

WORKING GROUP ON ACTION TO CONTROL CHEMICALS

WATCH/MIN/2006/3

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WORKING GROUP ON ACTION TO CONTROL CHEMICALS

Minutes of the 8th meeting of the Working Group on Action to Control Chemicals held on 8th – 9th November 2006 at the Marriott Hotel, Liverpool.

Members Present

Steve Fairhurst (Chair)
Steve Bailey
Robin Chapman
David Farrar
Tony Fletcher
Alastair Hay
Rosemarie Hutchinson
Len Levy
Mark Nieuwenhuijsen
Steve Williams

Invited Additional Experts Present

Cheryl Haslam (item 5 only)
Robin Fielder (item 10 only)
George Kowalczyk (item 10 only)
Martie van Tongeren (item 10 only)
Helen Casstles (item 10 only)
Phillip Lewis (item 10 only)
Peter Ellwood (item 10 only)

Apologies

Steve Binks
Jonathan Ayers

Officials Present

Nicola Gregg (Secretariat)
Lola Akintoye (Secretariat)
Hayley Keating (Secretariat)
Sue Hambling (Secretariat)
Rebecca Heatley (Secretariat)
Rob Turner
Dil Sen
Mike Wright
John Unwin
Gareth Evans
Paul Evans (item 5 only)
Mark Piney (item 5 only)
Liz Standon (item 5 only)
John McAlinden (item 7 only)
Chris Keen (item 7 only)
Susy Brescia (item 9 only)
Douglas Gray

Day 1 8th November 2006	
1	Administrative issues
1.1	The Chairman welcomed everybody to 8 th meeting of the Committee.
1.2	WATCH secretary Dr Nicola Gregg went through some administrative issues relating to the running of the Committee: <ul style="list-style-type: none"> - Outstanding annual Declarations of Interest were requested by the end of the meeting. - She asked that, as usual, expense forms with receipts could be sent to the secretariat as soon as possible or at the latest within one month of the meeting.
1.3	The Chairman then explained that the conduct of the meeting would be different to a normal WATCH meeting, with the morning session following the standard format, but then the afternoon being the 'open' session with members of the public who had

	registered a wish to attend being present. The Chairman then listed these guests, their affiliation and the areas they had indicated an interest in. He then asked the Committee for views on how the afternoon session should be run in order to make it maximally effective.
1.4	WATCH Members indicated that they wanted the guests attending the meeting to be free to make contributions, with such input being organised in a way that would be most helpful. WATCH members felt that the guests should speak through the Chairman, as the WATCH Members do.
1.5	<p>The Chairman thanked WATCH for the positive reaction and proposed an approach for each item of the open session whereby a paper would be presented in the normal way, followed by the first responses from WATCH Members and then a short review of such contributions. Then he would bring in the guests to comment, before inviting further debate between WATCH members and finally endeavouring to offer to WATCH a form of words representing the committee conclusion.</p> <p>WATCH Members agreed with this approach; one asked for a restatement of the purpose of the 'Open Session'. The Chairman replied that WATCH as a government scientific advisory committee, is now required periodically to conduct its work with members of the public in attendance, as one facet of 'open government'.</p>
1.6	The Chairman went on to suggest that in view of the late slot caused by transport problems, the agenda for the morning session of the meeting on day 1 should change from that proposed (WATCH/Agenda/2006/3), with the content of Item 3 (REACH Competent Authority: current state of play) being incorporated into the REACH item in the afternoon session. WATCH Members agreed to adopt this change in the proposed agenda.
2	Minutes of 7th Meeting
2.1	Members had commented by correspondence on the draft minutes of the 7 th meeting and had signified earlier their agreement with the proposed final version presented here (WATCH/Min/2006/2). They reiterated their satisfaction with the finalised minutes.
2.2	<p>Matters arising/ Secretary's Report</p> <p>The Secretary summarised the actions that arose at the 7th meeting and asked if members had any comments on the progress of these actions as detailed in the Secretary's Report for the 8th meeting (WATCH/SecReport/2006/3).</p>
2.3	In relation to the revised lists of carcinogens in the Secretary's Report, one WATCH member asked why both the TD50 and T25 potency marker values for each substance had not been included in these lists? He stated that it would be useful if these values for each substance in the table could be compared and thought this should have been the purpose of including the table. The Chairman explained that the table had been amended since the last WATCH meeting to include all confirmed human carcinogens as high potency as agreed at the last meeting. He stated that HSE had not intended to create a table within which one could compare the relative potency of different 'high potency' carcinogens.
2.4	Another WATCH member enquired about the comment made in the table regarding sulphuric acid. He explained that sulphuric acid has not been classified for carcinogenicity in Annex I of the EU classification and labelling Directive, but the table states that it has. The Chairman confirmed that this was an error by HSE.
2.5	<p>Membership</p> <p>The Chairman informed members that the current WATCH membership cycle ends</p>

	<p>on 31st March 2007 and therefore the 9th meeting (in February) will be the last meeting of the current cycle. The Chairman explained that under the terms and conditions of members' appointments, the membership cycle is 3 years, with a renewability option up to a maximum of 10 years service in total. He asked each member to consider whether or not to request renewal of his/her membership and to make their position known to the secretariat by Christmas, allowing the secretariat enough time to take the necessary follow-up action so that a fully reconstituted WATCH committee will be in place in time for a first meeting of the new 3-year cycle in June 2007. The Chairman explained that following Dr Ted Smith's resignation from the Committee because of ill health, at least one new member would need to be recruited. The Chairman also asked for the views of members on the composition of the committee, and sought opinions on any specialist area requirements. For example, as Dr Smith was the only clinician on WATCH, he suggested advertising for a new member with a similar background. He asked that members forward their opinions to the secretariat as soon as possible.</p>
2.6	<p>In response to this, a WATCH member asked whether the role of WATCH would be changing in the next three years? Another WATCH member stated that the unique purpose and formal position of WATCH is not clearly defined at present; in his view it is not clear how WATCH feeds into the aims of ACTS and how it will fit into the delivery of REACH when this legislation is implemented. The member went on to say that he felt that WATCH needed a clearly defined core function.</p>
2.7	<p>The Chairman agreed that there is still some uncertainty on the positioning of WATCH and the impact of its recommendations, and that this uncertainty also stretched to the business of ACTS. The future role of WATCH probably cannot be completely defined until the issues regarding ACTS are resolved. The Chairman emphasised the point that WATCH agendas are currently developed almost exclusively by HSE.</p>
2.8	<p>With reference to the issue of the involvement of WATCH in REACH, the chairman explained that DEFRA has raised the possibility of the UK having a single – rather than fragmented – advisory committee structure to review scientific issues spanning human health and the environment. One possibility is that WATCH members could become part of such a committee, whose remit would be extended to involve environmental issues. However, no decisions have been made yet. Another possibility is that WATCH may become involved in the development and implementation of REACH, whilst retaining its current scope.</p>
2.9	<p>One WATCH member stated his view that one large 'REACH' advisory committee would not be effective and that the WATCH committee currently works well due to its heritage of concentrating on workplace health. The member went on to say that he would like the committee to extend its involvement in occupational hygiene issues such as exposure scenarios under REACH, but not to expand its remit to include other areas such as the environment. Another WATCH member wondered to what extent HSE felt that it needs WATCH as an advisory committee? The Chairman confirmed that HSE had to have, and heed, the scientific advice of WATCH and in this respect WATCH would continue to be essential to HSE's chemicals work.</p>
2.10	<p>The Chairman concluded by reiterating that the WATCH Secretariat would like to know as soon as possible whether or not each WATCH member would like to serve on WATCH for a further 3-year term (2007–2010). He added that there was probably little scope for greater clarification about the role of WATCH or its involvement in REACH before memberships need to be renewed and therefore members will need to take this uncertainty into account in reaching their decisions.</p>

