2012. The full analysis of the consultation process will be considered by the HSE Board at their December 2012 meeting. The Chair explained the consultation set out the nine headline proposals from the reviews, to be delivered by the end of 2013; These are for the publication of six revised or consolidated ACOPs and withdrawal of another three. In addition, views were sought on the revision of 15 other ACOPs to a longer timescale and, opinions were sought on the introduction of a 32 page limit for ACOPs.</p> <p>Overall, the consultation received 430 responses from a variety of sources including professional and trade bodies, trade unions and voluntary sector organisations. The six proposed revisions or consolidations received a lot of support and the Board agreed that HSE could push ahead with these revisions in advance of the full analysis.</p> <p>The Chair also confirmed the proposal to withdraw the three ACOPs covering Management Regulations, Children on farms and the Design, construction, installation and gas service pipes was not as strongly supported and HSE will be giving further thought before we provide a view on how these three ACOPs are best taken forward. The proposal for a 32 page limit drew the most responses with respondents' opinion being strongly against setting an arbitrary limit on the length of all ACOPs.</p>
2.2(ii)	<p>HSE explained that the review of the COSHH, Asbestos, DSEAR and Legionella ACOPs is intended to remove out of date information and to clarify the important information contained in the ACOPs. Following the consultation, over 80% of respondents were in favour of clarification of the information provided for the user. HSE's policy teams, working with HSE specialists will draft the documents and members of ACTS will be invited to comment on draft COSHH ACOP.</p> <p>Key points from discussion on the review of ACOPs:</p> <ul style="list-style-type: none"> • ACTS members confirmed they would provide comments on the draft ACOP but requested that details of what is proposed to be deleted from the ACOP are provided also. • A TUC member of ACTS confirmed they are not against the review of ACOPs, but interested to see what is being proposed and would expect to be formally consulted before making comments. • Members asked for it be noted and not lose sight of the reasons for development of the ACOP material; Members expressed the view that things have not changed: people do not understand the regulations and they have little understanding of limit values. • The Chair explained there is no intention that important information will be taken out of the ACOPs, but confirmed that there is a desire to get on with the review of the ACOPS and published deadlines to complete much of the work by the end of

<p>Item</p>	<p>2013. The Chair confirmed it was important to make sure the people who need the information had access to it and that it was suitable for the audience bearing in mind that ACOP guidance has special legal status</p> <p>Action Point 1: COSHH ACOP to be circulated to ACTS for comment (including the deleted text)</p> <p>2.3 <u>Update on occupational cancer HSE Board paper and proposed occupational health conference</u></p> <p>2.3(i) The Chair explained that the HSE Board felt that together the May and August papers presented the issues around occupational cancer well. The Board recognised the challenges in working to reduce occupational exposure to agents such as diesel exhaust emission and silica, and they confirmed their view that taking action to improve compliance with current occupational exposure limits, rather than regulatory change or introducing new or lower limits would improve the situation. The Board also recognised that there is still insufficient evidence at present to confirm the link between shift work and breast cancer.</p> <p>The Board agreed HSE should proactively engage with professional bodies and others explore and deliver future avenues for possible interventions and continue to develop its partnership work on asbestos, respirable crystalline silica and welding. The Board also agreed that HSE should maintain current low levels of activity on tetrachloro-ethylene and polycyclic aromatic hydrocarbons and to continue to support those organisations who lead on radon and solar radiation.</p> <p>2.3(ii) The chair confirmed that HSE's Board strongly endorsed a proposal for a conference/workshop run by HSE to encourage partners to explore what more could be done to tackle occupational disease, and what partners can realistically deliver on this. The event will focus on the wider issue of occupational disease, not just occupational cancer, and has the full support of both Judith Hackitt and Geoffrey Podger. Geoffrey will chair an independent external Steering Group to contribute to the organisation and content of the event. Preparations for both the event and the steering group are underway, and a date of the 14th March 2013 has been provisionally set for the event.</p> <p>2.3(iii) Key points from discussion on the occupational health event:</p> <ul style="list-style-type: none"> • ACTS members asked if the event would be for invited guests only, the Chair confirmed it would. The Chair explained the broad focus on occupational disease, not just cancer, and that the steering group would be involved in planning the content of the event. The current proposal is to hold practical workshops as part of the event. <p>2.4 ACTS members discussed HSE inspections, compliance and the introduction of Fee for Intervention (FFI). The key points from the discussion were:</p> <p>2.4(i)</p> <ul style="list-style-type: none"> • A TUC member asked how HSE is going to ensure compliance with current exposure limits under FFI. The Chair explained that FFI has introduced a charging mechanism for those who are found to be in material breach. By targeting poor performers and identifying health issues, action will be taken by inspectors to seek better controls and therefore improving compliance, with on-going pro-active inspections targeting high risk sectors. • A TUC member suggested that some in industry are subject to intimidation from employers and fear their positions would be in jeopardy for reporting health and safety issues. The Chair confirmed HSE would continue to work to tackle this
