

Advisory Committee on Toxic Substances Minutes		ACTS/MIN/2/2006	
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Advisory Committee on Toxic Substances	
Minutes of the 90th meeting of the Advisory Committee on Toxic Substances held on 30 November 2006 in the Globe Room, Rose Court, 2 Southwark Bridge, London SE1 9HS	
<p>Present Les Philpott - Chair Janet Asherson Ian Brown Ian Carney Bud Hudspith Mike Kingsland Len Levy Rob Miguel Susan Murray Colin Soutar</p> <p>Apologies Roger Alesbury Alastair Hay Greg Haywood (HSE) Elspeth Metcalfe David Tolley</p>	<p>Officials Present Andie Michael - Secretary Steve Fairhurst Rob Turner Mike Wright Carl Stuart (HSE NI) Frances Rowswell – Note taker Kara Kashemsanta – Note taker</p>
<p>Presenters Item 3 - Peter Stacey, Item 11 – Helen Smith</p>	

Item	
1	Introductions and apologies
1.1	People
1.1.1	The Chair welcomed members to the 90 th meeting of the Advisory Committee on Toxic Substances. Apologies had been received from Roger Alesbury, Alastair Hay, Greg Haywood, Elspeth Metcalfe and David Tolley. Mike Wright was introduced as the new HSL representative on ACTS.
1.1.2	Liz Corbett had regretfully decided to stand down from ACTS due to other work commitments. The Chair asked the secretariat to convey his thanks to Liz for the valuable contribution she had made to the work of the committee.
1.2	Agenda
1.2.1	Members had asked to raise item 11, the paper on Chronic Obstructive Pulmonary Disease, above the line for discussion. It was therefore decided that item 5 on implementation of the 2 nd Indicative Occupational Exposure Limit Value Directive and item 6 on the suspension of Chemical Hazard Alert Notices be agreed without discussion.
2	A review of HSE's potential role in the REACH Competent Authority
2.1.1	Steve Fairhurst introduced paper WATCH/2006/12 and gave a short presentation on

	<p>establishing the UK Competent Authority for REACH, to be housed within HSE. Steve had been appointed as the REACH CA project manager. The project had commenced in September 2006 and should be completed by the end of February 2007. REACH would enter into force in April 2007 at the earliest. HSE had launched an interim helpdesk in October and had received around one hundred enquiries in six weeks.</p>
2.1.2	<p>The Chair said that the Government's decision had been a vote of confidence in HSE and ensured that the focus of REACH would remain on worker health and safety.</p>
2.1.3	<p>CBI expressed concern at the potential conflict between workplace exposure limits (WELs) and derived no effect limits (DNELs). This was a Europe-wide issue and industry would need to be told to which limit they should adhere. An independent member suggested raising this at the next SCOEL meeting. Steve Fairhurst said that it was inevitable there would be conflicts. The provision for different DNELs in different exposed populations meant that there could be more than one DNEL for a substance. HSE's project team had identified a number of similar issues that would need to be resolved.</p>
2.1.4	<p>CBI said they would like to be involved in the development of instructions for inspectors in respect of the enforcement of COSHH and REACH, especially Safety Management Sheets for downstream users. TUC observed that HSC had previously said that ACTS should deal with REACH from the point of view of workplace exposure. It appeared to be HSE's view that REACH would eclipse some parts of COSHH. There was the requirement for risk assessments in both, but the requirements were very different. As part of its work plan, ACTS should review the implications of the legislation as to how it would apply to workplace control of chemicals, deciding on priorities and how to deal with conflicts. REACH should support COSHH rather than replacing any parts of it. CBI stressed that ACTS must confine itself to discussion of the health and safety side of REACH and be careful not to impinge on DEFRA and the Environment Agency's environmental responsibilities.</p>
2.1.5	<p>An independent member said there was a clear role for ACTS in relation to WELs and asked if HSE had secured funding for its Competent Authority responsibilities and for its role on the REACH committees. Steve Fairhurst advised that money from industry would not go to national authorities but to the European Chemicals Agency in Helsinki. DEFRA had agreed that it would substantially fund the UK CA and would transfer money for this to HSE. Committees were likely to be in Helsinki and committee members would be under contract to the central agency for this work. The arrangements for funding were flexible as HSE did not yet know how directly useful its CA activities would be to its other workplace responsibilities, and DEFRA did not yet know what funding it would receive in the future. However, no money would be taken away from HSE's enforcement work. By the time of the next ACTS meeting in May 2007, HSE would be able to report back on the arrangements in place and REACH may have come into force, so it would be a good time for a more in-depth discussion.</p> <p>Action: HSE to report back to ACTS at its next meeting.</p>
3	Silica measurement issues
3.1.1	<p>Peter Stacey gave a presentation to members on HSL's recent work on measurement of respirable crystalline silica exposures in the field. In response to a question from an independent member, Peter explained that the work had concentrated on personal sampling rather than area sampling as this was more representative of personal exposure. Using area sampling would be problematic as people move around during work activity.</p>
3.1.2	<p>TUC commented that in other countries, in industries where people are exposed to silica, sampling is carried out over 6 hours to lower levels. In Italy, the exposure limit was 0.05mg/m³. Although it might not be possible to measure to these levels, such a limit had the effect of forcing employers to introduce robust control measures. In reply, HSE said that occupational exposure limits in some other countries were set for insurance reasons rather than for occupational health reasons. Others, such as the NIOSH and ACGIH limits were recommendations, not mandatory. CBI observed that it was still common to see</p>