2.11	<p>Date of next meetings</p> <p>The dates for the next three WATCH meetings are set for February 22nd 2007 at Rose Court, June 19th 2007 at a venue yet to be confirmed, and November 7th and 8th 2007, again at a venue to be confirmed.</p>
Open Session	
3	COSHH 2002 (as Amended)- Communicating the Changes
3.1	The Chairman introduced Dr Cheryl Haslam, who had been invited to the meeting for this item as an ad hoc expert committee member. He then asked Paul Evans (HSE) to introduce the item.
3.2	Paul Evans began by stating that the Control of Substances Hazardous to Health (Amendment) regulations 2004 introduced changes to the COSHH Regulations (2002). He explained that the changes, which came into effect on 6th April 2005, centred on the provision of a new framework for adequate control with the introduction of eight principles of good control practice and the newly introduced Workplace Exposure Limit. He added that these changes were driven by a number of problems associated with the existing occupational exposure limit (OEL) framework, including the lack of understanding of OELs amongst small and medium sized enterprises (SMEs) and the perception of Occupational Exposure Standards (OESs) as 'safe' limits by many employers. He then invited Mark Piney (HSE) to give a presentation outlining the key changes in the COSHH regulations.
3.3	Mark Piney highlighted the difficulties experienced by small firms in applying risk assessment to chemicals stating that small/micro businesses required simplified guidance on controlling risks. He pointed out the problem of understanding "control measures" as defined by COSHH (2002) using the example of controlling exposure to isocyanates in paint sprayers. He outlined the changes to COSHH Regulation 7 (concerning prevention/control of exposure) stipulating the adherence to "Principles of good (control) practice" as presented in Schedule 2A of the COSHH Approved Code of Practice (ACoP), (L5 page 88 onwards). He concluded by asking WATCH for its opinion on how the key messages from COSHH could be communicated in a simpler and effective way to small/medium-sized businesses?
3.4	The Chairman invited members to comment on how the key messages arising from the changes to COSHH could be effectively communicated, directing members to reflect on the specific action points as described in WATCH/2006/6.
3.5	A WATCH member commented that there is clear evidence for employers regarding safety data sheets (SDS) as well-recognised sources of information on risk control. This indicated to him that SDSs could be an important tool in getting messages across. However, he noted that EU requirements on what should be included on SDS might make it difficult to move away substantially from the conventional content of an SDS. HSE voiced a concern that SDS are often filed rather than being regularly read; this would be a factor against using SDS as the major vehicle for getting risk control messages across. The WATCH member replied that for most SMEs, the SDS is the first reference document to be consulted when things go wrong, suggesting that advice on adequate control should be included in SDSs.
3.6	Another WATCH member said the challenge is to make the message clear and uncomplicated. He added that there is a tendency to focus too much on perceived "high risk" activities which can result in other exposure situations with the potential to cause ill-health problems being missed. He expressed concerns over the potential phasing out by large companies of monitoring of exposure amongst workers by large companies, as there is no clear requirement for this in the new COSHH regulations.

3.7	Another WATCH member asked if SMEs have been consulted about the best means of communicating the COSHH changes? HSE replied that its policy on communicating the changes is still being finalised and as yet there had been no direct involvement of SMEs. The WATCH member thought that SMEs should be involved as early as possible in the process to ascertain the most effective communication approach.
3.8	A different WATCH member referred to the issue of non-compliance of dutyholders with guidance despite the best efforts of health and safety practitioners and wondered how the perception of health and safety initiatives and interventions being regarded as spoiling and obstructive could be overcome. He suggested that in any communication initiative there should be a concentration on making health and safety more appealing.
3.9	It was suggested that HSE should move away from its dependence on written text and do more with visual communication. A member stated that people react more to visual representation of risks, adding that the key messages should be focussed on changing work practices for the better.
3.10	A member commented that in order for changes in established working practices to be implemented successfully, understanding and addressing the beliefs and values of workers is important. The member added that tackling the issue must involve educating workers on why they need to change their behaviours. The member also said that subtle changes to the way information is presented and communicated could often make a big impact and suggested concentrating on raising awareness on the reasons for change verbally and using a combination of visual representations and written instructions, to indicate what changes were necessary.
3.11	The Chairman then invited the members of the public attending this open session to comment on this item.
3.12	An attendee emphasised the need to understand the target audience in developing any communication strategy. She added that the key message needs to be identified and the information simplified and targeted specifically towards the identified sector of the population. Another attendee suggested that HSE should conduct a nationwide campaign publicising the control aspect of COSHH; this might well yield greater benefits than focussing on substance-specific occupational exposure limits. A WATCH member supported the idea of such a nationwide campaign, commenting that the most important thing is for people to know they might be at risk, for example from inhalation of some chemicals, and the ways by which exposure could be limited.
3.13	The Chairman attempted to summarise the key issues that had been identified from the discussions thus far: the importance of understanding the beliefs, culture and receptiveness of the target sector and using SDS as a vehicle for communicating risk control. He asked whether WATCH members considered that SDSs were the best option for delivery of messages to users?
3.14	WATCH considered that SDS could be a good method of communicating good control practice provided that clearer and more robust information is provided than at present.
3.15	Mark Piney (HSE) reiterated the challenges of changing people's behaviour, pointing out the problems that risk perception presents to the effective communication of risk. He added that HSE aims to adapt tools used successfully in the past and develop a communication strategy based on previous experience.
3.16	A WATCH member suggested "enlightenment visits" to organisations, advocating generic approaches to control that will work broadly across a particular sector of

	industry. He asked which tools used previously by HSE had been most effective in securing appropriate behavioural change?
3.17	Mark Piney said that graphic representation, dramatisation and visual presentations of identified exposure situations posing particular risk and the benefits of proper control had worked well in the past. He highlighted HSE's intentions to produce leaflets, publish information about risk and control on HSE's and other stakeholders' websites and engage relevant representative stakeholder bodies in implementing identified risk control measures.
3.18	A WATCH member commented that in the past it had been considered that presenting information graphically might put people off, but it is now considered an effective way of communicating key messages. He suggested that both the risk associated with the potential exposure and practical advice on what to do to control the situation should be presented together.
3.19	Rob Turner (HSE Occupational Hygiene) stated that HSE would never have the resources to issue specific advice for all occupational exposure situations. He pointed out that the responsibility of employers to conduct a risk assessment and to control exposure to chemicals should be emphasised in any campaign.
3.20	A WATCH member then suggested that HSE might focus on training stakeholders to deliver messages on risk and control. Another person suggesting a two-phase approach: first raising awareness and then providing control answers. He added that HSE should consider producing a visual material (e.g. video /DVD) which are easily accessible to SMEs. A different member raised the issue that risk relating to consequences that are manifest some way off in the future are often perceived as being less of a concern than those relating to immediate consequences and wondered how to communicate to people that the risk is in present exposure.
3.21	One member suggested that HSE could learn from other bodies, citing as examples the military approach to communicating the risk posed by landmines and the food industry on avoiding food poisoning.
3.22	<p>The Chairman thanked members and attendees for their comments and summarised what had emerged from the discussion as key points in seeking to communicate the changes to the approach to securing control of occupational exposure to chemicals brought in by the COSHH (Amendment) Regulations 2004. The key points were:</p> <ul style="list-style-type: none"> • The need to remember that there are different audiences. SMEs might tend to share some common characteristics (although there are inaccuracies and dangers in over-generalising) and represent a large and important target audience requiring a particular approach to communication. However, there are other audiences who will expect and can accommodate communication on detailed specifics: large organisations with specialist resources; or professional occupational hygienists who might be engaged on gaining and maintaining control of specific, relatively high-risk situations. • In seeking to change working practices and attitudes for the better one should start by trying to understand the established behaviours and beliefs of those working with chemicals; communications should focus on the bases and triggers for those beliefs and behaviours and the modification of them. • In terms of potential means of communicating effectively: <ul style="list-style-type: none"> - graphic and verbal delivery of messages might be more effective than simply relying on written text - an accessible library of appropriate DVD/video material on chemical control

