

**WORKING GROUP ON ACTION TO CONTROL
CHEMICALS**

WATCH/MIN/01/2004

Meeting date: 18 March 2004

Open Gov. Status: Fully Open

Type of paper:

Paper File ref:

Exemptions:

WORKING GROUP ON ACTION TO CONTROL CHEMICALS

Minutes of the 1st meeting of the Working Group on Action to Control Chemicals held on 18 March 2004 in the Globe Room, Rose Court, 2 Southwark Bridge, London SE1 9HS

Present

Steve Binks
Tony Fletcher
Robin Chapman
Mark Nieuwenhuijsen
Steve Williams
Alistair Hay
Rosemarie Hutchinson
David Farrar

Apologies

Ted Smith
Len Levy
Steve Bailey

Officials Present

Paul Oldershaw (Chair)
Graham Bell (Secretariat)
Carole Sullivan (Secretariat)
John Thompson
Maureen Meldrum (from item 4)
Bill MacDonald (items 6 and 7 only)
John McGuinness (items 1-3, 5 only)
John Groves

1	Preliminaries/Apologies for Absence/Tour de Table
1.1	The Chairman welcomed everybody to the 1 st meeting of the new WATCH Committee. He recorded his appreciation for the work done by the Chairman, Secretariat and Members of the predecessor WATCH committee.
1.2	Apologies for absence had been received from Ted Smith, Len Levy and Steve Bailey.
1.3	The Secretariat informed Members that a revised list of Members was tabled at the meeting.
2	Adoption of the Agenda
2.1	The Secretariat tabled a revised agenda, headed 'Revised Version March 2004'. This was adopted.
3	Presentation of the Role of Scientific Committees
3.1	John McGuinness, from HSE's Chief Scientist's Unit, gave a presentation on the background to the role of Scientific Advisory Committees (SAC).
3.2	Essentially, it had been recognised that there was a need to ensure consistency in the provision of scientific advice to Government. This had resulted in the drafting of guidelines (in 1997 and revised in 2000) by the Government's Chief Scientific Adviser and a Code of Practice for Scientific Advisory Committees (CoPSAC).
3.3	The Health and Safety Commission (HSC) had been very supportive of this and it had been determined that WATCH, not the Advisory Committee on Toxic Substances (ACTS), would be a SAC subject to CoPSAC.
3.4	John McGuinness explained that there were several key aspects to CoPSAC. In particular SAC's were to have: <ul style="list-style-type: none">• Mechanisms in place to consider, on a regular basis, new and emerging issues;• A membership template, to be reviewed regularly to ensure that there was the right balance of expertise on the committee;

	<ul style="list-style-type: none"> • Systems in place to ensure openness and transparency, in minutes, other documents and an Annual Report and including relationships with the public and the media. The Committee should agree on how this would be done, including agreeing the basic format of its minutes (which would include attribution of statements to individual members); • Mechanisms in place to identify and manage conflicts of interests.
3.5	The Office of Science and Technology would be reviewing HSE's science, starting in June 2004, and work on chemicals would feature highly in this review.
3.6	<p>In discussions, the Chairman emphasised the role of the lay member in ensuring that communications were fit for purpose in explaining issues and also that the whole committee would be involved in a decision to co-opt additional members if advice on very specific issues was needed. It was agreed that there was a need to work up operating procedures, including method (ie paper and/or electronic) and timing of the distribution of papers to members (which should not be less than 2 weekends before a meeting) and also mechanisms to bring new/emerging issues to the attention of the Secretariat. Members agreed that the meetings could be taped to facilitate the production of the minutes. Members considered that there needed to be procedures for handling contact with the media. It was agreed that this would need to be looked at in the context of the circumstances under which the demand arose. However, in the meantime, should members be contacted by the media they should refer the matter to HSE. HSE could then agree a line with its Press Office.</p> <p>[Action: Secretariat to produce operating procedures.]</p>
4	Terms of Reference
4.1	Graham Bell introduced this item. He explained that the Terms of Reference had been set by ACTS and were tabled for information. Members noted that they were not particularly clear in outlining the work the Committee would be doing over the next few years. The Chairman informed the meeting that this would become more apparent following the presentations under items 6 and 7. The intention was to use the scientific and other skills of WATCH in furtherance of the Chemicals Strategy, whilst ensuring its technical competence to deal with requests made of it.
5	Members Terms and Conditions
5.1	Graham Bell introduced this item. He explained that the Members Terms and Conditions were based on those developed for HSC Advisory Committees. As such, they did not adequately address the conflict of interests issues that some members, particularly those nominated by the CBI, had raised. Following discussions with the HSE Chief Scientist's Unit the Secretariat had prepared the tabled amendment to Sections 8 and 9. This made clear that WATCH members are appointed in an individual capacity, even when they may be members of stakeholder groups. It was hoped that Members would be reassured by this.
5.2	Following comments from members on the examples given in the text of direct and indirect interests, the Secretariat agreed to have further discussions with the HSE Chief Scientist's Unit and prepare a revised Members Terms and Conditions for the next meeting. Members were particularly keen to ensure that, should an interest be declared, the member should be allowed to seek the Chair's guidance on whether they should take part in the proceedings.
5.3	The possibility of persons or organisations other than members receiving papers in advance of meetings was discussed. HSE representatives stated that this was not within the spirit of CoPSAC. If one organisation received papers then other stakeholders could argue that they should. However, it was agreed that members were free to consult with others when confidentiality issues did not prevent them doing so.
5.4	<p>The Secretariat asked members to complete and return the On-Appointment Declaration of Interests forms to the Secretariat as soon as possible.</p> <p>[Action: Secretariat to prepare a revised Members Terms and Conditions. Members to return On-Appointment Declaration of Interests Forms]</p>
6	HSE's Chemicals Strategy
6.1	John Thompson introduced this item. He informed members that HSE commits a lot of resource to work on chemicals. Information indicated that there was significant ill health associated with exposure to chemicals in the workplace. However, the figures to support this were not as detailed as HSE would like. It was important to put in place systems to gather reliable information on ill health. He explained that there was an extensive statutory framework that placed duties on both employers and employees. However, many were not aware of their responsibilities or how to meet them. This was particularly the case in small firms. Much of HSE's guidance was too detailed, long

