

**WORKING GROUP ON ACTION TO CONTROL CHEMICALS**

WATCH/Min/2004/2

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**WORKING GROUP ON ACTION TO CONTROL CHEMICALS**

Minutes of the 2<sup>nd</sup> meeting of the Working Group on Action to Control Chemicals held on 10<sup>th</sup> June 2004 in the Globe Room, Rose Court, 2 Southwark Bridge, London SE1 9HS

**Present**

Robin Chapman  
Mark Nieuwenhuijsen  
Steve Williams  
Rosemarie Hutchinson  
Ted Smith  
Len Levy  
Steve Bailey

**Apologies**

Steve Binks  
Alistair Hay  
Tony Fletcher  
David Farrar

**Officials Present**

Paul Oldershaw (Chair)  
Graham Bell (Secretariat)  
Carole Sullivan (Secretariat)  
Mike Costigan (Secretariat)  
Steve Fairhurst  
Christine Northage  
Andy Garrod  
John Groves  
Teresa Quinn (Item 5 only)  
Mike Topping (Item 5 only)

<b>1</b>	<b>Apologies for Absence</b>
1.1	The Chair welcomed everybody to the 2 <sup>nd</sup> meeting of the Committee. He introduced Ted Smith, Len Levy and Steve Bailey who were not able to attend the 1 <sup>st</sup> meeting.
1.2	Apologies for absence had been received from Steve Binks, Tony Fletcher, Alistair Hay and David Farrar
<b>2</b>	<b>Adoption of the Agenda</b>
2.1	The agenda, WATCH/7/2004, was adopted with slight modifications to the running order (item 5 was moved to follow item 8).
<b>3</b>	<b>Minutes of 1<sup>st</sup> Meeting held on 18<sup>th</sup> March 2004</b>
3.1	Graham Bell introduced this item. Members were reminded that it was agreed that the committee would be paper light. Most suggested amendments had been included in the tabled version of the minutes (WATCH/6/2004). Comments regarding WATCHs' potential involvement in limit setting were not included as it was thought the issue would be debated under <b>item 5</b> .
<b>4</b>	<b>Matters arising from the Minutes</b>
4.1	Graham Bell introduced 2 papers under item 4:  (i) WATCH members were asked to consider amendments to Members Terms and Conditions in paper WATCH/8/2004, particularly with regard to the issue of conflict of interest. Members supported the widening of the remit for conflict of interest conditions and of the Chairman being the arbiter of who can and cannot take part in discussions. There were no recollections of instances of conflict of interest upsetting the work of the old WATCH committee. The amendments to the paper were agreed.  (ii) Paper WATCH/9/2004 detailed the proposed schedule for circulation of papers to

