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**ADVISORY COMMITTEE ON TOXIC SUBSTANCES**  
**ANNUAL REPORT ON THE WORK OF THE**  
**WORKING GROUP ON ACTION TO CONTROL CHEMICALS**  
**(WATCH)**

**Issue**

1. Second annual report to ACTS Members on the activity of its scientific subcommittee WATCH.

**Timing**

2. Routine

**Recommendation**

3. That ACTS takes note of the recent activity of the subgroup.

**Background**

4. Reconstituted WATCH has completed its second year of activities, meeting on 5 May 2005, 5 & 6 October 2005 and 2 February 2006.

5. In its second year WATCH considered a wide range of technical issues. The majority of issues were linked to either "mandatory" responsibilities within HSE's chemicals agenda or to the HSC's Disease Reduction Programme (DRP), which in turn contributes to the Fit3 (Fit for work, fit for life, fit for tomorrow) Strategic Programme. The issues are briefly summarised below and the advice provided by WATCH is presented. Minutes of each meeting provide more detail and are published on the HSE web site when agreed by Members.

6. Annex 7 lists the papers presented to WATCH in 2005/6.

7. As a scientific advisory committee that adheres to the Office of Science and Technology's Code of Practice for Scientific Advisory Committees (COPSAC) there are requirements for inclusion of specific information in the Annual Report. Hence, the relevant information is attached in Annexes 1-6.

**Argument**

**8. Disease Reduction Programme (DRP): Skin Disease Project development, exemplified by the approach planned to reduce skin disease incidence in the hairdressing sector**

A key component of the DRP is The Skin Disease Project aimed at reducing occupational skin disease. The target for this reduction, under HSE's new Public Service Agreement (PSA), is to reduce by 10% the incidence of skin disease in 2007-08, relative to a 2004-05 baseline. HSE is currently in the process of establishing whether or not the scope of the Skin Disease Project, that includes sector-specific initiatives and generic activities, is capable of delivering the PSA target. Issues related to how performance against target will be measured and assessed are also being addressed, along with inter-dependencies with other elements

of HSE's overall Strategic Programme (Fit for work, fit for life, fit for tomorrow) for reducing ill-health.

9. The approach being used to achieve a substantial reduction in skin disease incidence involves first identifying the scale and causes of the skin disease problem in the industry; and then uses the technique of Outcome Relationship Mapping (ORM) to help identify what are likely to be the most productive routes to follow to achieve the desired outcome. WATCH was supplied with the generic ORM, that is being utilised by the Disease Reduction Programme, as well as the ORM for hairdressers. These maps show the series of outcomes, and their inter-relationships, that will lead to an overall reduction in disease.

10. With respect to the causes of skin disease among hairdressers, there was a general feeling of WATCH that there is a range of severities of skin disease in hairdressers. WATCH postulated that the more severe cases may be caused by sensitising chemicals; and that the substantial burden of milder skin disease may be a result of excessive wet working. WATCH considered that this would have two significant implications: on the choice of control approach to follow in targetting each issue; and in exploiting the imagery of potentially severe skin problems, which could be utilised to lead to better control and to target messages about the necessity of control.

11. WATCH made a number of comments on the generic ORM reflecting recommendations for improving the map and for the phraseology used. The word "effective" should be used to emphasise that *practicality* is a crucial issue. Important comments on the specific draft ORM for skin disease in hairdressers were that:

- In the opinion of WATCH the elimination of skin-sensitising chemicals route is currently being underplayed; this route may produce substantial long-term gains. If the legislative route is problematic, there is merit in negotiating with industry some sort of voluntary scheme for substance elimination.
- It was felt that external stakeholders rather than HSE should be encouraged to commit resources and take responsibility for the training/education strands of the ORM.
- Trialling and evaluating the effectiveness of individual intervention approaches, before taking them forward nationally, should be considered as an essential step in any plans.