	stonecutters working in town centres without masks or other protection. Control measures were the key to reducing exposure to silica; it would be difficult to enforce an exposure limit set below measurable levels. HSE said that whilst the WEL was the upper limit and needed to be sufficient, it was more important for enforcement to focus on good practice, ensuring that effective control measures were in place to reduce workers' exposures as much as possible. This was the thrust of the work on silica under HSE's Disease Reduction Programme.
3.1.3	TUC reported that AMICUS had produced a guide to controlling silica dust. They were awaiting copies but it was already available as a PDF document on the AMICUS website, together with a link to Silica Social Dialogue Agreement, Good Practice Guide and Task Sheets, HSE's Silica Essential Sheets and the Stone Dust guidance. They had been speaking to foundries and the construction industry about the standards for silica and how they apply to particular industries. HSE welcomed AMICUS' work in this area. HSE's work on silica was currently focusing on stonemasons and would tackle quarries later. Next year the focus would be on brickmakers. The work comprised awareness raising and enforcement. The 'Stone Dust and You' leaflet had been revised and was available on the HSE website or as a hard copy. HSE's construction sector was carrying out work on silica in the construction and kerb cutting Industries.
3.1.4	TUC referred to research by Paul Brough, HSL looking at stonemasons, brickmakers and construction. This found reasonable compliance in quarries, but problems in the construction industry. Stonemasons appeared to have poor understanding of the hazards and control measures. This research was due to finish in 2007 and would be published in due course. It was hoped that the project would provide a benchmark to inform HSE's future work on silica.
4	Future of ACTS – proposed way forward
4.1.1	Introducing this item, Andie Michael said that ACTS members were aware of the background to this paper and had been sent notes of meetings between the head of HSE's Disease Reduction Division (DRD) and some ACTS members. The present constitution of ACTS would expire in December 2006. The paper looked at two options – reconstituting as an advisory committee or reforming as an expert committee. The second option had the advantage that it did not necessitate a business case and would give ACTS the opportunity to simplify how meetings were organised and run, without the rigidity imposed by its constitution as an HSC Industry Advisory Committee. The paper had recommended that ACTS agree this second option. Members should also be aware that there were plans to change the governance arrangements of HSE and HSC and a consultative document would be issued at the beginning of December.
4.1.2	TUC stated that the meetings with the head of DRD had been to discuss the relationship between ACTS and the Disease Reduction Programme, not about the future of ACTS. CBI noted that ACTS met all the indicative criteria set out in HSE's GAP 2 for constitution as an IAC and so would fully meet the requirements of a business case. They asked whether, in view of the consultation to HSE/C's governance arrangements, it was the right time to be discussing this issue. The Chair replied that any legal changes would not be in place for 1-2 years and so an interim solution needed to be agreed. One option would be to invite the Deputy Chief Executive to reappoint ACTS as an IAC, pending the result of the consultation. An independent member commented that ACTS members were not remunerated for their work. If ACTS was to be reconstituted it should have some executive responsibility in relation to REACH.
4.1.3	TUC suggested that ACTS should continue as an IAC but that the working groups such as ERMAG and WEELs, which seldom met, should be disbanded. If there were individual issues which needed discussion outside of the main ACTS meetings, ACTS could set up a small ad hoc project group to deal purely with that issue. ACTS should be looking at ways of working more flexibly, but its future as an IAC should not be called into doubt. CBI

