

**New and Emerging Issues 2006
Improvements in Exposure Data Assessments**

ANNEX 3: Relevant extract of minutes of WATCH meeting June 2006

4.13	<p>Improvements in exposure data assessment</p> <p>For this item the Chairman referred to the brief prepared by Dr Peter Griffin (HSE occupational hygienist) and asked the committee to comment on how this “emerging issue” should be progressed. By way of introduction, Peter Griffin stressed that since 1995 there had been a decrease in the collection of exposure data and its inputting into the National Exposure Database (NEDB).</p>
4.14	<p>A WATCH member replied that he was aware of this; but added that there had also been a decline in the amount of exposure data that was collected by industry as well. He felt that this might be due to an increase in the adoption of COSHH Essentials by industry as the means of controlling exposure. In this respect, any exposure data collected would be used to check that the controls in place were working as intended, rather than as in the past, to discover what exposures were occurring as a precursor to implementing any necessary controls.</p>
4.15	<p>The Chairman referred the committee back to the minutes of the October 2005 meeting of WATCH. Reading from the minutes (sections 2.16 and 2.17), he prompted the committee to reflect on how important was the quality of exposure data as a new/emerging issue?</p>
4.16	<p>One member of WATCH asked for more information on the current extent of exposure data collection. HSE replied that currently it carries out 50-150 full sampling hygiene visits per year. In 1995, the number was between 4 and 5 times greater than that.</p>
4.17	<p>Another WATCH member added that in order to maximise the values of such data and the potential to exploit it for further modelling and predictive purposes one would need standardisation and training in the appropriate techniques. He enquired whether the individuals from whom samples were collected were identified? This would facilitate identification of specific features such as changes in personal exposure over time and/or with changes in that person’s working practice or environment. HSE replied that data collected was protected by data protection rules. Dr John Cocker (HSL) added, however, that the identity of an individual from whom biological monitoring data is collected is known and that this could provide the ability to track more specifically any changes in exposure.</p>
4.18	<p>The chairman concluded this item by stating that, having identified and prioritised “new and emerging issues”, it was a necessary discipline on WATCH to show that it could carry through on the highest priority issues to reach a suitable conclusion or an identified future pathway to follow. By the time the November 2006 WATCH meeting 12 months would have elapsed since these three issues were identified. He wanted there to be a more detailed discussion of these, and possibly other new and emerging issues at the November WATCH meeting. By this time, he hoped that HSE would be able to set out the position regarding the UK CA for REACH. This would enable WATCH to debate how to progress the issues of concern in relation to both REACH and GHS. The WELs issue would be progressed as indicated in paragraph 4.9 above.</p> <p>With regards to the quality of exposure data, he suggested that HSE should put together a short position paper for the next meeting. This will then be used to decide whether it is justified to convert this issue into an initiative.</p> <p>ACTION: HSE to assemble an appropriate package of documentation on these “new and emerging issues” to facilitate decisions on how best to arrive at clear communications at the November 2006 meeting of WATCH.</p>