	<p>members. Members agreed to the proposed timings and were also asked to indicate to the Secretariat whether hard or electronic copies would be preferred.</p> <p><b>[ACTION: Members to contact the Secretariat with comments regarding format of circulated papers.]</b></p>
<b>5</b>	<b>EU Scientific Committee on Occupational Exposure Limits</b>
5.1	This item took the form of 2 presentations on the EU limit setting process. Firstly, Steve Fairhurst gave an overview of the workings of the Scientific Committee on Occupational Exposure Limits (SCOEL). Teresa Quinn followed with a presentation about how HSE is, from a UK perspective, trying to improve EU limit setting.
5.2	Steve Fairhurst explained that SCOEL is a European Commission scientific committee made up of independent members. It falls under the jurisdiction of the Directorate General Employment (DG EMP) and it is DG EMP that decides the issues/substances it wishes SCOEL to discuss and make recommendations on. It is mainly down to individual SCOEL members to produce the summary documentation for discussion at meetings, and when a consensus view is reached, a proposal for an exposure limit is made. Under SCOELs Terms of Reference, the committee can only recommend a health-based occupational exposure limit (HBOEL). In situations where its recommendation is that a HBOEL cannot be identified, it is asked to explore the possibility of performing a quantitative risk assessment and has done such an assessment for a small number of substances. When DG EMP receives the proposed exposure limit from SCOEL it initiates a consultation process with the Member States, industry and Trades Unions, usually over a 6 month period. SCOEL sees the results of the consultation and can make changes to its recommendation as it feels appropriate. DG EMP agrees the final recommendation with Member States before publishing it as a regulatory position in an EC Directive.
5.3	<p>In discussions on the presentation the following points were raised:</p> <ul style="list-style-type: none"> <li>• Whether or not quantitative risk assessment was likely to be used more generally by SCOEL. It emerged that, to date, SCOEL had felt that this approach had only been possible for 4/5 substances and primarily for those which are established human carcinogens with accompanying dose-response data from human populations. DG EMP wanted an idea of the scale of the risk believed to arise at various different levels of exposure; the quantitative risk assessment had been performed only at exposure levels within or close to the “window of observation”.</li> <li>• On the quality and practicality of the limits that emerge, it was emphasised that in recommending a limit SCOEL could only base this on the toxicology and the availability of a suitable analytical methodology. SCOEL could take no account of potential exposure, or cost and feasibility of implementing the limit. It was also noted that HSE always comments on the recommendations produced and these comments are usually well received by SCOEL as being based on good science.</li> </ul>
5.4	Teresa Quinn then outlined the process by which an exposure limit is proposed and finally implemented through an EU-wide Directive. The steps covered identifying a substance for SCOEL to evaluate (e.g. through the Existing Substances Regulation (ESR) or via priority substances identified by Member States), evaluation and recommendation of a limit by SCOEL to DG EMP. DG EMP then publishes a draft Indicative Occupational Exposure Limit Value (IOELV) Directive that is discussed by the Luxembourg Advisory Committee (LAC) ad hoc Group. Following these discussions the EC revises the draft Directive and then seeks the opinion of its Technical Progress Committee. If acceptable, the Commission undertakes an interservice consultation, before publishing the final agreed Directive. Member States have 12-18 months to implement the decision.
5.5	Ms Quinn also explained HSE’s strategy for improving the EU limit setting system, including seconding an HSE official into DG Employment and adding to the already strong representation the UK has on SCOEL.
5.6	<p>The following points were discussed:</p> <ul style="list-style-type: none"> <li>• What was the current legal interpretation of “indicative”? HSE agreed to provide Members with the current interpretation.</li> </ul>

	<ul style="list-style-type: none"> <li>• Could the UK introduce an OEL that was higher than the proposed IOELV? HSE explained that the current understanding from the Commission was that, as the values were indicative, then individual Member States are able to set OELs that are higher or lower than the proposed IOELV. Socio-economic factors may come into play at this time and, following a Regulatory Impact Assessment (RIA), the UK may consider that a higher value is appropriate.</li> <li>• HSE noted that some of the limits proposed in the 2<sup>nd</sup> IOELV Directive are the same as currently exist in EH40 and the majority of the other limits were unlikely to have a significant impact on industry. There are only 2 substances where there are likely to be significant concerns, chlorine and nitrogen monoxide. RIAs will be prepared for these substances and reasonable practicability issues will be looked at.</li> <li>• The Chair commented that the main focus of setting exposure limits will be through the EU system in future. In addition, the UK will be more selective in terms of the limits we have an input into, with the emphasis being on progressing UK priorities through the system.</li> <li>• Ideally, the EU should look at exposure levels and reasonable practicability at an earlier stage. The Chair commented that where there are UK discussions on practicability issues, such issues were likely to be very different from those in some other Member States but that this does not prevent the UK taking account of reasonable practicability when implementing indicative limits.</li> </ul> <p><b>[ACTION: HSE to provide WATCH members with the current understanding of what “indicative” means.]</b></p>
<b>6</b>	<b>COSHH Essentials</b>
6.1	<p>Andy Garrod gave a presentation on COSHH Essentials that included a demonstration of how e-COSHH Essentials works. He explained that COSHH Essentials formed part of HSE's chemicals programme and was about controlling exposure by inhalation. It was particularly targeted at SMEs. The way the whole scheme worked was described, noting that this has been published in the Annals of Occupational Hygiene. Essentially, COSHH Essentials collects the available information (hazard, use pattern etc), assesses it and leads the user to control guidance sheets. It was emphasised that this is a tool to enable better control of exposure to chemicals in the workplace. The limitations of the first phase of the system were acknowledged; it was been deliberately designed to be a simple, user friendly tool, there is a tendency to be over-precautionary, it was unsuitable for gases/process emissions etc, it refers higher risks to expert advice and handles skin exposure poorly.</p>
6.2	<p>Phase 2 of COSHH Essentials sought to address some of these limitations. A free, electronic, web-based version of COSHH Essentials is now available, which also provides simple direct advice on process emissions (eg rubber, foundry). Other additional advice is planned for asbestos, lead, gases, skin exposure, silica, welding fume, printing and on RPE. Progress in providing this advice is in various stages of completeness at present.</p>
6.3	<p>The following points were raised in discussions:</p> <ul style="list-style-type: none"> <li>• The legal position of COSHH Essentials. HSE stated that using COSHH Essentials does not guarantee compliance with the law (exposure limits are the legal test) but as it is the duty of the employer to perform a risk assessment, COSHH Essentials provides a useful tool to help in the assessment step. Members felt a more positive message from HSE on COSHH Essentials would be useful, in particular with regard to the level of risk that is identified for different scenarios. For example, if a particular activity was defined as low risk, a statement from HSE reflecting this should be included in the COSHH Essentials assessment.</li> <li>• How is the success of COSHH Essentials measured? While HSE continually monitors the number of hits on the website and can identify the guidance sheets that are most popular, there is no awareness if anything is actually done with the sheets or who is actually using COSHH Essentials. Issues relating to communication were also discussed. HSE acknowledged that this was important, members were informed that this area was being looked at by a different strand of the HSE Chemical Programme. A survey had indicated that the ‘paper’ version of COSHH Essentials had led to practical action by many users.</li> </ul>