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<p>Item</p>	<p>problem but that HSE needs the evidence to act and people need to continue to make complaints to HSE.</p> <ul style="list-style-type: none"> • A CBI member asked if the introduction of FFI would allow for increase HSE resources – as fewer resources leads to less enforcement. The Chair confirmed that HSE has a capped limit from the Treasury; any fees recovered above the cap will go to central Government. • ACTS members expressed their concerns in relation to reduction in HSE’s resource, the changes in the roles of inspectors and reduction in the time inspectors are given to focus on those who need attention. The Chair confirmed that HSE targets its resource based on risk: less pro-active but more targeted inspections. The Chair referred ACTS members to ‘Good Health and Safety for Everyone’, as the strategy for HSE’s proactive inspection focus on high risk, high hazard and poor performance. ACTS members also asked if business will be charged for routine inspections. The chair confirmed that only businesses found to be in material breach would be charged under FFI. • Members questioned whether the changes would mean HSE was seen as ‘policing’ and whether HSE was moving away from being seen as advisors. The chair explained that there had been a significant reduction in injury statistics with HSE running successful initiatives, and with inspectors having clear focus on the matters that need attention. The Chair mentioned the success already achieved through working in partnership with key industry stakeholders. The Chair also confirmed that HSE’s work to ensure its web based guidance is regularly reviewed, ensures up to date information and guidance is accessible to all. <p>2.5 <u>Diesel engine exhaust emissions (DEEE), IARC classification and HSE Guidance on Diesel engine exhaust emissions – HSG187</u></p> <p>2.5(i) HSE provided ACTS with an update, confirming the recent (June 2012) evaluation by the International Agency for research on Cancer (IARC) and the upgrading to the classification of diesel engine exhausts emissions (DEEE) from probable human carcinogen (IARC Group 1) to definite human carcinogen (IARC Group 2A). HSE confirmed its position under COSHH has been, and remains that DEEE are not listed on Schedule 1 of COSHH and are outside the scope of the CLP Regulations, so the requirement to reduce exposure to a level which is ‘as low as reasonably practicable’ (ALARP) does not apply. HSE confirmed that research has been commissioned to update the evidence base on exposure scenarios to DEEE with those defined as high-risk worker groups. The research will consider relevant HSE guidance on DEEE and whether the material produced has had an impact in reducing exposure to DEEE through improved levels of control. The impact of changes to diesel engine technology and whether this has changed exposures will also be assessed, as well as whether measurement of ultrafine particles is a practical measure of personal exposure.</p> <p>2.5(ii) HSE advised that HSG187 (2012) has recently been updated as part of the HSE guidance review and is available on the HSE website. As the changes to HSG187 were minimal and the policy position has not changed, there was no need to consult externally. A TUC ACTS member asked HSE to consider further amendments to certain sections of HSE guidance HSG187 and also confirmed their organisation is working on a guidance document to raise awareness of DEEE’s and requested whether HSE specialists could comment on the draft document.</p> <p>ACTS members commented that if DEEE is a carcinogen most people will not understand why it is not labelled as such. It was explained that DEEE are not supplied substances and consequently there is nothing to label. ACTS members confirmed they</p>
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2.6	<p><u>Other business matters – LLHRD research proposals</u> HSE provided an update on LLHRD’s research proposals for inclusion in HSE’s Science Plan 2013-2015 relating to occupational ill health. The update included details on the following:</p>
2.6(i)	<ul style="list-style-type: none"> • In-cab filtration 1: Manufacturers' performance standards and customers' expectations - research to establish the performance standards used by the manufacturers of vehicles with enclosed, ventilated cabs with filtered air intakes. In addition to gain insight into how suppliers market vehicles with enclosed, ventilated cabs and the level of protection offered. • In-cab filtration 2: Research into the expectations and the behaviours of drivers contributing to cab contamination -, to gain a better understanding of the expectations of the operator in relation to the protection from exposure to hazardous dusts, including Respirable Crystalline Silica (RCS) and DEEE, offered by in-cab filtration and, how operator behaviour (e.g. drivers introducing dusts/aerosols etc into the interior of the cab) affects cab contamination. • Painters - research to identify the range of hazardous substances they may encounter/be exposed to in order to develop a better understanding of current exposure scenarios; gather information on the actual substances used by painters and their work activities taking account of the changes in paint/application technology i.e. moving from traditional brush and roller application to spray painting. • Dust research - to determine if the current regulatory framework within COSHH is protective of health. The research will provide evidence to support HSE’s policy making process on whether changes need to be made to the COSHH regulations to address stakeholder concerns about the control of 'low toxicity dust' in the workplace.