	<p>said that careful consideration should be given before deciding to disband ERMAG. It could have a useful role but that role needed to be made clear. ACTS had pressed HSC to give it feedback on the effectiveness of its recommendations and whether it fully met its success criteria. It was agreed that the secretariat would seek to reappoint ACTS for a limited time until the outcome of the HSC/E review was established.</p> <p>Action: HSE to produce a paper for the Deputy Chief Executive.</p>
11	Chronic Obstructive Pulmonary Disease
11.1.1	<p>Helen Smith introduced paper ACTS/25/2006 and gave a short presentation on HSE's work on COPD under the Disease Reduction Programme. She explained that the purpose of the presentation was to update members and to ask ACTS for input to the development and implementation of the work. HSE was trying to build on its evidence base, to identify exposed workers at risk of developing COPD in the future and gather evidence of any emerging new risks. When it last reviewed new and emerging issues, WATCH had identified low toxicity dust as the top priority for further work by an expanded WATCH group. HSE had produced a scene-setting paper and WATCH was due to discuss this issue further at its meeting in February 2007.</p>
11.1.2	<p>TUC said that CBI had previously raised the issue of mixed dusts at the HSC and TU side wanted it to be a substantive item for ACTS. ACTS should seek advice from WATCH as to the adequacy of the existing low toxicity dust limit of 10mg/m⁻³ and its relevance to COPD. The term 'nuisance dust' was a misnomer and should be changed to something more meaningful such as 'hazardous dust'.</p>
11.1.3	<p>HSE was developing a cross cutting initiative to improve engineering controls in the workplace, particularly local exhaust ventilation (LEV). Two leaflets were being produced, one for people buying LEV and one for users. HSE would seek to raise awareness amongst duty holders of the importance of checking and maintaining LEV. HSE would be seeking input from ACTS and planned to launch the guidance on world COPD day in November 2007. CBI welcomed the initiative, saying that SMEs wanted a quick list of issues to focus on. TUC noted that there was a need for a visual indicator on LEV to show that it was working properly. This could regularly be checked by managers, shift supervisors and safety representatives.</p>
11.1.4	<p>TUC suggested HSE should look at products that might be useful in reducing exposure to dusts. CBI said that product endorsement was for industry to consider, not HSE, and the Chair confirmed that HSE could advise on the type of equipment to use but was unable to recommend specific products.</p>
11.1.5	<p>TUC noted that HSE had already produced useful guidance on controlling dust and he was concerned that this would be replaced. However, there was little evidence that these control measures were being enforced. HSE advised that the project recognised that LEV was often not applied in the right way and not properly maintained. The guidance would include questions for the duty holder to ask the installer of the equipment. HSE was also tackling the issue of installers who had little information about the equipment they were installing and failed to maintain it properly. The first draft of the guidance would be completed by the end of March 2007 and the Chair suggested that this should be an item for the next ACTS meeting in May. HSE's new COPD website was highlighting HSE's activity on COPD and HSE would flag up that it was developing this guidance. An independent member was concerned that if WATCH proposed a review of the low toxicity dust exposure limit, there might be a potential conflict with the timing of the guidance. However, HSE advised that the guidance would provide general advice on controls rather than on controlling to a particular limit. More specific guidance would be covered in, for example, COSHH Essentials sheets and these would be referenced in the general guidance.</p> <p>Action: HSE to email ACTS as the guidance develops and to bring it back to ACTS</p>