	A concern was raised that COSHH Essentials relies on classification and labelling, but this was not always correct. HSE acknowledged that classification is key. If incorrect classification is input to the system, then the result will be incorrect. HSE noted that COSHH Essentials is precautionary in its approach and an incorrect result may not lead to an unacceptable risk.
6.4	Overall, the Chair emphasised that COSHH Essentials was a tool that was central to getting messages about controlling exposures out to a wider audience and was key to HSE's chemicals programme/strategy.
6.5	Members were also informed that phase 1 of a new project called Chemical Essentials, looking at safety and the environment, was now complete.
<b>7</b>	<b>Chromium VI Biological Monitoring Guidance Value (BMGV)</b>
7.1	Christine Northage introduced this item. At the meeting of (old) WATCH in January 2003 WATCH endorsed HSE's proposal for a Benchmark BMGV for chromium VI of 10 mol chromium/mol creatinine, based on measurements in post-shift urine samples. Subsequently, the sole EU manufacturer of Chromium VI compounds (Elementis) raised concerns about the interpretation of the results for their workforce. Their preference would be that any BMGV should be based on a rise in urinary Cr concentration over a designated working period (i.e. the difference between pre- and post-shift results). Following consultation with WATCH members, HSE agreed not to publish the proposed BMGV and to have further discussions with the company. This meeting was held in April 2004. After a long discussion Elementis broadly accepted the BMGV but asked HSE to provide additional guidance on interpretation of the results to assist in explaining results to the workforce. This guidance on the interpretation of chromium VI biological monitoring results has been produced, industry are happy with it and it is presented to WATCH for information. It is proposed that the BMGV will be included in the next revision of EH40. However, it is unclear when this will be as yet.
7.2	<p>The following points were raised during discussions:</p> <ul style="list-style-type: none"> <li>• The information would be useful for all chromium VI exposed workers, how many workers were affected and in what industries? HSE replied that there is much activity going on in this area at the moment particularly as a chromium VI risk reduction strategy is being produced under ESR. The BMGV will be included as part of the strategy.</li> <li>• If chromium VI was toxic to the kidney this could affect creatinine clearance and so impact on the parameters on which the BMGV is based. It was agreed that chromium VI was not a kidney toxicant at the levels on which the BMGV was based.</li> <li>• For any BMGV based on pre- and post-shift values it would be important to take account of half-life as a potential confounding factor. HSE agreed to consider this point further.</li> </ul> <p>The guidance should point out that potential confounding from dietary supplements may be a problem. HSE agreed to this.</p>
7.3	<p>Overall WATCH endorsed the proposed BMGV and the associated guidance.</p> <p><b>[ACTION: Proposed BMGV will be included in the next revision of EH40. HSE will further consider the potential for half-lives to confound the pre-post shift values approach. Guidance to be amended to include reference to confounding from dietary supplements.]</b></p>
<b>8</b>	<b>Occupational health significance of dust-induced declines in FEV<sub>1</sub>.</b>
8.1	Maureen Meldrum introduced this item and invited the views of WATCH on developing a generic approach for dealing with and interpreting FEV1 data.
8.2	<p>Written comments had been received from one WATCH member unable to attend the meeting. The main points that were raised for discussion were:</p> <ol style="list-style-type: none"> <li>1. individual clinical consensus about what is a "clinically significant" loss, which in turn could be absolute (eg 50 ml FEV1 extra loss over age) or relative, 20% below expected;</li> <li>2. how the proportion of people who have a significantly clinical loss varies with a change in the mean (so a mean loss in a population shift of say 20 ml would result in X% losing more</li> </ol>

