

Advisory Committee on Toxic Substances Minutes			ACTS/MINS/01/2014
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Advisory Committee on Toxic Substances (ACTS)	
Minutes of the 103rd meeting of the Advisory Committee on Toxic Substances held on 29 May 2014 at Caxton House, London	
<p>Present: Dave Bench - Chair (HSE) Ian Brown - Independent John Hopley – CBI Len Levy – Independent Bud Hudspith – TUC Roger Alesbury – CBI Robin Chapman – CBI Alister Scott – CBI Susan Murray - TUC Doug Russell – TUC</p> <p>Apologies: Jane Willis – HSE Steve Francis – CBI Alistair Hay – TUC</p>	<p>Officials Present: Kären Clayton - Director, Long Latency Health Risks Division (LLHRD) Gill Smith – HSE Marie Warburton – HSE Secretariat Lee Kenny – HSE Peter Stacey – HSL</p>

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1	Introductions and apologies
1.1(i)	The Chair welcomed members to the 103 rd meeting of the Advisory Committee on Toxic Substances.
1.1(ii)	Apologies were received from Jane Willis, Alastair Hay and Steve Francis.
2	Agreement of minutes/matters arising
2.1(i)	The minutes of the 102nd meeting of ACTS were formally accepted.
2.2	Current Issues
2.2(i)	<u>Update on changes to HSE's Senior Management</u> The Chair updated ACTS members on the recent changes to HSE Senior Management. The Chair confirmed Geoffrey Podger left HSE last year after 7 years as Chief Executive, with Kevin Myers taking over the role of Acting Chief Executive and Gordon MacDonald as Acting Deputy Chief Executive. Gordon also left HSE in March 2014 to join the newly formed health and safety regulator Worksafe New Zealand as Chief Executive. David Ashton, Director of FOD, replaced Gordon MacDonald as Acting Deputy Chief Executive.

<p>Item</p>	<p>Due to the emerging detail of the Triennial Review and the skills that would be needed to take HSE forward, the job specification for the vacant CEO post has been revised to incorporate the additional requirement of experience and competence relevant to developing HSE's commercial opportunities. It is likely that the outcome will be announced in summer 2014.</p> <p>2.3</p> <p><u>Triennial Review of HSE</u></p> <p>2.3(i) The Chair explained that a Triennial Review of HSE was conducted in April 2013 on behalf of DWP by Martin Temple Chair of Engineering Employers Federation. The report published in January 2014 sets HSE in a very positive context, reflecting the nearly universal praise from those who responded to this review. The review confirmed the support for HSE is a reflection of the impartiality and independence it maintains in its regulatory and other work. The Government's response to the Triennial Review was originally due in May, however due to local/EU elections the publication of the response has been deferred until later in the summer.</p> <p>2.3(ii) An independent member confirmed the commercialisation aspect of the review was of interest to others outside the UK about how HSE works, for example, in the Arab Emirates where there is a lot of construction work on/being undertaken.</p> <p>2.3(iii) A TUC member stated the TUC believes the commercialisation of HSE is wrong and that as workplaces continue to be dangerous HSE should focus on those premises not being inspected.</p> <p>2.3(iv) The Chair, explained that commercialisation was about providing products and services and these should not be in conflict with HSE's regulatory activities. HSE will continue to target inspections in those sectors identified as high risk, with low risk companies having access to HSE advice/guidance.</p> <p>2.4</p> <p><u>Update on EU activities on occupational disease</u></p> <p>2.4(i) HSE confirmed DG employment and Social Affairs held a 2-day conference on the 3 - 4 December 13 in Brussels on " Occupational Diseases in the EU: the system(s) and their role/way forward". The conference was based around the report on the current situation in relation to occupational diseases systems in EU Member States and EFTA/EEA countries, in particular relative to Commission recommendation 2003/670/EC concerning the European Schedule of Occupational Diseases and gathering of data on relevant related aspects. The conference considered a broad range of occupational diseases e.g. from exposure to asbestos though to mental health, MSDs and from new and emerging workplace risks. HSE provided a presentation on the "UK's occupational diseases system".</p> <p>2.4(ii) HSE confirmed an EU OSHA workshop took place on workplace risks to reproductivity on 15/16 January 2014. ANSES, the French Agency for Food, Environmental and Occupational Safety hosted the workshop. Presentations ranged from reproductive toxicity under REACH; Effects of exposure to mixtures of endocrine disrupter during development; prevention policies and practices. An overview was provided on the work of SLIC Working Group CHEMEX dealing with the regulation of chemicals. The event highlighted that there are differences in approach between Member States with respect to the regulation of reprotoxic chemicals.</p>
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2.4(iii)	HSE then went on to explain that SLIC has recognised the need to redress the balance between occupational health and occupational safety and has asked the UK to draft a proposal on possible initiatives to tackle long latency occupational disease. Using responses received from Member States National Labour Inspectorates to questions asked via EU survey arrangements, UK (HSE) with help from WG CHEMEX, will develop a draft paper on both the level of MS interest in informal collaboration and to identify the priority topics.
2.4(iv)	ACTS members discussed the range activities in HSE is involved with within Europe and thanked HSE/UK for contributing to the OSHA workshop and for taking the lead in Europe for SLIC.. Members expressed the view that reproductive toxicity was an issue within some Member States due to poor communication, industry and businesses not being very aware of the legislation. A TUC member requested a standing agenda item on the work of HSE in Europe
2.5(i)	<u>Update on the review of Carcinogens and Mutagens Directive (CMD) and discussions at the Working Party on Chemicals (WPC)</u>
2.5(ii)	HSE confirmed the Commission would not be publishing a proposal for legislation in the area of CMD during its present mandate. At the WPC in March 2014 the Commission confirmed that they plan to publish a proposal in [mid] 2015. There was a discussion on the methodology for setting limits for carcinogens where there is no threshold. This revealed wide differences in approach. The UK stressed the importance of an approach that starts with the available data, and of an acceptable process to engage the social partners, as the strongest possible justification for a limit that had been agreed by the social partners.
2.6(i)	<u>Occupational disease website</u>
2.6(ii)	HSE explained that previous HSE Board discussions considered how current interventions could be used to catalyse even greater improvements by working with and through others. This led to the decision for HSE to host the occupational disease event in March 2013 and then amongst other things, the development of the occupational disease website. HSE confirmed the webpages and a web community site went live on 28 th April 2014. HSE has been busy uploading details of a range of activities and initiatives. HSE are now working to raise awareness and to encourage more contributions to the site.
3.	<u>Developing a way forward on 'Dust'</u>
3.1(i)	HSE provided a short update on a way forward on 'Dust'. The presentation will be circulated to ACTS members. The presentation covered the following: <ul style="list-style-type: none"> • The current regulatory position • HSE's current activity on controlling exposure to dust • Early thoughts about communicating information about dust and providing regulatory clarification.
3.1(ii)	HSE explained that although a draft dust statement had been developed and reviewed by ACTS, HSEs senior management did not support publication in its proposed form. Instead, HSE senior management suggested taking forward a more strategic approach to the issue of dust and occupational disease.
3.1(iii)	TUC members stated that the trigger points in COSHH of 10 and 4mgm ⁻³ are of concern to them. ACTS members also stated that they were disappointed with the decision, and asked for more details on what the strategic way forward is. HSE