2.6(ii)	<p>Key points from discussion on the proposed research:</p> <ul style="list-style-type: none"> • HSE confirmed the proposed dust research has been informed by discussions about levels for low toxicity dusts at previous ACTS meetings. The research should ensure that any future changes are evidence based. HSE confirmed there is a gap in the evidence base at present and if the legislation is to be changed then more evidence is required. • ACTS members confirmed they understood the need to gather more information to set definitive limits and noted that to the proposed research would need to draw on work already done at IOM and by WATCH • The Chair confirmed that there is only a limited budget for extramural research within HSE’s science spend.
2.7	<p><u>COPD and occupational asthma</u> HSE explained that work continues across the Sectors in tackling COPD and occupational asthma.</p>
2.7(i)	<p>HSE provided ACTS members with a examples of the activities and initiatives:</p> <ul style="list-style-type: none"> • Agriculture: Plans for approximately 20 Safety and health Awareness Days (SHADS) during 2012-2013. Review of HSE web pages on occupational health issues for Grain dust.

<p>Item</p>	<ul style="list-style-type: none"> • Bakery Industry: Review of flour dust COSHH essentials sheets. Update of Topic Inspection Pack - exposure to flour dust in craft bakeries. • Engineering: Due to be published shortly, a 3 year research project on metal working fluids. HSE's manufacturing web pages in the process of being updated. • Welding: Continued work with stakeholders in the form of the 'Welding Partnership Team' – developing plans on how best to raise awareness of the risks of welding fumes. Vocational Educational Tool (VET) for Welding launched 2012. The tool was created to raise awareness of respiratory health risks for these training to become welders. • Foundries: The 'Model Foundries' project was established to investigate the health risks in the foundries industry, with the aims of improving substance control and identifying benchmarks and standards of control that are technically achievable and reasonably practicable to implement. Phase 1- assessing the first seven risk scenarios is complete. Phase 2 will investigation the eight remaining risk scenarios. • Healthcare: Plans to develop and publish a DVD on the effectiveness of fume control. A web page has been developed on diathermy fume 'surgical smoke' • Laboratory animal workers: Guidance EH76 Control of Laboratory Animal Allergy has been updated and is now available via HSE's website. • Motor Vehicle Repair (MVR): Vocational Educational Tool (VET) for MVR was launched 2012 - created to raise awareness of respiratory health risks for those working or training in MVR. • Solder: Development of awareness raising guidance tool in the form of an illustrated pocket card – target audience employees. • Waste and Recycling: HSE in association with the industry has begun a 3 year research project to improve intelligence (including potential exposures). • Woodworking: HSL to develop a woodworking video on controlling wood dust created from a circular saw.
<p>2.8</p>	<p><u>Airport pollution in airports study</u> HSE confirmed they are not aware of any new evidence to suggest unacceptable exposures of UK airport workers to dust and fumes from aircraft landings at airports and that aerodrome are required to undertake environmental monitoring which has not revealed the presence of any hazardous chemicals which exceed recommended limits.</p>
<p>2.8(i)</p>	<p>ACTS members discussed the Danish Research following the diagnosis of cancer in two airport workers at Copenhagen airport, which was attributed to long-term exposure to contaminants in the workplace. ACTS members commented that the Danish research on airport pollution in airports is of value, extensive research work had been done and there is an issue of exposure in this sector. The researchers claim to have found extremely high levels of ultrafine particles at the airport. HSE confirmed that WATCH members considered the Danish paper at their meeting on the 23rd June 2012. WATCH felt that there were a number of gaps in the work and that the study did not differentiate between vehicle emissions and unburned jet engine fuel making it unclear how to interpret the data. On this basis WATCH does not feel that this work provides a sound evidence base to inform future policy or intervention activity.</p> <p>An independent member of ACTS confirmed that SCOEL intend to begin major research in this area and that SCOEL is also considering giving advice on limit setting.</p> <p>Action Point 3: Len Levy to circulate SCOEL papers on airport exposure to ACTS and WATCH when papers become available</p>

Item	<p>Action Point 4: ACTS member asked that HSE inform the author of ACTS information paper on 'risks v Hazards' (ACTS/05/2012) of the recent research by Defra on this topic.</p>
3	<p><u>Silica (RCS) – Carcinogen and Mutagens Directive (CMD)</u></p>
3.1(i)	<p>It was noted that Independent ACTS member Len Levy declared a declaration of interest due to his involvement in the SHECAN project.</p>