## 12. Styrene

In UK under the new "Workplace Exposure Limits" (WELs) framework, styrene has limits of 100 ppm (8-hour time weighted average (TWA)) and 250 ppm (15-minute reference period). Although the terminology and reading of limits has changed over the years the numerical values for styrene have remained unaltered; first established about 20 years ago. The basis for establishing the original *type* of exposure limit (Maximum Exposure Limit, MEL) for styrene was that the numerical values represented the lowest levels of exposure deemed to be reasonably practicable for the whole of UK industry to achieve, but there remained concerns that ill-health effects (irritation and acute central nervous system disturbance) could occur with such exposures.

13. There have been significant developments in the intervening years, including the generation and publication of a large amount of new toxicity information on styrene. HSE, as the UK rapporteur for the human health aspects of styrene under the Existing Substances Regulation 793/93 (ESR), has evaluated the data and WATCH has seen draft versions (May 1995 and January 2001). However, toxicological data has continued to appear and EU-wide debate within the ESR context has continued with agreement being reached by March 2005 at the ESR technical meeting on several toxicological endpoints (excluding mutagenicity and carcinogenicity).

14. Against this background, there are also indications that it might now be reasonably practicable to control exposure to styrene more stringently than was previously the case. Hence, alongside the introduction of the new "WEL" framework, the UK occupational risk management position for styrene has been identified for review (one of 15 such cases of substances that formerly had MEL status).

15. WATCH considered that the EU-agreed toxicity profile for styrene (in which mutagenicity and carcinogenicity endpoints have been temporarily set aside) does not raise an urgent need to modify the current UK occupational risk management position. However, there are features within this toxicity profile that indicate the desirability of controlling 8h TWA exposure to levels below 50 ppm, or even 20 ppm, if this is reasonably practicable. WATCH agreed that a more thorough occupational hygiene assessment will be necessary in order to reach a firm conclusion on good practice and reasonable practicability issues.

#### **16. Colour discrimination**

Styrene and other organic solvents were the centre of a discussion on interpretation of data from tests of colour discrimination capability and the utilisation of such data in a risk management context, using styrene as an example.

17. WATCH concluded that in relation to the potential effects of exposure to industrial chemicals on colour discrimination, many of the available studies are not sufficiently robust to reliably characterise the scale and nature of an effect. WATCH agreed that the results from such studies are of interest, but that this is a developing field and it would be premature to regard current 'positive' test data as signifying a clear adverse health effect. With respect to the body of evidence for styrene it was agreed that the findings are not robust, as only a single colour vision test rather than a testing battery approach was used in most of the studies.

#### **18. Evaluation of biological monitoring**

WATCH agreed to a proposal to conduct a survey to evaluate the impact of HSE's current biological monitoring policy and guidance values and made a number of suggestions that could be incorporated into the final design of such a survey. WATCH noted that biological monitoring might contribute to the Disease Reduction Programme but could also be used as part of a control strategy for chemicals of interest for reasons other than the three disease areas of the DRP.

#### **19. New and emerging issues**

According to the Code of Practice for Scientific Advisory Committees (COPSAC) WATCH is required to identify, on a regular basis, new and emerging issues in its particular areas of responsibility and whether or not, in its opinion, they may require scientific advice or research. Of the twelve topics that had been identified for consideration, WATCH grouped these into nine themes and on the basis of this new grouping prioritised the themes. The three highest priority issues were considered to be:

- i) 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 Harmonized System of classification and labelling of chemicals, known as.
- ii) Developing a strategy for evaluating the effectiveness of Workplace Exposure Limits and the effectiveness of risk management achieved using generic control approaches i.e. COSHH Essentials.
- iii) Development of improvements in and/or guidelines for exposure data.

20. Discussion of these three themes prompted actions to instigate their further consideration at future WATCH meetings, namely drafting a position paper for i) and iii) and setting up a small drafting group to prepare a research specification for ii).

#### **21. Biological monitoring of isocyanates**

In some industries, particularly where surface coatings are sprayed (construction, motor vehicle repair, ship & transport repair and engineering) adequate control of exposure to isocyanate-based spray products requires the use of air-fed Respiratory Protective Equipment (RPE). Measuring the effectiveness (including behavioural aspects) of such control is difficult.