	for discussion at the next meeting.
7	Oral items
7.1	[a] eCOSHH
7.1.1	Andie Michael, introducing this item, reported that the eCOSHH site had been re-hosted on the HSE website. There were delays at present in getting new sheets on to the system and in updating existing sheets and an eCOSHH management group had been set up to resolve these issues. Research by HSL had suggested ways of making the system more user-friendly.
7.1.2	TUC said that many COSHH Essentials sheets were being produced and were currently being put as standalone items on the HSE website. The eCOSHH system, on the other hand, directed users to all relevant sheets. HSE needed to resolve these problems quickly, as eCOSHH was an excellent product that was being adversely affected by these problems. TUC suggested that HSE should give consideration to translating some of the sheets into other languages. Action: HSE to continue to involve ACTS through the COSHH Essentials Working Group.
7.2	[b] Update from WATCH on the cancer project
7.2.1	Steve Fairhurst, as chair of WATCH, reflected to members the current WATCH perspective, which was that the cancer project had three elements: <ul style="list-style-type: none"> • Updating the estimated burden of occupational cancer today; • Asbestos; • Carcinogens other than asbestos. DRP had given a presentation on the third element at its meeting in June 2006 and WATCH had considered a different paper relating to this element at its meeting in November. WATCH had agreed with the DRP view that there was a need to prioritise and select substances and their related uses and that there were resource and time constraints for this exercise. However, WATCH concluded that it could not completely endorse the process and criteria for selecting substances, as they were not clear. It had been agreed that for the next meeting of WATCH HSE would produce a flow diagram and set out the criteria more clearly. There was a feeling from some members that whilst they felt engaged as individuals, WATCH, as a committee, was not fully engaged with the project and they wanted clarification of WATCH's role.
7.2.2	TUC commented WATCH should have a clear role in relation to ACTS and ACTS should take a view on behalf of HSC. The paper that went to WATCH had raised the issue of silica and the issue of dust. They questioned whether, in HSE's view, silica was a carcinogen as it was not listed as one in the paper but it was elsewhere. They also asked how the DRP was dealing with gender issues in relation to cancer and whether the project was concerned with cancer or carcinogens. In response, Steve Fairhurst said that the project was not looking for new populations to do further research on, but was seeking to prioritise substances and industries for future action. It would look at substances, at who was exposed and where there were inadequate controls, in order to prioritise for future interventions. It was anticipated that some substances would be given low priority because they were already well controlled and others were already the focus of action under other aspects of DRP, eg silica and long-term respiratory disease.
7.2.3	An independent member noted that WATCH should have seen the methodology for the prioritisation exercise at an earlier stage and been given time to comment. TUC referred to an article in Hazards Magazine on underestimating cancer statistics and asked how the cancer project would deal with certain groups of cancer that were not counted. HSE

	<p>advised that the project was not about tackling everything, but about prioritising substances for action. There were issues, including gender issues that the project was not focusing on specifically. TUC were concerned that gender related cancers were not being considered, as there was evidence of these in some exposed populations, for example, prostate cancer in the rubber industry. An independent member cautioned against separating exposed populations and occupations from carcinogens. The work by Doll and Peto was based on populations and occupations. In response, Steve Fairhurst said that there was ongoing work contained within the DRP cancer project to update the Doll and Peto analysis; the work seen by WATCH was prioritising carcinogens for action, taking into consideration the associated exposures and workforces.</p>
7.2.4	<p>There was discussion of the status of WATCH, its relationship to ACTS and the relationship between ACTS and the DRP. An independent member advised that individual members should abide by the consensus view of the scientific committee as a whole. Dissent was unhelpful and caused confusion for the public. TUC expressed the view that ACTS should have input to the strategic direction of all HSE's work on toxic substances, including the DRP cancer project, and should be part of DRP's delivery board.</p> <p>Action: HSE to consider the issues raised and report back to ACTS.</p>
7.3	[c] Nanotechnology
7.3.1	<p>Introducing paper WATCH/2006/10, Steve Fairhurst said that at its meeting in November 2006, WATCH had agreed that nanotechnology was a priority issue. However, as other departments were leading on nanotechnology, it was not a priority for HSE/WATCH. HSE added that they were part of a cross-governmental group on nanotechnology and there was an ongoing European project. Members agreed that HSE should keep a watching brief and continue to keep ACTS informed. CBI stressed the need for adequate communication between the health and safety and environmental sides.</p> <p>Action: HSE to recirculate its guidance on precautionary risk management of nanotechnology.</p>
8	Minutes of last meeting
8.1.1	<p>TUC advised that an important point they had raised in relation to the asbestos consultation had not been recorded in the minutes (ACTS/MINS1/2006). They agreed to email the details to the Secretary so that the minutes could be amended.</p> <p>Action: ACTS secretariat to amend the minutes of the 89th meeting.</p>
9	Matters arising
9.1.1	In response to a question from TUC, HSE advised that they were currently developing guidance for industry on the use of DSEAR/ATEX compliant vacuum cleaners in bakeries.
9.1.2	TUC commented that blood-lead suspension levels should be reviewed as part of any formal review of the Control of Lead at Work Regulations.
10	Summary and close
10.1.1	The Chair thanked members for their input to a productive meeting. The secretariat would shortly be canvassing members for availability for dates in May 2007 for the next meeting.
	The meeting closed at 3.00pm.