	<p>or unclear to be understood by the average employer or employee. The HSE strategy was to concentrate on occupational respiratory disease, skin disease and cancer and then on initiatives that would make a real difference in the workplace. Many would be by seeking to modify behaviour in the workplace.</p>
6.2	<p>In the discussions on the presentation the committee:</p> <ul style="list-style-type: none"> • Agreed that there would need to be much more work on the evidence base to identify and evaluate the risks to health in the workplace, to evaluate their robustness and to ensure that industries accepted the resulting statistics. • Discussed the problems that industry encountered in identifying an intrinsic hazard and the working practices that could be applied to mitigate. It was noted that often industries did not know about intrinsic hazards or, if they did, what they needed to do to reduce the risk. Members emphasised that often a small change in working practices could make a significant difference to the risk and also that, for many companies it was far more important to know what they needed to do to achieve this than why. • Discussed the committee's input into the future Occupational Exposure Limit (OEL) framework. The chairman informed members that input into OEL setting would not be the committee's main business. He did not expect that the committee would discuss every proposed limit, but would consider the science if their input were needed. ACTS would make socio-economic judgements. HSE would be putting more emphasis on the EU OEL-setting programme. Members asked about how WATCH would identify substances that needed to be considered in this programme and input into those substances identified by others. As the UK Scientific Committee on Occupational Exposure Limits (SCOEL) members (Steve Fairhurst and Len Levy) were not present, it was agreed that this discussion would be deferred to the next meeting. • Noted that there needed to be a mechanism to alert HSE and the committee to new issues. <p>[Actions: Secretariat to bring forward procedures for members to alert HSE and the committee to new and emerging issues; SCOEL members to be prepared to explain the ways that the process for identifying and progressing substances in the EU OEL programme and when and how the committee may be involved.]</p>
7	Presentations by HSE Programme Co-ordinators for Occupational Respiratory Disease (excluding Asthma), Skin Disease and Cancer
7.1	Occupational Respiratory Disease (excluding Asthma) (ORD)
7.1.1	<p>Maureen Meldrum presented the work that HSE was doing on ORD. There were five strands to the development of the strategy. These were:</p> <ol style="list-style-type: none"> 1. Collate/evaluate evidence-base. 2. Identify priorities using agreed selection criteria. 3. Develop strategy to focus attention/resource on real problem areas. 4. Implement plans. 5. Evaluate success.
7.1.2	<p>She explained that, other than for coalmining (and arguably only for silicosis), published statistics do not suggest a significant current problem for occupationally-induced respiratory ill health (excluding asthma).</p>
7.1.3	<p>However, HSE in-house knowledge identified a large number of potential respiratory hazards in certain industry sectors, particularly manufacturing sector and agriculture, but not much on health consequences and that published literature flagged a potentially major issue with Chronic Obstructive Pulmonary Disease (COPD). Whilst the main cause of this is cigarette smoking, it can also be caused/made worse by occupational exposure to dusts, noxious gases and fumes.</p>
7.1.4	<p>With a plan to raise awareness, improve health surveillance and work with health-care providers, and using crystalline silica as a pilot, an Action Plan for Silica had been developed. This included proposals for a new OEL, the development of specific guidance, exposure monitoring, communication and influencing and the development of partnerships.</p>
7.1.5	<p>She acknowledged that, with increased awareness, there may be an increase in reported cases and that clear evidence of improvement may take a long time. In the short term, to be able to measure the effectiveness of the strategy, surrogates such as evidence of a reduction in exposure,</p>