22. In May 2004, the ACTS COSHH Essentials Working Group (CEWG) agreed that WATCH should appraise scientifically the evidence on biological monitoring for isocyanate exposure. In January 2005 WATCH recommended that biological monitoring be used as appropriate, within a well-considered risk management strategy, to assess the effectiveness of control measures for isocyanate exposure. Then in October 2005 new data were made available to support a proposal for a biological monitoring guidance value (BMGV) for isocyanates based on urinary diamines.

23. WATCH agreed that a BMGV would aid the interpretation of biological monitoring results, and that the BMGV should be set at a concentration of 1 µmol urinary diamines/mol creatinine, released by hydrolysis of protein conjugates of HDI, TDI, MDI or IPDI. The basis for this BMGV is that a concentration of urinary diamines at or below this level is associated with exposure management conditions corresponding to "good control".

**24. Chronic obstructive pulmonary disease (COPD)**

The Respiratory Disease Project of the Disease Reduction Programme (DRP) encompasses work aimed at reducing the occurrence of chemical-induced occupational asthma; and also activity targeted at longer-term respiratory disease. COPD is an example of a longer-term respiratory disease.

25. The general position on COPD is that, based on population attributable fraction calculations from a number of epidemiological studies, there is a substantial ill-health problem of COPD caused by occupational chemical exposure. However, there are many substances (poorly soluble dusts, soluble irritant dusts, irritant liquids in aerosol form, gases) that have the potential to cause long-term respiratory problems when present in workplace air in sufficient concentration and many industries and industrial processes in which such a situation could arise if adequate controls were not in place. The available ill-health data on COPD do not provide clear discrimination such that the leading substances/industries contributing to the population attributable fraction calculations can be easily identified.

26. Under the DRP HSE has been further exploring how one might decide on the best means of identifying those issues, industries, substances and situations on which to focus effort, in terms of intervention activity, if the aim is to reduce the burden of work-related COPD in the UK.

27. WATCH agreed that a focused approach (identifying and targeting specific industries and exposures/substances) is the most appropriate method to pursue in seeking to combat COPD caused by occupational exposure to substances.

28. WATCH crafted the following headings for a 'prioritisation matrix':

1. agent/process
2. where significant exposure might occur ('significant' being above a level judged not to pose a risk of respiratory disease)
3. possible size of the workforce significantly exposed
4. are measures leading to exposure control already being taken under other initiatives?
5. robustness of data
6. perceived ease of intervention

To populate the table WATCH suggested the use of occupational hygiene consultants and approaching HSE's inspectorate to obtain current perspectives on the industries in question. WATCH agreed to await the completion of the matrix before deciding on the best method to prioritise from the data available.

29. WATCH members considered that alongside this prioritisation exercise, use of a 'broad brush' approach (promoting exposure control/reduction across all potentially relevant industrial sectors) and also the use of very focused industry-specific activity should not be ruled out, particularly if suitable and justified opportunities for either presented themselves.

### 30. Review of the evidence for chronic respiratory ill health in construction workers

A review of the published literature on chronic obstructive pulmonary disease (COPD) and silicosis/mixed-dust pneumoconiosis in construction workers was undertaken by HSE because in the early stages of the HSE Disease Reduction Programme (DRP), when the evidence-base for occupational lung diseases was first being compiled, it was observed that a number of population surveys pointed to a possible association between construction work and an increased risk of COPD. HSE decided that, given the size of the construction sector in the UK and the absence of documented evidence concerning respiratory health in UK construction workers, it was worthwhile to explore the published literature to try to characterise this issue further. This is one major aspect of the review presented to WATCH.