	<p>would be useful</p> <ul style="list-style-type: none"> - look to make communication interactive rather than simply instructive (for example, the way in which COSHH Essentials requires the user to work through to the control solution) - Health and Safety needs to be made more appealing; the "dullness" of H&S needs to be overcome. <ul style="list-style-type: none"> • One should experiment with different ways of communicating, rather than committing everything to one approach. And one should look to involve representatives of the target audience at an early stage, using a "focus group" approach. • Stakeholders and other intermediaries (e.g. trade associations, professional societies, unions) should be brought in to help cascade messages to particular target groups. • A simple nationwide campaign on the importance of controlling occupational exposure to chemicals, with a key message that sticks in the memory (of the type "coughs and sneezes spread diseases") should be contemplated, to establish an important reference point for more specific communications. • Safety Data Sheets probably represent an important potential communication medium; however, to be effective, the quality of SDSs needs to be improved, by bringing in communication expertise. • Messages about control need to focus on securing improvements in process and kit, as much as or more than focusing on the substance(s) involved. However, within the philosophy of control being proportionate to risk, one should not gloss over the need inherent in this approach to understand the risk posed by a substance and given situation.
4	HSE, WATCH and REACH
4.1	Steve Fairhurst (as HSE's REACH CA Project Manager) gave a presentation to WATCH on the project established to set up the UK Competent Authority for REACH. He began by informing the committee that on 10 October 2006 DEFRA announced that the UK Competent Authority (CA) for REACH would be housed within HSE in partnership with the Environment Agency (EA to provide technical input on the environmental issues). He gave a brief overview of the responsibilities of a national CA adding that the role only becomes operational when the REACH legislation comes into force, possibly in April 2007. He added that HSE has begun drawing up plans on fulfilling its CA responsibilities and had already set up an interim helpdesk answering enquiries on matters relating to REACH.
4.2	WATCH members sought clarification on how REACH will relate to COSHH and other chemical legislations. Steve Fairhurst responded that HSE is conscious that there are several important issues involved and has started to work out how REACH will impact on current workplace legislations.
5	The Disease Reduction Programme: Cancer Project- Nature and extent of use of chemical carcinogens in UK
5.1	The Chairman introduced the item by giving a brief reminder of the DRP Cancer Project and the involvement of WATCH to date. He explained that there are two strands to the Cancer Project – the first deals with the risk of occupational cancer caused by exposure to asbestos; the second deals with the risk of occupational cancer caused by other chemical carcinogens. He went on to explain that for the non-asbestos strand, carcinogen profiling was being carried out with the aim of

	<p>generating a list of chemical carcinogens of potential interest and then identifying from this list those substances that should be given priority for intervention activity. The Chairman explained that Phase 1 of this work had used existing information to compile a list (shown in Annex 1) of chemicals, for which further information was then gathered in Phase 2 of the work. He added that at the last WATCH meeting in June 2006, WATCH members had been presented with a summary of the work that had been carried out at that time – and now WATCH was seeing a further extension of this work. He then invited John McAlinden (HSE Occupational Hygiene) to give a presentation on the current status of the work carried out for Phase 2.</p>
5.2	<p>In his presentation, John McAlinden explained that the work had involved the gathering of detailed information on the use and exposure of a number of chemical carcinogens identified as substances of potential concern in Phase 1. WATCH received a slide presentation summarising the information that had been gathered for specific substances; more detailed summaries of the results from Phase 2, plus a discussion of the results, were included in Annex 2 of the paper.</p>
5.3	<p>WATCH members were then asked to comment on whether or not they:</p> <ul style="list-style-type: none"> • considered that the profiling exercise had achieved its aim of being wide ranging, yet targeted on gaining an understanding of those industries in which there may be the potential for significant exposure to carcinogens meriting particular concern; • considered that the significant risk areas in current UK workplaces had been successfully identified and profiled; • had any views on the observation that no significantly sized female populations have been identified.
5.4	<p>One WATCH member asked if the population exposure figures stated are those for currently exposed populations or the projected exposures for those who have been exposed in the past? John McAlinden confirmed that the exposure figures stated are for those currently. The study had investigated the current sizes of exposed populations, as this is an important factor in choosing priority areas where future interventions should be made. He stated that it is important to bear in mind that any current cancer burden reflects past exposures received by earlier populations. In response, a further WATCH member commented that it would be useful to try to make an analysis and comparison of the anticipated future cancer burden that might arise from current exposure and any current cancer burden that has arisen from past exposures. This would help to demonstrate how cancer rates and exposure levels have changed over time, which would help fit into the Fit 3 strategic programme (i.e. fit for work, fit for life, fit for tomorrow programme designed to deliver the Public Service Agreement targets on reducing work related ill health, injury and days lost) by giving quantifiable disease trend results.</p>
5.5	<p>WATCH members asked why information had not been presented on exposure to carcinogenic chemicals in the agricultural sector, as there have been indications of a relatively high cancer burden in this sector, and for the healthcare sector in which there is a large female population?</p>
5.6	<p>In response to these points, John McAlinden said that HSE's assessment of exposure to carcinogens in the agricultural sector had found that the only area where there was some concern was the potential for exposure to creosote in erecting timber fences. However, this was not considered to be a high priority area. In regards to the healthcare sector, he explained that this occupational group was receiving attention by HSE in relation to other aspects of Fit 3 and hence had not been brought within the remit of the Cancer Project, to avoid overloading that sector.</p>

