

Health and Safety Executive		Sector Information Minute	
		SIM 03/2006/07	
Cancellation Date	22/09/2009	Open Government Status	Fully Open
Version No & Date	2: 22/09/2006	Author Unit/Section	BHAW7/Health Unit

Target Audience:

HSE Band 2 and Band 4 Inspectors covering Manufacturing industries nationally

Specialist Inspectors – Occupational Hygiene

Occupational Health Inspectors

Health and Safety Awareness Officers nationally

INSPECTION INTERVENTION IN THE STONEMASONRY INDUSTRY

This SIM is version 2 and alerts Inspectors and HSAOs nationally to an intervention in the stonemasonry industry. The aim of this intervention is to assess compliance with COSHH, particularly the new Workplace Exposure Limit for respirable crystalline silica (RCS) and to promote the good practice control guidance in Silica Essentials.

BACKGROUND

1 The Disease Reduction Programme's (DRP) Respiratory Project includes this intervention to reduce the incidence of respiratory ill health (silicosis and Chronic Obstructive Pulmonary Disease - COPD) amongst stonemasons. This intervention is part of the Manufacturing Business Group Delivery plan.

2 There are two main drivers behind the current focus on respiratory ill health associated with exposure to silica: -

- Recent scientific evidence suggests that there is a 20% risk of developing silicosis at the existing occupational exposure limit of 0.3mg/m³. HSE's Consultation Document on Respirable Crystalline Silica (RCS) recommended a new Workplace Exposure Limit (WEL) of 0.1mg/m³. This limit will come into force on October 2006;

- Silica Essentials will be launched in October 2006. This provides specific control guidance sheets covering around 50 tasks/processes in the construction, ceramics and tile manufacturing, quarries, silica flour use and manufacturing, brickmaking and stonemasonry industries.

3 This SIM outlines the first phase of a three-year FOD Inspection initiative that aims to assess and enforce compliance with COSHH 2002 (as amended), particularly focusing on compliance with the new WEL. The initiative also aims to promote awareness of the Silica Essentials sheets. Further phases will target brickmaking and quarries.

4 Guidance on dust control measures for the stonemasonry industry exists:

- 'Controlling exposure to stonemasonry dust: guidance for employers' HSG 201 (published 2001);
- 'Stone dust and you: guidance for stonemasons' INDG 315 (published October 2006);
- From October 2006 – Silica Essentials.

RESOURCE REQUIRED

5 The following resource is required for this intervention: -

- HSAOs to contact stonemasons across all regions and use an exposure risk analysis questionnaire (developed by the sector) to ascertain high risk premises for B4 visits;
- FOD Band 4 Inspectors across all the region to visit 320 premises in total – equivalent of 7 visits per Inspector;
- The Regional Field Specialist Occupational Hygiene Inspectors will provide operational support. Their lead contact for this intervention is Marjorie Mitchell (RSG Scotland);
- OHIs to provide reactive support where required.

ACTION REQUIRED

6 **Timing** - This intervention should run from October 2006 to 31 March 2007 - the timing is linked to the Respirable Crystalline Silica (RCS) WEL coming into force in October 2006.

7 **Premises selection criteria** - The following selection criteria should be used for identifying and prioritising premises:

- Premises with the SIC codes 267000 and 452505;
- Those working on stone with a high RCS content;
- Poor performers in terms of compliance with COSHH;
- Newly identified, previously unvisited sites.

8 **Content of inspection**- Inspectors should focus on the following 3 areas:

- Assess the control measures in place against good control practice guidance;
- Assess awareness of compliance with the new WEL;
- Raise awareness of published guidance.

9 **Compliance Issues** - Poor compliance should result in enforcement action in accordance with the HSC Enforcement Policy Statement and the Enforcement Management Model.

Any enforcement action taken should reflect the new emphasis in Regulation 7 of COSHH 2002 (as amended) to apply the principles of good control practice when controlling exposure to substances hazardous to health – Schedule 2A provides details on what is required.

The Inspection pack currently being developed will provide:

- The range of health issues associated with exposure to RCS;
- Where RCS is most likely to be present;
- Industry-specific good control guidance;
- Initial enforcement expectations for key risk control systems.

This will be available electronically.

10 **Reporting arrangements** - Operational Inspectors should report on this intervention via the IRFs and COIN.

INSPECTOR TRAINING

11 The Disease Reduction Programme team delivered training for FOD Band 4 staff on all operational aspects of its programme in June and September 2006.

HEALTH AND SAFETY ISSUES

12 Please note the Health and Safety Supplements relating to general site visits, which are available on the Intranet under 'Your Health and Safety'.

RCI INDICATORS

13 Guidance on RCI scores is given in Appendix 1.

SECTOR/PROGRAMME CONTACTS

14 For further information please contact:

Industry/technical queries to

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- Colette Nimbley, Disease Reduction Programme, Belford House, Belford Road, Edinburgh, EH4 3UE - VPN 520 2036 - 0131 247 2036
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APPENDIX 1
RISK CONTROL INDICATIONS FOR OTHER RESPIRATORY DISEASES
(E.G. SILICOSIS)

ASSESSMENT SCALE			
Each risk control indicator should be assessed against the following 1 - 4 scale. A score of 1 must satisfy all the appropriate criteria of the risk control indicator.			
1	2	3	4
Full compliance in areas that matter	Broad compliance in areas that matter	Some compliance in areas that matter	Limited or no compliance in areas that matter

Other Respiratory diseases (e.g. silicosis)	
Respiratory disease management system	Effective organisation and arrangements including adequate COSHH assessment, provision of information, instruction, training and supervision. Evidence of management commitment and arrangements for review.
Control strategy	Substitution considered and effected where possible. Adequate engineering controls provided, used, maintained, examined and tested at suitable intervals. Suitable PPE provided, worn and stored correctly, suitably cleaned and well maintained. Appropriate instruction and training in proper use of engineering controls and PPE.
Health surveillance	A competent person provides suitable health surveillance, everyone requiring it has been included, it is repeated as necessary and health records are kept. Cases of silicosis are reported under RIDDOR.