31. Respirable crystalline silica (RCS) is another priority within the respiratory disease element of the DRP. HSE is currently carrying out a survey to obtain measured exposure data for RCS in four industry sectors where there is judged to be the most concern for exposure but for which there is little or no current measurement data available: these sectors are construction, quarrying, brick manufacture and stonemasonry. Although it is known that certain tasks within the construction industry have the potential for high exposures to dusts containing RCS, there are no data on the possible extent of silicosis/mixed-dust pneumoconiosis in UK construction workers. It therefore seemed appropriate that the review should cover not only COPD/chronic bronchitis/emphysema but also silicosis and mixed-dust pneumoconiosis.

32. The draft conclusions of WATCH are :

*that HSE had produced a thorough, well-written, well-presented review of the available literature relating to the risk of COPD in construction workers. Overall WATCH considered that the findings from numerous studies of different designs and in different countries are reasonably consistent in indicating that construction workers show moderate increases (2 to 3-fold) in the COPD morbidity and mortality compared to age- and smoking-matched reference groups. Although a number of studies consistently point to a role of dusts and irritants in general, given the diversity of sectors, trades, activities and workplaces investigated, WATCH agreed that the available data do not allow one to specify with sufficient reliability a particular causative agent or agents. Information on specific trades is limited. WATCH agreed that tunnel workers clearly stand out as being at higher risk compared to outdoor construction workers. However, in general from the data available it is not possible to identify specific trades or workplaces where there are particularly high risks of COPD. Nevertheless it should be borne in mind that such situations might exist.*<sup>(a)</sup>

*that although much of the evidence in the review is from studies conducted outside of UK, there are general messages that can be taken from the review that may be relevant for the UK construction industry.*<sup>(a)</sup>

*that the evidence within the review justifies the inclusion of respiratory disease within the "Occupational Health Management Model" OHMM being developed for the construction industry in order to combat any threat of long-term respiratory disease in this industry.*<sup>(a)</sup>

### 33. Dermal Absorption

One of the principal routes of exposure to chemicals is via the skin. In conducting a risk assessment for a substance, in the manner required by various EU and international regulatory programmes, it is often necessary to calculate the body burden of a substance that could arise via exposure of and uptake via the skin. This requires an assessment of the extent to which a substance can be expected to pass through the skin.

34. The derivation of the percentage value for dermal uptake of a substance can be made from *in vitro* dermal penetration studies. However the international test guidelines and associated guidance are not entirely clear on how to interpret the results. This has become a controversial issue in EU chemical risk assessment work and whatever position is taken has significant regulatory consequences for the risk assessment of industrial chemicals and biocides.

<sup>(a)</sup> Note : from draft minutes of the 1 February 2006 meeting

35. *In vivo*, a substance in contact with the surface of the skin diffuses through the stratum corneum, into the epidermis, then the dermis and then will be transported away from the site and into the body by the systemic circulation. *In vitro*, studies are performed using an isolated piece of skin; essentially the same process occurs, but once a substance reaches the dermis there is only receptor fluid below. In a good quality study the receptor fluid will have been designed appropriately to be a reasonable parallel to the *in vivo* situation. When calculating the absorption of a substance one needs to consider how to handle the data that are available for what is still on the surface of the skin, what has evaporated, what is in the stratum corneum, what is in the living skin (epidermis/dermis) and what is in the receptor fluid.

36. WATCH concluded that the critical appraisal of *in vitro* dermal absorption studies is important, to ensure adherence to current guidelines and that if a study is not robust, it might well be appropriate not to use its findings in a risk assessment. Wherever possible data on the gradient of a substance in the stratum corneum should be extracted from the report of an *in vitro* study; only the material in the lower layers, near to the epidermis, should be included in a calculation of percentage absorption. WATCH agreed that if a study is robust, but presents the quantity of substance in the stratum corneum as a single aggregate figure, then the material in the stratum corneum should not be included in the derivation of a value for the percentage dermal absorption.

### 37. Cidex-OPA

The previous WATCH committee has, over the years, taken positions on a number of papers concerning glutaraldehyde and potential alternative chemicals to glutaraldehyde, primarily in the context of the sterilisation of endoscopy equipment in hospitals. At its meeting in September 2002, WATCH reached the following position on two glutaraldehyde alternatives:

“WATCH noted that there was very little information on the toxicological properties of succinic dialdehyde (SDA) and ortho-phthalaldehyde (OPA). On the basis of the information that is available, WATCH concluded that both substances may have the potential to cause occupational asthma. It recommended that control strategies for both substances should take account of this potential health hazard.”