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	<p>confirmed that the strategy for dust is in the early stages of development. The strategy will include a strand dealing with the confusion there may be around COSHH requirements and dust. HSE invited ACTS members to contribute to the development of the dust strategy as it is developed.</p>
3.1(iv)	<p>HSE explained that the risk to health due to exposure to dust is already regulated by COSHH as had been shown in the earlier presentation.</p>
3.1(v)	<p>ACTS members expressed concerns that HSE is not planning to publish the dust statement and asked for it to be minuted that they consider this an issue of high priority. TUC members explained the problems they see in workplaces relate to the numbers, although there is no wish to remove the numbers, they see the position statement as most definitely needed to remove the confusion. HSE explained that the issue of publication is not with the content of the statement but with the suggested format. Discussions are now required to decide how best to communicate the messages and in what format. HSE also explained that a one-off statement was not considered the best route as it would only be issued in a single point in time, and would quickly loses impact and be archived.</p>
3.1(vi)	<p>TUC members suggested that a reasonable way forward would be, if HSE agrees, for ACTS to approve the dust paper and to post it on the ACTS website. ACTS members approved the idea and requested that it be presented as an ACTS statement.</p>
3.1(vii)	<p>An independent member explained the MAK Commission (German) recommend a MAK value for inhalable and respirable dusts 0.1mg and 0.4mg. The report has now been translated into English and is available online. The JRC wishes to take forward work on the issue of low toxicity dusts and is currently revising a criteria document for SCOEL.</p>
	<p>Action point 1: Circulate to ACTS members the ‘Dust’ presentation</p> <p>Action point 2: HSE to reformat ACTS dust position paper for members approval, attached to draft minutes (Annex 1) of the meeting to upload to ACTS website once agreed</p>
4	<p><u>The review of expert advice</u></p>
4.1(i)	<p>HSE provided an update on the review of expert advice. The full presentation will be circulated to ACTS members.</p> <p>The presentation covered the following:</p> <ul style="list-style-type: none"> • Aim – strategic review of advisory committees and develop recommendations • Scope of advice arrangements • Context of the review • Key recommendations • Must consider carefully who will be involved; How will people be appointed; How the forum would operate • What next
4.1(ii)	<p>HSE explained that a range of advisory committees have over time become defunct with no replacements being made. What is now required is a single advisory committee on occupational health that frames the broad remit whilst also covering</p>