	improved health surveillance and compliance with COSHH and increased enforcement by HSE would be needed.
7.2	Skin Disease and Cancer
7.2.1	Bill MacDonald introduced this item. He explained that programmes for skin, asbestos and carcinogens had been established. The groups would be establishing the evidence base, identifying priority areas for research, considering robust success criteria for activities and instigating effective engagement with external stakeholders.
7.2.2	For the skin programme he said that the prevalence figures were around 39,000 cases (80% contact dermatitis) with an incidence of 2,700 – 3,400 new cases a year. However, other data suggested that the real figures may be much higher. High risk groups were hairdressers, beauticians and associated occupations, printers, metal workers and florists. High risk substances and processes were rubber chemicals/materials, soaps/cleaners, nickel, wet work and the use of PPE. There were a large number of existing and planned projects and it was intended to look at results after 12 months and then determine the next steps.
7.2.3	For Asbestos, he indicated that over 3,500 people die each year as a consequence of exposure to asbestos, even though current levels of exposure are significantly lower than they were in the 1960/70's. Building and maintenance workers were the groups most at risk.
7.2.4	A 5 year campaign to raise awareness and promote compliance was to be initiated. This would include a Briefing pack, establishment of partnership networks, co-operative projects with stakeholders and initiatives/site visits by both Local Authority and HSE staff.
7.2.5	For other carcinogens, it was assumed that approximately 4% (approx 6,000, range 3,000-12,000 in the UK) of all cancers were caused by work. It was particularly difficult to attribute these to individual substances and the long latency period prevented accurate evaluation.
7.2.6	Short term projects in key areas (eg hexavalent chrome in electroplating, polycyclic aromatic hydrocarbons, diesel fumes) workshops with experts and a review of exposure patterns across key industries/substances were planned, with a review in 18 months.
7.2.7	During discussions covering both presentations the committee emphasised the need to monitor exposure levels and determine whether they fell over time and also to increase awareness.
7.2.8	The chairman thanked both presenters for their contributions.
8	The WATCH Programme of Work
8.1	John Thompson introduced this item. He informed members that ACTS would be considering its programme of work that would involve WATCH. However, HSE expected that members would have their own ideas. If members had any ideas, then they were invited to send them to the Secretariat. [Action: Members to send any ideas for the WATCH work programme to the Secretariat.]
9	HSE's Contributions to EU Schemes
9.1	Paul Oldershaw, in introducing this item, explained that programmes presented in items 6 and 7 addressed the use of chemicals in the workplace. HSE also had significant input into regulatory activity on the supply side whereby chemicals had to be tested and appropriately classified for any hazardous properties before they could be placed on the market. For both new and existing substances this work was done jointly with DEFRA. This work was very important as the classification of a chemical often invoked other regulatory controls. Substances classified as carcinogens, mutagens or as toxic for reproduction in categories 1 and 2 could not be supplied in consumer products and carcinogens in categories 1 and 2 were then subject to the Carcinogens Directive. It was possible that the views of WATCH would be sought on some substances being assessed by HSE under supply side legislation.
10	Chromium VI Biological Monitoring Guidance Value (BMGV)
10.1	Christine Northage introduced this item. She explained that BMGV's are advisory limits that can be set for a particular substance, measured in either urine, blood, or, for some chemicals, exhaled breath. As for OEL's, which are for inhalation exposure, there are currently two types of BMGV. These are Health Guidance Values (HGV) and Benchmark Guidance Values (BGV). BGV's are set for those chemicals for which it is not possible to set a HGV. If a BGV value is proposed it is based on the 90 th percentile of the biological monitoring results from workplaces with good occupational

	control.
10.2	The last meeting of the previous WATCH committee had endorsed a proposal, based on a paper from HSE, for a BGV for Chromium VI at 10 µmol/mol creatinine for a post-shift urine sample.
10.3	However, subsequent to the meeting, the sole EU manufacturer of Cr VI compounds made two written submissions to the Secretariat outlining their concerns. Essentially, their concerns were that any BMGV should be based on a rise in urinary Cr concentration over a designated working period (ie the difference between pre- and post-shift results. Whilst setting a BGV on this basis had been discussed in the HSE paper, there had been insufficient data from these types of samples for a BGV to be recommended on this basis.
10.4	Following circulation of the company's submission to members of the former WATCH committee and comments received from three members, HSE decided not to publish the proposed BMGV. Instead, HSE would have further discussions with the company before proceeding. These discussions are expected to take place in early April and HSE intends to report back to WATCH on the outcome and consequences for the Cr BMGV at a future meeting.
11	Date of next meeting
11.1	This was set for Thursday 10 June in the Globe Room at Rose Court, starting at 10.30.
12	AOB
12.1	There were no items of AOB