38. WATCH considered a draft guidance document for users, commissioned by HSE and drafted by Dr Karen Niven, Head of Health and Safety Services at OHSAS (Occupational Health and Safety Advisory Service). This draft document highlights the benefits and limitations of use of chemical disinfectants in endoscope decontamination, as well as, in relation to the substance OPA and the sterilising formulation Cidex-OPA (containing 0.5% OPA). On the basis of this draft document and some additional toxicological information, WATCH made the following conclusions :

39. That the research report produced by Karen Niven (“An Evaluation of Chemical Disinfecting Agents Used in Endoscopy Suites in the NHS”) provides a substantial amount of useful information. However, a number of additional issues have been raised which will need to be considered by HSE before the final guidance is published. Also, WATCH agreed that the risk management advice provided by Advanced Sterilization Products is the appropriate risk management strategy for Cidex-OPA.

### 40. Assessment of the potential extent of exposure to asbestos (chrysotile) during the removal of asbestos-containing textured decorative coatings

The Health and Safety Commission consulted in late 2005 / early 2006 on revised draft Regulations and an Approved Code of Practice (ACoP) primarily to implement amendments to the European Asbestos Worker Protection Directive (AWPD) (HSC Consultation paper; Proposals for Revised Asbestos Regulations and an Approved Code of Practice (CD205)).

41. The consultation document referred to above includes the proposal that work with asbestos-containing textured decorative coatings no longer needs to be done by a licensed asbestos contractor (nor will it be required to be notified to the enforcing authority, and medical records will no longer need to be maintained). The proposal is based on the findings of research undertaken by HSE's Health and Safety Laboratory (HSL) into the potential extent of occupational exposure to asbestos that could arise during the removal of such coatings.

42. The research demonstrates that the extent of potential exposure (and the consequent risk) from asbestos in textured decorative coatings is estimated to be several orders of magnitude below that for other licensed materials, and lower than that from work with asbestos cement which doesn't require a licence.

NB. This does not mean that work with textured decorative coatings is safe: it still needs proper control measures, but as argued by HSC/E, not such stringent controls as those required for work with other licensable materials.

43. The draft conclusions of WATCH are :

*that 0.08 f/ml (4h TWA), as chrysotile fibre, is the most reliable estimate of the upper end of the range of potential exposures that could arise for operatives engaged in the removal of asbestos-containing textured decorative coatings, under conditions specified in the draft Control of Asbestos at Work (CAW) Regulations 2006.* <sup>(a)</sup>

*that the research undertaken by HSL was appropriate to address exposure of operatives under such circumstances and that the results were reliable in this context. It was noted that the research was not designed to address the question of the potential spread of asbestos contamination into premises from which asbestos-containing textured decorative coatings were being removed. One WATCH member wished to express his concern about this gap in knowledge.* <sup>(a)</sup>

**44. Assessment of potential exposure of teachers and others from the use of drawing pins on asbestos (amosite) insulating board in a school classroom setting**

Asbestos insulation board (AIB) was widely used in the UK until about 1980. It generally contains 25-40% by weight of the amphibole form of asbestos, amosite ("brown" asbestos). A major use of AIB was to provide a strong, non-combustible wall board for use in buildings such as schools, hospitals and offices.

45. Following the death of a school teacher from mesothelioma in 2001, research was conducted by different organisations to investigate the potential exposure that could arise from putting in and pulling out drawing pins from AIB. Conflicting results were obtained with criticism been made of the different techniques and sampling methods applied.