5.7	Another member of the WATCH committee asked why there was no analysis of the welding industry, in which there is significant exposure to carcinogenic chemicals? John McAlinden confirmed that the control of exposure to chemicals in welding is an area of concern, but this was being taken forward in the respiratory disease project of the DRP.
5.8	Another WATCH member expressed his concern over the limited amount of information presented in the paper. He felt that for each industry, further information on the number of cancer cases and the actual risks posed to workers should be included in the paper. He also felt that an analysis of silica exposure and cancer risk should be included in the paper; it would be useful to compare this information to the analyses of the other substances. A further member of WATCH also commented on the limited list of carcinogens studied in the project. He was concerned that by restricting the profiling only to these chemicals, significant cancer risks arising in occupations where the causative agent is unknown may not be identified.
5.9	A different member stated that he had a number of concerns about the study. Firstly, he commented on the lack of information that had been generated on a number of chemicals, including those chemicals of more concern. He also stated that there appears to be a lack of transparency on the method that has been used to prioritise the substances. He suggested prioritising substances according to fixed, clearly stated criteria so that it is clear why certain substances have been identified as a higher priority than others; if necessary, separate rounds of prioritisation, each one using defined criteria, might be undertaken. The member also expressed his concern about the need to think about the use of terms such as 'of low concern' - in order to avoid misinterpretation; it might be better to use alternative, more specific categorisation descriptions.
5.10	One member commented that some of the wording of the documentation could be improved. For example, the statement made in the section on wood dust regarding the Workplace Exposure Limit (WEL) not being a 'safe limit', was true for the WEL values for all chemicals with genotoxic carcinogenicity potential. Also, there was a statement made that 'HSE has strong links with the rubber industry'. He suggested that this be amended to more appropriate wording such as 'HSE has well-established mechanisms of interaction with the rubber industry'.
5.11	The issue of clarity and contradiction in some parts of the paper was also raised.
5.12	With regards to the issue about the apparent absence of significant sizes of female populations currently exposed to carcinogens (against the backdrop of increasing occurrence of breast cancer in the UK), one WATCH member suggested approaching other organisations who may be carrying out research in this area and seeing if they have any information which may be of use for the profiling study.
5.13	The Chairman then invited the members of the public attending this open session to comment on this subject.
5.14	One attendee commented that he felt the project would be very useful, especially in areas such as refractory ceramic fibres where it is important to characterise current exposure and cancer risk. He stated that this industry would appreciate further co-operation with relevant regulatory authorities in order to identify whether or not further intervention action should be taken.
5.15	The Chairman thanked members and attendees for their comments. He went on to reiterate that in Phase 1 of the work, profiles had been developed on over 100 carcinogens. As resources are not available to contemplate intervention activity for all these substances, HSE had to develop a method to identify priority substances, and this was the objective driving the work in phase 2. The Chairman asked

	WATCH members if they agreed with the prioritisation approach taken by HSE?
5.16	<p>A number of WATCH members made the general comment that they are satisfied that progress has been made on the project since the last WATCH meeting, but feel there is a lot more work to be done to address the points made earlier. One member commented that HSE needs to investigate professions where there may be excess risks of cancer, such as painters/decorators, chimney sweeps and health care workers.</p> <p>Another member raised a specific concern about the apparent priority given to sulphuric acid mist. He commented that HSE does not have a public position that sulphuric acid mist currently presents a carcinogenicity risk; and industry does not currently classify sulphuric acid as a carcinogen. Any intervention plan based on the presumption that current exposures to sulphuric acid mist present a carcinogenic risk would probably come as a surprise to both manufacturers and users.</p>
5.17	<p>Taking all these comments into account, the Chairman then asked members if they felt the following conclusion was representative of the views of WATCH:</p> <p>‘WATCH supported the need for a prioritisation exercise and understood the general approach taken. Also, WATCH appreciated the constraints, with respect to resource and timeframes, within which the work is to be completed. However, WATCH considered that the presentation of the work done thus far was not sufficiently transparent; and that further work is necessary to ensure that the initiative is sufficiently comprehensive to meet the stated objective.’</p> <p>The position stated above was agreed unanimously as the current WATCH position on the carcinogen profiling exercise. The Chairman closed the item and stated he would propose an internal HSE meeting to discuss the points raised and the further work that is required.</p>
6	COPD prioritisation: update on impact WATCH
6.1	The Chairman referred members to the paper on “Development of workplace COPD strategy and position on health surveillance” (ACTS/25/2006), pointing out that the views of WATCH have been influential in developing the strategy. He added that members were welcome to comment further (to the WATCH secretariat) on this paper.
	Day 2 9th November 2006
7	REACH
7.1	<p>Overview of REACH</p> <p>The Chairman indicated that the overview was intended to give all WATCH members a general perspective on REACH, so that they could consider its implications for the future when considering “New & Emerging Issues” later in the meeting. The Chairman then gave an overview of REACH. The presentation covered:</p> <ul style="list-style-type: none"> - the aims of REACH - the roles of the key participants (manufacturer/importer, recipient/user, European Chemicals Agency (ECA) and the Member State Competent Authority - the processes of Registration, Evaluation and Authorisation with illustrative flow-charts for “REACH and the Supplier” and “REACH and the User” - the possible interactions between COSHH and REACH. <p>He emphasised a number of points:</p>

	<ul style="list-style-type: none"> • much of the regulatory emphasis of REACH was likely to be on EU Member States (MSs) looking to impose restrictions on chemical substances • the balance of responsibilities and decision-making between the EU and MSs would be different under REACH (compared to current new and existing substances legislation) with more emphasis on MSs helping an ECA-centred system. Industry would interact directly with the ECA to register a substance; the ECA would establish priority lists and make authorisation decisions, with MSs helping with substance evaluations. • REACH is expected to come into force as an EU Regulation in April 2007, and after a year of setting up systems, registrations should occur over the next 11 years in a pre-scheduled manner, with high concern and high tonnage chemicals to be registered first • issues are being raised by those involved in regulation in an occupational context about potential conflict between REACH and other legislation e.g. COSHH & OELs v REACH DNELs/DMELs; DNELs/DMELs were to be addressed in the next presentation
7.2	<p>A general discussion on REACH followed, in which WATCH members raised a number of key points.</p> <p>Multiple DMEL or DNEL values</p> <p>It was noted that an individual manufacturer proposes DMELs and DNELs, so without collaboration between different manufacturers of the same substance, then different DMEL/DNEL values for the same substance and exposed population could be communicated both to the ECA and downstream to the users. In addition, if a supplier did not want to support an end-use (e.g. due to lack of confidence in the use, or user-confidentiality issues) the user could generate his/her own DMEL/DNEL values. In any potential conflict situation it was unclear which DMEL/DNEL would take priority; there will be liability issues if ill health occurs under circumstances of compliance with one and not all of the different DMELs or DNELs suggested for a substance.</p>
7.3	<p>In response to questions about regulatory scrutiny, HSE indicated that it is envisaged that the ECA would check the completeness of a proportion of the registrations, but not the validity of DMEL/DNEL values, and that there was no mechanism yet in place for resolving conflict between different DMEL/DNEL values for the same substance and exposed population. It is possible that where conflicting DMELs/DNELs exist the substance would be prioritised for further assessment by the ECA to allow resolution of this matter; however it is not part of a MS Competent Authority (CA) remit to resolve such matters.</p>
7.4	<p>A member mentioned that he did not consider apparently conflicting DMELs/ DNELs always to be a great problem - for uses where there was little exposure manufacturers could readily set a low DMEL/DNEL without cause for concern about achievability of such tight control, but for more major uses in which there might be higher exposure, the manufacturer might recommend a higher DMEL/DNEL value based on careful, detailed consideration of the properties of the substance.</p>
7.5	<p>Workplace enforcement</p> <p>A member suggested that there would be a problem for HSE inspector enforcement if at a workplace of a chemical user the inspector considered control measures to be inadequate, but the company was following a manufacturer's REACH assessment and risk management advice. HSE acknowledged that there are several such issues</p>