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	strategically important issues. HSE confirmed that there would need to be a transition period and the opinions of ACTS members will be taken into account in developing proposals for the HSE Board.
4.1(iii)	An independent member stated the paper and presentation was well put together and suggested this was more evolution than revolution and went on to ask HSE to consider how the new advisory group links to HSE board.
4.1(iv)	A TUC member explained that ACTS is not a scientific group, it is a tripartite committee providing HSE with advice on current and emerging occupational health issues. TUC and CBI members raised concerns regarding any suggestion that WATCH was now defunct and disbanded. HSE confirmed that although WATCH have not met for some time, it has not been disbanded. Members also shared their ideas and concerns about the practicalities of any new forum or group.
4.1(v)	<p>Some points made during the discussions on the presentation were:</p> <ul style="list-style-type: none"> • The concept of tripartitism should remain • Representation from social partners is vital • The size of the group should be discussed – issues with managing large numbers • Standing committees on different issues may be needed • The agenda for the advisory group should align with HSE Board's thinking
4.1(vi)	<p>HSE asked ACTS member to consider the proposals discussed and provide any additional comments to Lee Kenny by the end of June 2014</p> <p>Action point 3: ACTS members to provide comments to Lee Kenny on the proposals for developing a new advisory group on occupational disease.</p> <p>Action point 4: To circulate to ACTS members the 'review of expert advice' presentation</p>
5.1	<u>Diesel Engine Exhaust Emissions (DEEEs)</u>
5.1(i)	A TUC member stated that exposure to the human carcinogen DEEEs is an issue that should be a priority area for HSE and that, HSE should consider an enforcement initiative and also produce guidance on controlling DEEEs exposure reflecting the change from category 1 to category 2 carcinogen.
5.1(ii)	A TUC member confirmed that Unite had produced guidance for bus engineers which highlights DEEEs amongst other hazards.
5.1(iii)	HSE explained DEEEs are considered to be hazardous substances and are subject to the general provisions under COSHH. HSE confirmed it has been considering its evidence base on DEEEs and HSL has been commissioned to conduct a multi-disciplinary programme of work to consider the current state of technological and epidemiological knowledge and future DEEE technologies. This work is ongoing and ACTS members will be updated following completion of the research.
5.1(iv)	<p>The key points from the discussion were:</p> <ul style="list-style-type: none"> • The evidence of the numbers exposed includes those exposed outside on the roads • There is a lack of current intelligence/evidence

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	<ul style="list-style-type: none"> • Many affected sectors are enforced by Local Authorities • HSE targeting is in relation to overall risk • Unite guidance for bus engineers is due to be published shortly
5.1(v)	An independent member confirmed SCOEL will produce three new criteria documents, of which, one will be on DEEEs. The results of the diesel study will be discussed at the SCOEL June 2014 meeting. ACTS to be updated.
5.1(vi)	<p>A CBI member asked if the issue of DEEEs was a suitable topic for WATCH to consider. It was agreed that this was not necessary at this point, given the work of SCOEL. A TUC member asked if WATCH had been disbanded. HSE confirmed, although reference to WATCH was included in the review of expert advice presentation, WATCH has not been disbanded.</p> <p>Action point 5: Len Levy to update ACTS members on the DEEEs criteria study following discussion at SCOEL</p>
6	<u>RCS and the practicability of measuring below the current WEL</u>
6.1(i)	HSL provided an update on RCS and the practicability of measuring for RCS below the current WEL. The full presentation will be circulated to ACTS members.
6.1(ii)	<p>The presentation covered the following:</p> <ul style="list-style-type: none"> • What's new since 2006; Measurement options • RCS how it is measured and the reliability • Analytical uncertainty • Issues with realistic samples and performance • Development in samplers • Measurement based options for WEL
6.1(iii)	ACTS members discussed and agreed on the need to continue to develop reliable measuring techniques and raised questions about the reliability of techniques used by others in the EU to measure at 0.075mg or below.
6.1(iv)	HSE explained that there is a difference between what state of the art measurements can accurately achieve, and what it is practicable for duty holders to do using readily available equipment and analysis by commercial laboratories. There is a UK workplace exposure limit for silica of 0.1 mg m ⁻³ , and employers must reduce exposure to below this level. With the required exposure controls in place silica dust is usually reduced to significantly below 0.1 mg m ⁻³ . The workplace exposure limit takes into account what measurements can practicably be achieved by duty holders using readily available sampling equipment and analytical methods.
6.1(v)	A TUC member explained that TUC had been informed by experts in both Europe and America that it is possible to measure at 0.75 mg m ⁻³
6.1(vi)	<p>A number of ACTS members agreed there should be less emphasis placed on reducing the numbers (WELs) and that effort should focus on improving compliance with the current WEL and raising awareness of ALARP. TUC members suggested that stricter standards and enforcement to those stricter standards is required.</p> <p>Action point 6: To circulate to ACTS members the RCS and the practicality of</p>