46. The draft conclusions of WATCH are :

*that a "realistic worst-case" prediction for exposure of an operative under conceivable real-life conditions is 0.05 f/ml in a 25-minute period of drawing pin activity, which translates to an exposure of 0.005 f/ml as a 4h TWA (assuming that there is only one 25-minute period of pinning activity each day). A theoretical calculation based on an extreme assumption that every fibre released from pin holes is inhaled gives an exposure value of approximately 1 f/ml in the 25-minute period, translating to 0.125 f/ml (4h TWA) or 0.063 f/ml (8h TWA), again assuming one activity period per day.* <sup>(a)</sup>

*that the above estimates of a teacher's exposure exclude any further exposures to fibres released into the background classroom air or from any asbestos-containing debris which might become lodged on the teacher's person.* <sup>(a)</sup>

*that it was not possible from the data available from the HSL study to make a reliable exposure estimate for any other personnel in the classroom environment where pin insertion into AIB was occurring (see 3.67 for post-meeting action).* <sup>(a)</sup>

*that the results of the HSL chamber study, described in WATCH/2006/2 annex 6b provide a basis to assess the immediate exposure to airborne amosite asbestos fibres, specifically in relation to teachers or other operatives using drawing pins on AIB.* <sup>(a)</sup>

*that the insertion of drawing pins into AIB in a classroom setting releases asbestos fibres and is an avoidable activity; measures should be taken to communicate this message.* <sup>(a)</sup>

<sup>(a)</sup> Note : from draft minutes of the 1 February 2006 meeting

**Action**

47. ACTS members are asked to note the information in this paper.

**Contact**

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WATCH Secretary  
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**References**

COPSAC December 2001, Office of Science and Technology, Code of Practice for Scientific Advisory Committees, Department of Trade and Industry

HSC Consultative Document CD205 C40 10/05 (2005), Proposals for revised Asbestos Regulations and an Approved Code of Practice

**Attachments**

- Annex 1 WATCH Membership Template 2005/6
- Annex 2 Register of Member's Interests 2005/6
- Annex 3 WATCH Terms of Reference
- Annex 4 WATCH Financial Statement 2005/6
- Annex 5 Methods of Resolving Conflict
- Annex 6 Glossary of Terms
- Annex 7 Papers Issued to WATCH in 2005/6

As a scientific advisory committee WATCH is required to adhere to the Office of Science and Technology's Code of Practice for Scientific Advisory Committees (COPSAC). The COPSAC requires committee arrangements/procedures to be established and some of these arrangements/procedures to be presented in the Annual Report. Hence, the inclusion of papers at Annexes 1-6.

Annex 1

**WATCH Membership Template 2005/6**

**MEMBERS**

**TUC Nominees**

Dr T Fletcher  
 Prof A W M Hay  
 Dr M J Nieuwenhuijsen

**Area of Expertise**

Epidemiology  
 Toxicology  
 Occupational hygiene/epidemiology

**CBI Nominees**

Dr S P Binks  
 Mr R Chapman  
 Mr S D Williams

Toxicology  
 Occupational hygiene  
 Toxicology

**Independent Members**

Mr S R Bailey  
 Mr D G Farrar  
 Prof L S Levy  
 Dr E A Smith  
 Dr S R Hutchinson

Occupational hygiene  
 Toxicology  
 Toxicology  
 Occupational hygiene

**Chairperson**

Dr S Fairhurst

Toxicology

**Ad hoc Members co-opted in 2005/6**

Prof Ian Grierson  
 Prof Faith Williams  
 Dr Karen Niven  
 Ms A Gowers  
 Mr G Kowalczyk  
 Dr R Fielder  
 Mr P Lewis  
 Dr J Friar  
 Mr R Howie  
 Miss J Prentice

Pathologist  
 Toxicology  
 Toxicology  
 Environmental Toxicology  
 Toxicology  
 Toxicology  
 Toxicology  
 Occupational Hygienist  
 Occupational Hygienist  
 Occupational Hygienist

## Annex 2

**Annual Register of Interests 2005**

Members have declared the following interests (ie share holdings or fundings received)