	that have not yet been resolved.
7.6	<p>Overall enforcement of REACH</p> <p>A WATCH member asked what was the enforcement role of a MS CA in REACH? HSE responded that the CA would be required to follow up situations where it appeared that a substance was not appropriately registered but, for example, could not enforce in regards to the quality/correctness of information submitted by industry to the ECA. It was mentioned that there seemed to be no legal recourse if the ECA accepted a registration as complete, but when the substance was evaluated the data set turned out to be inadequate. Another WATCH member noted that there was a possibility that if a manufacturer gets an independent analysis of their submission, the submission would get a “flag” and be less likely to be picked for evaluation.</p>
7.7	<p>A member asked about whether HSE thought there would be much whistle-blowing under REACH, in relation to failure to register? HSE indicated that under current NONS regulations there have been some such cases in respect of notification requirements, but not many. More might be expected under REACH, spread over the 11 years of registration. Moderate resource was being built into the design of the UK REACH CA to allow for this.</p>
7.8	<p>Data to support REACH Registration</p> <p>It was noted that much of the company data submitted under the OECD High Production Volume (HPV) chemicals programme would be relevant to REACH registration, although it would need to be resubmitted in a different format, with DNELs included; this was more like a “re-registration” process than registration from scratch. One member speculated that “REACH 2” would be in place before the end of the REACH registration process in 2018.</p>
7.9	<p>REACH impact on other legislation</p> <p>WATCH members appreciated the clarification on how REACH and COSHH might interact, but noted that problems would be encountered if a DMEL/DNEL value differed from an occupational exposure limit for the same substance. One member raised a concern about the position of the Chemicals Agents Directive, and how IOELVs would fit /mismatch with DMELs/DNELs.</p>
7.10	<p>Influencing EU on REACH issues</p> <p>The Chairman explained that in the UK, DEFRA was leading the EU negotiations on REACH. HSE is able to indicate to DEFRA any issues of concern, but he noted that there are a lot of REACH issues and the question of resolving the position surrounding potential conflict with DMELs/DNELs was not a high priority at present. A member noted that, whilst DG Environment originally sponsored ESR, DG Enterprise has become more involved as issues begin to impact in industry; hence different bodies might be the appropriate contact for anyone seeking to influence REACH, depending on the particular issue.</p>
7.11	<p>Role of WATCH</p> <p>A WATCH member indicated that it was necessary for the role of the UK REACH CA to be defined, before the role of WATCH in REACH could be discussed and clarified. He stressed that WATCH should either have a clear role, or have no role at all, but that it should not become just a debating forum.</p>
7.12	<p>An example of On-going Issues under REACH – DMELs and DNELs</p> <p>Dr Susy Brescia (HSE) gave a presentation on risk assessment in the context of REACH, focusing on the Derived No Effect Level (DNEL) for threshold effects, and then introducing the concept of the Derived Minimal Effects Level (DMEL) for non-</p>

	threshold effects, and how it might be derived for genotoxic carcinogens and somatic cell mutagens without cancer data.
7.13	<p>A number of points related to DNELs were emphasised:</p> <ol style="list-style-type: none"> i. The idea of deriving and stipulating a DNEL is new to industrial chemicals legislation but is not new to other regulatory communities e.g. those setting food contamination standards. ii. DNEL will be required for chemicals being marketed in quantities greater than 10 TPA under REACH; it will be used for risk characterisation and included in the envisaged “extended SDS” (Safety Data Sheet). iii. Assessment factors for going from NOAELs to DNELs are usually varied according to the type of data available (species, length of study etc), but for many chemicals marketed at only 10 tpa the available data might be only acute toxicity and/or initial screening data, so default assessment factors are likely to be required regularly. iv. Within current REACH draft guidance, a DNEL is considered to be a ‘benchmark to define adequate control/acceptable exposure’.
7.14	<p>Susy Brescia emphasised that the DMEL was the topic that the HSE wished to discuss, as there was currently a good opportunity to influence EU guidance being developed on this matter. The HSE had put a proposal to the EU Working Group under RIP 3-2, based on 4 options for establishing exposure standards for genotoxic carcinogens, these options and the circumstances of their proposed use being:</p> <ul style="list-style-type: none"> • robust evidence of a threshold for genotoxicity, allowing a DNEL to be calculated • robust human exposure-response data, allowing quantitative risk assessment without extensive extrapolation outside the range of observed data points to obtain a DMEL • limited human exposure-response data, allowing an assessment factor (AF) to be applied to a reliable point on the dose-response curve to generate a DMEL • animal bioassay data and the use of a large AF to a toxicological reference point to determine a DMEL (HSE does not support the linear extrapolation approach from a T25 to a calculated “acceptable” lifetime excess risk) <p>For somatic cell mutagens without cancer data, approaches based on “threshold of toxicological concern” (TTC) and “maximum tolerated dose” (MTD) from a 90-day toxicity study were suggested as possible, but not ideal, solutions. It was mentioned that the identification of somatic cell mutagens without animal carcinogenicity data was likely to be quite common under REACH as in strategic toxicity testing <i>in vivo</i> mutagenicity data are acquired relatively early and if test data showed genotoxicity a carcinogen bioassay would not usually be done (the substance would be controlled as if it were carcinogenic).</p>
7.15	<p>General Discussion on DMELs</p> <p>The discussion initially focussed around the 4-option approach for genotoxic carcinogens. A member raised concerns about option (2) “robust human exposure-response data allowing quantitative risk assessment without extensive extrapolation outside the range of data points to obtain a DMEL”. He argued that this scenario would hardly ever present a feasible and acceptable position, in that where the occurrence of cancer in a group under investigation stands out positively above the background/control rate, the individual risk involved must be quite high. Deriving a</p>

	DMEL from such data, with only modest extrapolation, would produce a DMEL for which the individual risk was unacceptably high.
7.16	HSE indicated that this option might be applicable to the available data on asbestos, or to the analysis of the dose-response for polycyclic aromatic hydrocarbon (PAH)-induced cancer seen by WATCH several years ago. Nevertheless, this was a good point in general.
7.17	How far a dose-response trend can be extrapolated beyond observed data points was debated. HSE did not consider extrapolation over 4 or 5 orders of magnitude to be valid and indicated that option (2) was not intended to assume an extrapolation from a range of observed, relatively high individual risk (10^{-2} or 10^{-3}) to a much lower level e.g. 10^{-6} . One member mentioned that limited extrapolation had been used by the DG EMP SCOEL committee for the assessment of the risk of cancer from hexavalent chromium, but indicated that this approach was not necessarily based on the most plausible biological reasoning. HSE agreed that option (2), as stated, was inappropriate because a reasonable extrapolation would only generate in most cases a level of exposure at which the individual risk was substantially higher than “minimal”. It was noted that no specific level of individual risk has been specified for the DMEL value within current REACH documentation.
7.18	One member proposed a revision to option (2) such that a DMEL should be derived based on an observed 10 % lifetime risk or excess risk for specific cancer (such a data point might be called a Reference Risk Exposure Level) with application of an assessment factor of fixed magnitude; this would produce a consistency of approach for different substances.
7.19	A WATCH member stated that he liked the 4 option ‘pick-and-mix’ approach, but thought that other MSs might consider a long-range extrapolation to a level of exposure deemed to be associated with a 10^{-6} risk as the easiest option, and seek to apply it in most or all circumstances. The UK position – <i>“the use of a quantitative risk assessment over a limited extrapolation range and application of large assessment factors”</i> should be clearly described, avoiding claiming that the assessment factor element is any more sound numerically, than a long-range extrapolation. HSE acknowledged that its position is not any more scientific than the linear extrapolation approach. To illustrate this, it was emphasised that ultimately the value of the large assessment factor for use in this situation should be set/harmonised by regulatory policy rather than based on scientific evidence. However, HSE did consider the approach to be more transparent, as the use of assessment factors puts emphasis on the uncertainties involved and does not arrive at a specific level of risk fraught with uncertainties, whereas in extensive extrapolation the uncertainties are hidden within the calculations.
7.20	WATCH members also raised additional points: a) The use of ‘negative’ human data In the approaches advocated, provision should be made for where robust animal data indicate a substance is carcinogenic towards an experimental animal species, but human data show no evidence of the emergence of cancer in exposed humans. It is unclear how the “negative” human data should be used. HSE agreed that allowance for the appropriate use of “negative” human data should be included in the approaches available for the determination of a DMEL. b) The use of mechanistic information WATCH members requested that within the proposed approaches it should be stated that mechanistic information should be taken into consideration in any DMEL calculation. HSE agreed to this.