	<p>than 50 ml);</p> <p>3. how the predicted number of deaths (as calculated in Peto et al 1983, cited in IEH, 2002) varies with a change in the mean.</p>
8.3	With regard to point 1 HSE commented that by the time a 20 % decline in FEV1 was identified an individual may already be suffering from chronic and progressive lung disease. Therefore, any intervention would have to come much earlier in the interests of protecting an individual's health.
8.4	The Chair informed members that HSE was holding a workshop on COPD on 27-28 <sup>th</sup> July, and any comments made at this meeting or subsequently in writing would be fed into the workshop discussions.
8.5	<p>Points raised in discussions included:</p> <ul style="list-style-type: none"> <li>• whether or not measurement of peak flow rate could be used as an early marker of the onset of COPD.</li> <li>• the need to assess data on clinical symptoms as these usually precede irreversible declines in pulmonary function.</li> <li>• a suggestion that more investigation is needed into what an acceleration in FEV1 decline means for mortality.</li> <li>• normal values for FEV1 used today were based on values for Caucasians in the 1950s. It was suggested that it may be important to update what "normal" is. Linked to this the question was raised whether there is any data looking at declines in FEV1 of a population against a defined starting point rather than against the normal values.</li> <li>• populations of workers that routinely have FEV1 measured include policemen, firemen. Also lung function is checked before anyone is allowed to use RPE. Therefore, accessing this data may provide useful information.</li> <li>• the status of the limits on nuisance/low toxicity dusts needs to be re-evaluated. The Chair suggested that any decisions on projects like this wait until the outcomes of the COPD workshop are known.</li> </ul> <p><b>ACTION:</b>        <b>WATCH members to provide any additional comments on this paper to HSE and any comments on the extent to which occupational exposure contributes to COPD. These will be fed into discussions at the COPD workshop at the end of July.</b></p> <p>                      <b>HSE will feedback on the outcome of the workshop to the November meeting and WATCH will be asked for views on the developing strategy of the Occupational Respiratory Disease programme.</b></p>
<b>9</b>	<b>Early identification of new and emerging issues</b>
9.1	In the first part of this item Graham Bell introduced paper WATCH/12/2004 which details a proposed mechanism for the early identification of new and emerging issues. The paper proposes that time will be set aside, probably at the January residential meeting, to discuss new and emerging issues. Also, should members identify information, for example, on specific chemicals, they can bring it to attention of the Secretariat at any time.
9.2	WATCH members generally agreed with the proposal. However it was noted that it was also the remit of WATCH to reconsider previous advice, giving as an example nuisance dusts, and to consider emerging issues, for example, nanotechnology. HSE agreed to amend the wording appropriately.

9.3	In the second part of this item, Maureen Meldrum reported back on actions taken following a NIOSH alert of outbreaks of severe lung disease in workers exposed to diacetyl (a chemical which imparts a butterscotch flavouring to popcorn). A summary of this is included in WATCH/13/2004.
9.4	Food industry inspectors have now been alerted to the hazard and an alert has been published in a food and drink industry newsletter. All popcorn manufacturers have been tracked down to see if they use diacetyl. However, there is no evidence of diacetyl being used in the manufacture of popcorn in the UK.
9.5	The Chair encouraged WATCH members to bring issues like this to the attention of the secretariat.  <b>[ACTION: HSE to amend the wording in the new and emerging issues paper.]</b>
<b>10</b>	<b>Date of next meeting</b>
10.1	This was set for Thursday 4 <sup>th</sup> November in the Fortune Room at Rose Court, starting at 10.30.
<b>11</b>	<b>AOB</b>
11.1	There were no items of AOB  The meeting closed at 15.10.