<b>Name and Employer or Nominating Body</b>	<b>Declaration</b>	<b>Personal Profile (optional)</b>
Dr S Fairhurst HSE	None	
Dr T Fletcher TUC	None	
Prof A Hay TUC	None	
Dr M Nieuwenhuijsen TUC		
Dr S P Binks CBI	Employee and Share Holder of GlaxoSmithKline	
Mr R Chapman CBI	Employee of BASF plc Share Holder of BASF AG	
Mr S Williams CBI	Employee of BP Chemicals Ltd Share Holder of BP plc (specifically, petroleum products and petrochemicals)	
Mr S Bailey	Employee and Share Holder of GlaxoSmithKline (principally, pharmaceuticals)	
Mr D Farrar	Employee of Ineos Chlor Limited. Consultant to Ineos Chlor Enterprises, Ineos Fluor, Ineos Silicas, Asahi Glass Fluoropolymers UK Ltd, Saffil Ltd and ICI plc. Share Holder of ICI plc.	
Dr L Levy	Scientific Adviser on Occupational & Toxicological research to International Carbon Black Association (specifically, carbon black)	
Dr E Smith	None	
Dr S R Hutchinson	Share Holder of Johnson Matthey	
<b>Ad Hoc Members</b>		
Prof I Grierson	Chairman to SAZ Risk Management, Grant from Alcon, consultant to Pfizer	
Prof F Williams	Research grants from Unilever	
Dr K Niven	None	
Ms A Gowers	None	
Dr R Fielder	None	
Mr G Kowalczyk	None	
Mr P Lewis	None	
Dr J Friar	Consultant to Asbestos Removal Contractors Association (ARCA)	
Mr R Howie	None	
Miss J Prentice	Director of McCrone Scientific Ltd	

Annex 3

**WATCH Terms of Reference**

**TERMS OF REFERENCE FOR  
THE WORKING GROUP ON ACTION TO CONTROL CHEMICALS  
(WATCH)**

1. *To be the ACTS' scientific sub-committee to advise ACTS and HSC/E on issues relating to the assessment and control of health risks of chemicals.*

2. *WATCH's terms of reference are:*

*To provide scientific and technical advice to ACTS and HSE on matters within its competence. In particular, to provide scientific and technical advice to ACTS and its other sub-groups and where requested, HSE, on issues relating to chemicals, their actual or potential health impact and the means of their control in the workplace.*

3. *Should issues arise which require additional expertise, the Chair and the Secretariat, in consultation with WATCH members, may appoint other persons to attend meetings of WATCH to meet particular needs, including co-opting independent experts for particular issues/meetings.*

4. *WATCH will provide annual reports on its work to ACTS.*

Annex 4

**WATCH Financial Statement 2005/6**

Costs incurred are travel and subsistence reimbursements to Members, hire of conference facilities and equipment, refreshments and meals during meetings and overnight rooms for residential meetings.

Members do not receive a fee for time spent preparing for or attending WATCH meetings.

In 2005/6 WATCH met *on three occasions, two 1-day meetings at HSE's offices in London and one 2-day residential meeting in Buxton.*

Total travel and subsistence costs	=	£ 2211.75
Total conference expenses including meals, room/equipment hire, overnight rooms	=	£ 4197.10
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Total WATCH expenditure in 2005/6	=	£ 6408.85

NB. Several members have not claimed for travel and subsistence reimbursement in 2005/6 as expenses are met by their employers.

Annex 5

**Methods of Resolving Conflict**

Extract from Members' Terms and Conditions (WATCH/2004/8) :

**8. Handling conflict of interests**

WATCH members are appointed on a personal basis, even when nominated by stakeholder groups. However, to avoid any public concern that commercial interests might affect the advice of WATCH, HSE has decided that the arrangements that govern relationships between members and the chemicals industry and information on significant and relevant interests should be on public record. Members will be required to declare any interests on appointment and at relevant meetings. Such interests can be direct or indirect. Examples of a direct interest would be employment at a company that manufactures chemicals and personal involvement in the subject under discussion or being retained as an expert witness in a legal case involving the subject under discussion. An example of an indirect interest would be when a member, working at a University Department, is aware that the Department is part-funded by grants from a particular company, but where the member is not involved in the work funded by that company.