	<p>c) Multiple DMELs</p> <p>It was noted that for any individual genotoxic carcinogen under REACH, multiple DMELs might be generated for specific populations and for different exposure routes.</p> <p>d) Usefulness of DMELs</p> <p>A WATCH member suggested that DMEL values generated for genotoxic carcinogens using either the dose-response extrapolation or assessment factor approaches were likely to be so low that compliance with them was not achievable, nor measurable; would this result in a substance being banned? HSE pointed out that a DMEL was intended to be a level to aim for, and not necessarily to comply with (a different position than for DNELs, which should not be exceeded). A member of WATCH indicated that, as all Cat 1 & 2 genotoxic carcinogens will be subject to authorisation under REACH, DMELs and knowledge of the ability to comply with them might help guide the authorisation process. Authorities might decide to use a comparison of DMEL and exposure to decide whether the use of a substance was acceptable and/or whether to take action against it.</p> <p>e) DNEL/DMEL guidance: development process</p> <p>It was mentioned that there was also an ECETOC committee looking at DNELs/DMELs and providing suggestions to the EC. One member noted that within the EU working group dealing with this issue there seemed to be a great rush to try to agree a final outcome. He commended Susy Brescia's contribution to this topic and felt that, given the more general uncertainty surrounding REACH and how it will work in practice, there was merit in not boxing ourselves into too firm a position at this stage. Another member observed that here, WATCH was dealing as much with how to present the approach to ensure compromise/political agreement as with the scientific issues involved. In practice, any approach may be revised after initial experiences with it.</p> <p>f) ALARA and ALARP</p> <p>These approaches to risk control had been mentioned in the cover paper for this item, and one member asked whether WATCH supported them, in the context of REACH, for controlling genotoxic carcinogens? HSE indicated that it did not want to recommend for endorsement these approaches, as the philosophy was not liked in the EU.</p> <p>g) DMEL/OEL comparisons</p> <p>One WATCH member expressed concern over the magnitude of the assessment factor advocated in the paper for deriving DMELs for genotoxic carcinogens. He asked if the HSE could carry out an analysis of genotoxic carcinogens for which there are WELs to determine the DMELs that would be derived using the approach recommended in the paper and then comparing the DMELs to the WELs. HSE noted that such an analysis would be revealing, but could not commit definitely on if and when it might be done.</p> <p>h) Somatic cell mutagens with no carcinogenicity data</p> <p>HSE returned to its proposed approaches for determination of DMELs for somatic mutagens with no cancer data, neither of which was satisfying to HSE, and asked if WATCH members had any comments or alternative recommendations? WATCH members could not identify any better proposal.</p>
7.21	The chairman thanked WATCH for their contributions and confirmed with members the outcome of discussions on this item as follows:

	<p>WATCH agreed with the proposed 4-option approach for deriving DMELs for genotoxic carcinogens, subject to the following amendments:</p> <ul style="list-style-type: none"> • modification of option (2) to suggest the use of “reference risk exposure level” to which a large assessment factor should be applied. • inclusion of a statement about how “negative” human data might be used. • inclusion of a statement advocating the use of mechanistic information. <p>With these revisions included, WATCH concluded that currently this approach is the most appropriate position to take into future EU discussions.</p>
7.22	<p>WATCH had no approach to suggest for deriving DMELs for somatic cell mutagens with no carcinogenicity data beyond those indicated as unsatisfactory by HSE. However, for both this case and for genotoxic carcinogens, WATCH recommended that because of more general uncertainties surrounding REACH it was unnecessary to fix a definitive position at this stage.</p>
8	New and Emerging Issues
8.1	<p>The Chairman began by introducing the additional ad-hoc members enlisted from the Community of Practice and Interest (COPI) for “Health Effects of Chemicals” for this session. He began the item by reminding members that in 2005, WATCH identified 12 topics as potential “new and emerging” issues (WATCH/2005/19 Annex 1) in fulfilment of the Code of Practice for Scientific Advisory Committees (COPSAC) to identify, on a regular basis, new and emerging issues in its particular areas of responsibility and decide whether or not, in its opinion, they may require further work/research activities. He added that at the 5th meeting in October 2005, three topics were considered high priority requiring scientific advice or research:</p> <ul style="list-style-type: none"> - Future impact on hazard classification and risk management (OELs, risk assessment, COSHH Essentials) of chemicals resulting from the implementation in the EU of the envisaged new legislation on chemicals known by the acronym REACH and the Globally Harmonised System of classification and labelling of chemicals, known as GHS. - Developing a strategy for evaluating the effectiveness of Workplace Exposure Limits (WELs) and the effectiveness of risk management achieved using generic control approaches i.e. COSHH Essentials. - Development of improvements in and/or guidelines for exposure data assessment. <p>He went on to state that WATCH had continued discussing how to progress these high priority issues at its 6th and 7th meetings. He said that beyond these three high priorities, a further 16 potential topics described in WATCH/2006/9 Annex 1 (including some identified last year) are proposed for consideration by “expanded” WATCH. The proposed topics were to be ranked in terms of high, medium or low priority with respect to relative importance as a ‘new and emerging issue’. He added that WATCH is also required to consider the progress on last year’s highest priority issues.</p>
8.2	<p>Update on last year’s prioritised topics</p> <p>Evaluating the effectiveness of WELs and COSHH Essentials</p> <p>The Chairman invited Steve Williams (WATCH member) to update the committee on the development of a strategy for evaluating the effectiveness of WELs and risk management achieved using COSHH Essentials.</p>