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7	measuring below the WEL presentation.
7.1(i)	<p><u>Update on COSHH Essentials Working Group</u></p> <p>HSE explained the planned updates and publication of the COSHH essential sheets has been problematic and they have not been completed to the original timetable due to the need to prioritise other work. This is very much a work in progress and ACTS members will be kept updated with the progress.</p>
7.2(i)	HSE confirmed the COSHH e-Tool site is being reconstructed and is currently going through the usual internal testing procedure.
8	<u>AOB</u>
8.1	Update on Lead: SCOEL currently working on lead levels.
9	<u>Next meeting</u>
9.1	<u>Location and Date</u>
	HSE Redgrave Court, Bootle, Liverpool is the confirmed location for the 104th meeting of ACTS. Date of meeting is Tuesday 7 October 2014.
10	<u>Summary and close</u>
	The Chair thanked everyone for their attendance and active participation.

Annex 1

ADVISORY COMMITTEE ON TOXIC SUBSTANCES

The Control of Substances Hazardous to Health Regulations and the control of exposure to dust in the workplace

Issues

1. To remind employers of the need to adequately control employee exposure to any dust that creates a hazard to health in the workplace.

Background

2. Many work activities can create dust, and exposure to any dust in excessive amounts can create respiratory problems. Dust is not always an obvious hazard because the particles which cause the most damage are often invisible to the naked eye and the health effects of exposure can take many years to develop, so reducing exposure at source is very important
3. The Control of Substances Hazardous to Health Regulations (COSHH) 2002 were established to protect workers from exposure to hazardous materials. Regulation 2(1)(d) in the definition of "substance hazardous to health" states that any dust when present at a concentration in air equal or greater than 10mg/m³ (for inhalable dust) or 4 mg/m³ (for respirable dust) becomes a substance hazardous to health.
4. These concentrations are not safe working limits, they simply define whether a dust is subject to the COSHH Regulations
5. However, there is a growing consensus in the occupational health/hygiene community that exposure to dust poses a risk to the health of employees and other persons affected by work activity, when present at levels below the concentrations set out in paragraph 2(1)(d) of COSHH. This further underlines the point that these concentrations are levels at which action to control exposure to dust should be taken - not as levels to be achieved for adequate control of exposure. Employers may be misapplying these concentrations as exposure limits which could lead to workers being exposed to levels of dust that present a hazard to their health
6. It should be noted that these values will continue to have legal effect as trigger points for control until such time as they are amended

Action

7. Employers must control exposure to dust in the workplace
8. In addition to the requirements of COSHH to prevent exposure to hazardous substances, under Section 2 of the Health and Safety at Work etc. Act 1974 there are general duties on the employer to ensure the health, safety and welfare at work of all of their employees. Employers must also consult their employees on health and safety issues, this may be done either directly or

through a safety representative that is either elected by the workforce or appointed by a trade union.

9. To control exposure to dust, this means looking at the properties of the dust and the effects those properties may have on an employee's health and taking steps to control exposure to the dust by measures that are proportionate to the risk to workers' health.
10. COSHH Regulation 7(7) Schedule 2A 'Principles of good practice for the control of exposure to substances hazardous to health' – provides more detail and is summarised below:
 - Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health.
 - Take into account all relevant routes of exposure - inhalation, skin absorption and ingestion - when developing control measures.
 - Control exposure by measures that are proportionate to the health risk.
 - Choose the most effective and reliable control options which minimise the escape and spread of substances hazardous to health.
 - Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment.
 - Check and review regularly all elements of control measures for their continuing effectiveness.
 - Inform and train all employees on the hazards and risks from the substances with which they work and the use of control measures developed to minimise the risks.
 - Ensure that the introduction of control measures does not increase the overall risk to health and safety.

More detailed information from HSE can be found at:

<http://www.hse.gov.uk/coshh/index.htm>

<http://www.hse.gov.uk/pubns/books/eh44.htm>

<http://www.hse.gov.uk/lev/>

<http://www.hse.gov.uk/respiratory-protective-equipment/index.htm>

More general information on worker health and safety from HSE can be found at:

<http://www.hse.gov.uk/pubns/indg450.pdf>

<http://www.hse.gov.uk/pubns/books/15.htm>

Other sources of advice and information can be found at:

Trade Unions: <http://www.tuc.org.uk/workplace-issues/health-and-safety>

European Agency for Safety and Health at Work:

https://osha.europa.eu/en/campaigns/index_html

British Occupational Hygiene Society: <http://www.bohs.org>