3.1(ii)	<p>HSE provided an update on developments with Working Party on Chemicals, the Carcinogens and Mutagens Directive (CMD) and in particular with respect to respirable crystalline Silica.</p> <p>The presentation covered the following:</p> <ul style="list-style-type: none"> • Working Party on Chemicals (WPC); Locus and mandate; • Carcinogens and Mutagens Directive (CMD); Issues for review; Timescale • Mandate for 2012-13. To consider issues and developments concerning the use of chemicals in the workplace • Issues within review of CMD (2004/37/EC) • The candidate substances • RCS - IOM report • RCS - SCOEL report • RCS – Current position in WPC <p>The full presentation will be circulated to ACTS members.</p>
3.1(iii)	<p>ACTS members asked what the opinion regarding RCS was from other Member States. HSE confirmed that there was extensive dialogue with other working party members, with WATCH and that an open door policy was being maintained. HSE confirmed that in the UK there is one limit and that is the workplace exposure limit (WEL) and currently there was only one binding limit in Chemical Agents Directive (CAD) and that is for Lead.</p> <p>ACTS members discussed the practicality of setting an exposure limit of 0.05mg/m³ RCS for preventing silicosis and whether it is possible to measure below level of 0.05mg/m³. ACTS members explained their understanding that other countries appear to be able to measure exposures at this level. HSE explained that it was not yet technically possible to measure accurately at these levels in all occupational situations.</p> <p>An Independent ACTS member asked which would be better able to be enforced; the setting of a limit for RCS in the CMD or CAD. HSE explained that both CAD and CMD were implemented into UK legislation via the Control of Substances Hazardous to Health (COSHH) and that either could be enforced via that route.</p> <p>ACTS members discussed the potential classification of silica under either CAD or CMD and the issues this might create downstream. HSE explained that as RCS is a process generated substances there would be issues around classifying it as a carcinogen, this would bring about a stricter duty to substitute and control. ACTS members suggested that silicosis continues to be a major health problem and that RCS should be included in the CMD. HSE explained there are ongoing emotive debates and people are trying to think through the issues in a pragmatic way, the Working Party of Chemicals (WPC) is currently deliberating and the view of HSE is an open one.</p>
	<p>Action Point 5: Circulate to ACTS RCS and the Carcinogens and Mutagens Directive presentation</p>

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4.	<u>RCS and the work of the Construction Sector</u>
4.1(i)	<p>HSE provided an update on RCS and the work of HSE's construction sector. The full presentation will be circulated to ACTS members.</p> <p>The presentation covered the following:</p> <ul style="list-style-type: none"> • RCS and the construction industry – health statistics • Background to Construction Projects, Inspection and Advice • The Construction Partnership Team • Control Standards • Construction Sector research • Video visualisation – high risks tasks
4.1(ii)	<p>ACTS members agreed that HSE's work on these issues was superb, they were particularly impressed by the on-tool extraction videos. ACTS members suggested there was still a need to promote the key control measures to employers - those who are in the position to do something about the issues.</p> <p>Action Point 6: Circulate to ACTS RCS and the construction industry presentation</p>
5	<u>RCS and HSE's current research activity</u>
5.1(i)	<p>HSE provided an update on current research with respect to respirable crystalline silica. The full presentation will be circulated to ACTS members.</p> <p>The presentation covered the following:</p> <ul style="list-style-type: none"> • Spread of RCS dust from construction and quarries sites • High flow/short duration sampling • Performance indicator tool • International Comparison study • Specification for LEV retrofit hoods • Strategic Research Programme (SRP) <p>Action Point 7: Circulate to ACTS RCS and HSE's current research activities presentation</p>
6	<p>Following the presentations the Chair thanked HSE colleagues for attending the meeting and for providing some very useful insight into HSE's work on RCS. This helped demonstrate how seriously HSE takes topics like RCS and occupational disease in construction.</p>
7	AOB
7.1(i)	<p>The Chair suggested that ACTS discusses at the next meeting what more the health and safety community can do to tackle occupational diseases?</p> <p>Action Point 8: ACTS members to email Marie Warburton with useful topics for discussion for the May 2013 meeting.</p>

8	Next meeting
8.1(i)	<p><u>Location and Date</u></p> <p>USDAW office, Manchester is confirmed as the location for the 102nd meeting of ACTS. Date of meeting Thursday 23rd May 2013. Date/location of November 2013 meeting TBC.</p>
9	<p>Future agenda items</p> <ul style="list-style-type: none"> • Occupational health event 2013
10	<p>Summary and Close</p> <p>The Chair thanked everyone for their attendance and participation.</p>