8.3	Steve Williams began by stating that as agreed at the 7 th meeting, a request for tender brief for the WELs project has been drafted and circulated to WATCH members for their approval. He then gave the background to the topic, making references to previous presentations by Len Levy (WATCH member) and himself at the 6 th and 7 th meeting, respectively. The WATCH members working on the issue had been developing the research proposal and design. In the meantime, however, the sub-group would like WATCH to consider whether REACH implementation from 2008 makes the WELs project less relevant and to decide if there is an urgent need to ask about WELs and control based management. He concluded by asking the committee to consider whether more knowledge of the likely impact of REACH is required before finalising the design of the WELs project?
8.4	The Chairman asked WATCH members to consider the questions raised and provide opinions on how the work should be taken forward.
8.5	A WATCH member enquired about the future viability of the COSHH regulations, given that under REACH suppliers of chemicals will be required to conduct risk assessments for downstream users as part of the registration process.
8.6	Steve Fairhurst replied that in the opinion of many workplace-oriented people, the COSHH regulations would remain important. For example, REACH requires chemicals to be registered only if supplied at 1 tonnes per annum or above. Thus for chemicals below this level, the responsibility remains on the downstream users to conduct risk assessments and identify appropriate control measures as laid down in COSHH Essentials guidance. REACH also does not cover process-generated dusts and fumes.
8.7	<p>A number of WATCH members acknowledged that the need for and impact of WELs might be lessened by REACH requirement for suppliers to establish exposure scenarios, and communicate associated appropriate control measures to users. However, WATCH felt there is a continued need to evaluate the effectiveness of WELs and risk management achieved using generic control approaches i.e. COSHH Essentials. It was agreed that the work should be delayed until the impact of REACH implementation on current approaches used to manage risks from chemicals in the workplace becomes clearer.</p> <p>WATCH/COPI concluded that developing a strategy for evaluating the effectiveness of Workplace Exposure Limits (WELs) and the effectiveness of risk management achieved using generic control approaches i.e. COSHH Essentials should remain a high priority. However, members agreed that the project should be delayed until the impact of REACH implementation on the user-orientated COSHH/WELs framework is fully understood.</p>
8.8	<p>Impact of REACH and GHS on classification and risk management</p> <p>The Chairman noted the previous presentations and discussion about REACH. WATCH members felt that the issue of REACH and GHS as it impacts on classification and risk management remain a high priority matter.</p> <p>Based on earlier discussions, it was immediately agreed that the unique role of WATCH in the implementation of REACH needed to be identified and documented. HSE would continue to update WATCH on relevant developments in this context.</p>
8.9	<p>Improvements in exposure data assessment</p> <p>The Chairman referred WATCH to the paper presented at its meeting in June 2006 (WATCH/2006/4 Annex 2) and the relevant extract of the minutes (WATCH/2006/11 Annex 3) and reiterated that having designated this issue as a high priority matter,</p>

	<p>the onus is on WATCH to clearly identify future pathways to follow in advancing the topic. In the work done thus far, he felt that HSE had not really connected with the initial thinking of WATCH in 2005. He asked 'expanded' WATCH to consider whether this topic should still be regarded as high priority; and if so, how can progress best be made?</p>
8.10	<p>Members reflected on the difficulties of defining specific actions to improve exposure data collection and assessment of available epidemiological data.</p> <p>It was agreed that the issue be merged with topic 11 as described in WATCH/2006/9 Annex 1 and the theme considered and ranked appropriately, as low, medium or high priority, alongside all other topics on the working list that were now to be analysed.</p>
8.11	<p>Working list</p> <p>The Chairman referred members to the paper (WATCH/2006/9 Annex1) summarising proposed potential new and emerging issues. A proponent of each of the 10 new topics was available to expand on the thinking, if necessary. Members sought clarification and greater details on two of the topics: intelligence gathering and recycling.</p>
8.12	<p>Intelligence gathering</p> <p>A member proposed that this topic should be related to the future need under REACH for chemical suppliers to recommend DNELs/DMELs and should be discussed within this context. He expressed concerns about the lack of good quality measured exposure data for many substances and the probable heavy reliance on data generated from exposure models. He questioned the adequacy of available models. He suggested that WATCH should regard exposure data gathering and the interpretation and analysis of existing exposure value databases, as important topics for further attention.</p>
8.13	<p>Rob Turner (HSE occupational hygiene) responded that where available, HSE combined measured exposure data with modelling to generate the best estimate of current occupational exposure. He pointed out the difficulties encountered with sparse availability of good quality exposure data and raised the question about the need for a scheme to maximise exposure data collection and create a common database among EU-member states. Another WATCH member contributed to this, saying that some member states (i.e. France and Germany) have vast databases from long-time collection of exposure data, which could prove useful if such scheme is initiated. He added, however, that the quality of some of the data might not be of the required standards.</p>
8.14	<p>A different WATCH member stressed the benefits of using exposure models in combination with measured data. In this regard, he felt that in addition to emphasising data collection, more effort should be put into the validation and improvement of existing models as useful tools for the future.</p>
8.15	<p>Thereafter, Rob Turner posed a question on the usefulness of collecting exposure data without matching it to health outcome and wondered about the necessity of securing agreement among EU states to incorporate health outcome with exposure data collection?</p>
8.16	<p>To this question, a WATCH member enquired about the implications of linking personal exposure information with health outcome, pointing out the ethical consideration involved in holding such personal information. Responding, Rob Turner stated that a database could be designed to maintain anonymity and a number of WATCH/COPI members also offered suggestions on how such</p>

	databases could be devised to avoid the potential ethical issues.
8.17	<p>The Chairman then suggested that as exposure intelligence was already identified as a high priority topic, HSE should produce a concise paper proposing how the topic might best be further advanced for consideration at the next WATCH meeting. WATCH /COPI agreed.</p> <p>[Action : HSE to produce a concise paper proposing how this topic might best be further advanced for consideration at the next WATCH meeting in February 2007.]</p>
8.18	<p>Recycling</p> <p>A number of WATCH/COPI members asked questions of HSE about the foreseeable growth in recycling, considering the level of public awareness and concerns expressed about incinerators. One member further added that waste disposal generally, and the risk associated with the various methods raises a range of issues. He asked whether HSE had reviewed published work in this field?</p>
8.19	<p>Responding, HSE said that it had done some analysis of the issue of recycling, although this had been limited by resource constraints. Peter Elwood, of HSE's Horizon Scanning Unit, referred to an assessment it had made on likely future trends in this field. A member asked whether HSE could produce a paper reviewing developments in the field for WATCH to consider at the next meeting. Robin Fielder added that there are lots of document on waste management and disposal published by DEFRA on its website.</p>
8.20	<p>Nanotechnology</p> <p>Introducing the item, the Chairman explained that since WATCH considered the occupational health aspects of nanotechnologies at the January 2005 meeting, HSE specialists have continued to monitor research findings on potential human health hazards and the potential for exposure to nanoparticles, in an occupational context. As a result, HSE has produced a paper briefly reviewing further developments on nanotechnologies (WATCH/2006/10 Annex 3). He asked the "expanded WATCH" to consider this paper with a view to incorporating and ranking appropriately, "nanotechnology" alongside other "new and emerging issues".</p>
8.21	<p>A WATCH member sought clarification on why nanotechnology was not considered during the new and emerging issues session in October 2005. In response, another member stated that at the time, WATCH was informed that other government committees are already working on the issue; therefore further consideration by WATCH was deemed unnecessary.</p>
8.22	<p>Steve Fairhurst (the chair) added that HSE has representation on Government interdepartmental groups working on issues related to nanotechnology. He stated that HSE has contributed to the government's response to the Royal Society/Royal Academy of Engineering report "Nanoscience and nanotechnologies: opportunities and uncertainties. He requested members to decide if it is appropriate to contemplate doing further work on "nanotechnology", in view of the other Government activities in this field?</p>
8.23	<p>A WATCH member enquired about the REACH registration requirements for nano-sized particle of chemicals already in existence. Steve Fairhurst responded on behalf of HSE that a position on this issue has been worked out under the Notification of New Substances (NONS) Regulations, but added that the position under REACH is not completely clear. Subsequently, the secretariat informed members as to the current position that there was still no agreement within the EU as to whether separate registrations will have to be made for both 'normal' and nano</p>