If an interest is declared the member should seek the Chair's guidance on whether they should take part in the proceedings

To avoid any danger of WATCH members being influenced, or appearing to be influenced, by their private interests in the exercise of their public duties, all members should declare commercial interests on the basis set out below.

Annex 6

**Glossary of Terms**

ACOP	Approved Code of Practice
AIB	Asbestos Insulation Board
AWPD	Asbestos Worker Protection Directive
BMGV	Biological Monitoring Guidance Value
CD	Consultative Document
COPD	Chronic Obstructive Pulmonary Disease
COPSAC	Code of Practice for Scientific Advisory Committees
COSHH	Control of Substances Hazardous to Health
DRP	Disease Reduction Programme
ESR	Existing Substances Regulation
HSC	Health and Safety Commission
HSE	Health and Safety Executive
HSL	Health and Safety Laboratory
MEL	Maximum Exposure Limit
OEL	Occupational Exposure Limit
OHMM	Occupational Health Management Model
ORD	Occupational Respiratory Disease
ORM	Outcome Relationship Mapping
PSA	Public Service Agreement
RCS	Respirable Crystalline silica
REACH	Registration, Evaluation, Authorisation and Restriction of Chemicals
TWA	Time weighted average
WATCH	Working Group on Action to control Chemicals
WEL	Workplace Exposure Limit

Annex 7

**Papers Issued to WATCH in 2005/6**

- WATCH/Agenda/2005/2 - Agenda for 4<sup>th</sup> Meeting, 5<sup>th</sup> May 2005
- WATCH/2005/9 - The meaning of “Indicative” in EU Indicative Occupational Exposure Limit Value
- WATCH/2005/10 - Disease Reduction Programme: Skin Disease Project
- WATCH/2005/11 - Styrene
- WATCH/2005/12 - Evaluation of biological monitoring
- WATCH/SecReport/2005/2 - Secretary’s Report from 4<sup>th</sup> Meeting, 5 May 2005
- WATCH/MIN/2005/2 - Minutes of the 4<sup>th</sup> Meeting, 5<sup>th</sup> May 2005
  
- WATCH/Agenda/2005/3 - Agenda for 5<sup>th</sup> Meeting, 5&6<sup>th</sup> October 2005
- WATCH/2005/13 - Isocyanates, Establishment of a biological monitoring value
- WATCH/2005/14 - Colour discrimination
- WATCH/2005/15 - Chronic Obstructive Pulmonary Disease (COPD)
- WATCH/2005/16 - Dermal Absorption, Interpretation of results from *in vitro* studies for risk assessment
- WATCH/2005/17 - Cidex OPA, risk management for its use as an alternative to glutaraldehyde in endoscopy sterilisation
- WATCH/2005/18 - IGHRC (Interdepartmental Group on Health Risks from Chemicals), current 3-year programme and specific paper “Guidelines on route-to-route extrapolation of toxicity data”
- WATCH/2005/19 – New and emerging issues 2005
- WATCH/MIN/2005/3 - Minutes of the 5<sup>th</sup> Meeting, 5&6<sup>th</sup> October 2005
  
- WATCH/Agenda/2006/1 - Agenda for 6<sup>th</sup> Meeting, 1<sup>st</sup> February 2006
- WATCH/2006/1 - Assessment of the potential extent of exposure to asbestos (chrysotile) during the removal of asbestos-containing textured decorative coatings
- WATCH/2006/2 - Assessment of potential exposure of teachers and others from the use of drawing pins on asbestos (amosite) insulating board in a school classroom setting
- WATCH/2006/3 Review of the evidence for chronic respiratory ill health in construction workers
- WATCH/2006/4 - Occupational Hygiene Intelligence within HSE
- WATCH/SecReport/2006/1 - Secretary’s Report for 6<sup>th</sup> Meeting, 1 Feb 2006
- WATCH/MIN/2006/1 - Minutes of the 6<sup>th</sup> Meeting, 1<sup>st</sup> February 2006