	<p>substances. However, it is likely that some companies will produce a substance only in the 'normal' particle size range while others may produce only nano-sized particles. Therefore as, registration is company specific, it follows that registrations will be made to the agency for both normal and nano-sized particle of the same substance.</p>
8.24	<p>Thereafter, the discussion progressed to considerations surrounding the potential risk posed by nanoparticles to human health in an occupational context. Several WATCH members noted that lots of research relating to nanotechnology continues to be undertaken and published. A member pointed out that comprehensive papers are available specifically addressing testing strategies for identifying toxicological hazards of nanoparticles. Another WATCH member then asked whether there is a record of where this information can be found.</p>
8.25	<p>Following on, a member commented that the paper presented focussed on HSE's position/activities only. He informed the meeting that the UK governmental Nanotechnology Research Coordination Group (NRCG) which is led by DEFRA, is co-ordinating cross-government work relating to nanotechnologies. He added that an action plan for priority research relating to health and environmental effects of nanoparticles was published recently in October 2006. The document titled 'Characterising the potential risks posed by engineered nanoparticles; UK Government Research- a progress report' produced under the auspices of NRCG can be accessed via its website at:</p> <p>www.defra.gov.uk/ENVIRONMENT/nanotech/research/reports/index.htm</p> <p>Earlier documents, which may be of interest, are also available at this link.</p>
8.26	<p>He went on to say that the NRCG reports to the Nanotechnology Issues Dialogue Group (NIDG). This Group, chaired by the Office of Science and Innovation (OSI), aims to enable the responsible development of nanotechnologies and to co-ordinate the activities described in the Government's response on nanotechnologies across departments, agencies and research councils. Minutes of NIDG meetings and other relevant documents are available on its website:</p> <p>www.dti.gov.uk/science/science-in-govt/st_policy_issues/nanotechnology/nano_issues/page20563.html</p>
8.27	<p>The Chairman thanked members for their contributions. He then directed members to the specific action point: to consider and rank in terms of priority, "nanotechnology" as a new and emerging issue, alongside other topics identified for discussion.</p>
8.28	<p>Thereafter, WATCH members were directed by the Chairman to rank the issues described in WATCH/2006/9 Annex1 in terms of high, medium or low priority with respect to being considered 'a new and emerging issue' that merits further action.</p>
8.29	<p>Prioritisation of issues</p> <p>WATCH members felt that the topics should be grouped into fifteen themes, and voted to prioritise based on this new grouping.</p> <p>WATCH/COPI agreed that "nanotechnology" should be considered a high priority, but felt that there is no need to propose specific HSE/WATCH actions, as another group is co-ordinating Government's activities in this field. However, HSE would produce brief papers/overviews of further developments for consideration at future WATCH meetings.</p> <p>The other five highest priority issues were considered to be:</p>

	<ul style="list-style-type: none"> i) Appropriate exposure controls for “Nuisance dusts” (topic 14 as described in WATCH/2006/9 Annex 1). ii) Occupational exposure intelligence gathering and data quality (includes topics 11 and 12 as described in WATCH/2006/9 Annex 1). iii) Recycling (topic 4 as described in WATCH/2006/9 Annex 1). iv) Risks from low-level exposure to asbestos (includes topics 17 and 19 as described in WATCH/2006/9 Annex 1). v) Occupational exposure standards, limits or guidance for respiratory exposure to metalworking fluids (topic 21 as described in WATCH/2006/9 Annex 1).
8.30	<p>In accordance with the agreed procedure for this item, for those topics deemed to be of the highest priority the Chairman then asked WATCH members to recommend:</p> <ul style="list-style-type: none"> i) What action needs to be taken? ii) How might that action be carried out? iii) Which individuals/organisation is appropriate for taking this action forward? iv) What is an appropriate timeframe for this action to be instigated and completed?
8.31	<p>“Nuisance dusts”</p> <p>This topic received the greatest number of votes as a high priority.</p>
8.32	<p>Steve Fairhurst (the chair) stated that Maureen Meldrum of HSE has recently assessed some HSE-commissioned research on the effects of coalmine dust exposure on respiratory function. He suggested that this paper could be presented at the next WATCH meeting. A WATCH member commented that IARC has recently reviewed the effects of general dust exposure, adding that the report might be useful to HSE in the preparation of a paper.</p> <p>[Action: HSE to prepare a paper for the February 2007 WATCH meeting.]</p>
8.33	<p>Occupational exposure intelligence gathering and data quality</p> <p>The Chairman repeated the conclusion reached at 10.17. HSE asked WATCH/COPI members if they knew of other organisations who might contribute to an intelligence gathering initiative.</p>
8.34	<p>Recycling</p> <p>It was agreed that the analysis of HSE’s Horizon Scanning Unit would be sent to a WATCH/COPI member with particular knowledge of this field, for comment. Subsequently, HSE would table a paper at the February 2007 WATCH meeting.</p> <p>[Action : HSE to table a paper indicating the current level of knowledge within HSE.]</p>
8.35	<p>Asbestos and risk from low level exposure</p> <p>The Chairman clarified that the work would entail clarifying what could be said with confidence about the risk of diseases at various levels of exposure to different forms of asbestos. He suggested inviting on to WATCH additional ad-hoc members with particular expertise of asbestos.</p> <p>WATCH members agreed with a proposal to consider a brief paper at the next</p>

	<p>WATCH meeting in February 2007, to help scope the work.</p> <p>[Action : HSE to draft a brief scoping paper for the next meeting in February 2007.]</p>
8.36	<p>Occupational exposure standards, limits or guidance for respiratory exposure to metalworking fluids</p> <p>HSL was the proponent of the topic and a representative, Gareth Evans, stated that there have been three recent outbreaks of respiratory disease linked to metalworking fluids. He pointed out that the precise causative agent (s) have not yet been established and air monitored during two of the outbreaks found levels of metalworking fluid below what had been the guidance value, prompting HSE to withdraw the guidance. He mentioned the practical difficulties for both the industry and inspectors from the absence of a guidance value or workplace exposure limit.</p> <p>[Action : HSE to put together for the February 2007 WATCH meeting appropriate documentation on this “new and emerging issue” to enable WATCH to identify the action needed to address the concern and facilitate decisions on how best to take this action forward.]</p>
8.37	<p>To complete the agenda item, WATCH members provided brief comments on the remaining topics that had received fewer votes. A member referred to topic 16, the need to review exposure reference levels in the Control of Lead at Work (CLAW) Regulations 2002 based on recent developments. It was pointed out that industry is undertaking an extensive review of lead under the EU Existing Substances Regulation (ESR). SCOEL has also considered airborne exposure and biological limit values in recent years.</p>
8.38	<p>The Chairman thanked all members for their contributions to this session. He stated that the COPI invitees would be kept informed of the progress on the prioritised “new and emerging” issues, including circulating to them the relevant papers produced for future WATCH meetings.</p>
9	<p>Date of next New and Emerging Issues meeting</p>
9.1	<p>The date for next New and Emerging Issues meeting was set for 7 & 8th November 2007 at a yet to be confirmed venue.</p> <p>The meeting closed at 15.00.</p>