

# Global Exposure Manager



The newsletter of the International Occupational Hygiene Association

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[www.ioha.net](http://www.ioha.net)

# IOHA: Promoting occupational hygiene

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Dr Jimmy L Perkins, professor (retired) of environmental health sciences at University of Texas School of Public Health, outlines how IOHA works to advance occupational hygiene.

Following on from my article on the structure and membership of IOHA in the last Global Exposure Manager, I now describe how improving the profile of occupational hygienists is a key function for the association, and outline various initiatives that are taking place to achieve this goal.

## Developing relations

The Stakeholder Relations Committee which was formed by IOHA to promote occupational hygiene has two major tasks. The first is to further develop NGO relations. We are currently one of two NGOs recognised by the World Health Organization (WHO) for occupational health, the other being the International Commission on Occupational Health (ICOH). Along with the WHO collaborating centres, we are responsible for creating various products that benefit workers and employers around the world.

While this relationship has been consistent and productive, we recognise that we can do more. Worldwide emergencies brought about by communicable and vector-borne diseases such as the Zika virus and Ebola have placed significant demands on the WHO, which has had fewer resources for occupational health. IOHA wants to bridge this gap by contributing more to WHO in the form of expert volunteers.

Our relationship with the International Labor Organization (ILO) has been strong, particularly in the early part of our 30-year existence (see GEM December 2016). Recently the relationship has waned. However, in 2016 we met with Nancy Leppink, chief of the labour administration, labour inspection and OSH branch of the ILO. She described a flagship programme called OSH – Global Action for Prevention. Its vision is to achieve real reduction in the incidence of work-related deaths, injuries and diseases and the creation of a global culture of prevention.

Work is primarily focused in countries with developing or emerging economies, and especially those that have a large portion of low- and low-to-middle-income and vulnerable workers employed by small manufacturers, or in the construction and agriculture sectors. A competency framework by which the ILO can engage in countries has been created, and now Ms Leppink is beginning the process of identifying strategic partners. These partners will help ILO to:

- understand the OSH issues in a particular country;
- develop the assessment process;
- diagnose why there is non-compliance;
- provide best practice guidance; and
- suggest contact organisations to implement the project.

We feel very good about our future relationship with the ILO and hope that new joint projects will develop in the future.

In addition, we have several memoranda of understanding with various sister organisations that have a worldwide reach such as the International Commission on Occupational Health (ICOH) and the International Society for Respiratory Protection (ISRP).

The purpose of the committee is to strengthen all of our relationships by finding ways to work on common projects. It is also to seek other relationships that could prove fruitful in the future when it comes to protecting worker health and providing resources to occupational hygienists.

## Improving capabilities and practices

There are two committees working with the goal of improving capabilities and practices:

- the Education and Training Committee; and
- the National Accreditation Recognition Committee (NAR).

The NAR has existed for more than two decades and has accomplished important work. It reviews applications from societies that accredit individual occupational hygienists. The process assures that hygienists who are certified or accredited under these schemes have an acceptable level of competence, education and training. Currently occupational hygiene bodies in 15 countries have received recognition under the programme.

The recently-formed Education and Training Committee has, as its purpose, the improvement of educational and training opportunities for occupational hygienists around the globe. In this regard, the IOHA works closely with the Occupational Hygiene Training Association (OHTA).

OHTA has existed for about a decade, and in that time has trained thousands of people throughout the world who are interested in occupational hygiene.

Early in 2016, it approved a new company structure. Anchoring this is the organisation's board of directors and its national societies. The latter have the opportunity to become a member

of OHTA by signing a memorandum of agreement with it. The OHTA board also keeps a permanent seat open for one member selected by IOHA. To find out more about this, please see [OHlearning.com](http://OHlearning.com), the OHTA website.

## Effective networking and knowledge management

One of the key issues for IOHA since its inception has been timely and effective communication with occupational hygienists around the world. Because we do not have access to the names and contact information of these thousands of practitioners, communication can be difficult. In the past we have relied on individual board members to communicate with their national societies. In smaller societies this can be effective but in larger societies it can be a burden. Consequently the information to be communicated is usually placed in a national society newsletter. While this can be effective, it is often not timely and may not be seen by individual occupational hygienists as readily as email correspondence might.

To improve the situation, our Communications Committee is undertaking three initiatives with the goal of effective networking and knowledge management. These aim to:

- improve the newsletter;
- improve the website; and
- improve conference processes and capitalise on their past success.

Recognising that in the past IOHA has not communicated adequately with the professionals it represents, its board approved a project to improve the newsletter and website to engage its stakeholders.

This article is appearing in the fourth issue of *Global Exposure Manager* – which is compiled by the online news service *Chemical Watch*.

When our old newsletter was published it was distributed to the board of directors. Other interested parties signed up to it from our website. As a result it did not have an effective circulation.

The board hopes cooperation with *Chemical Watch* ([www.chemicalwatch.com](http://www.chemicalwatch.com)), which publishes a number of online news sites, including *Chemical Risk Manager* ([www.chemicalwatch.com/crmhub/](http://www.chemicalwatch.com/crmhub/)), will improve the situation. It is a world leader in transmitting information about chemical regulatory developments and information supporting the safe use of chemicals in products. *Chemical Watch* sees the opportunity of working with IOHA as a chance to gain a foothold in the occupational hygiene arena – and especially information on exposure measurement, modelling and prevention.

In June 2016 *Chemical Watch* published the first *Global Exposure Manager Newsletter* for IOHA. There were further issues in September and December. It has been an impressive trial. The articles are timely and informative and well written by a team of scientific journalists.

The newsletter will serve as a vehicle to increase communication and broadcast our efforts. As a result, IOHA should be better able to recruit volunteers for international projects, and ultimately justify our quest for further funding. When someone downloads the newsletter from the *Chemical Watch* or IOHA website, we will get an e-mail address that will allow us to build a database of interested parties. Furthermore *Chemical Watch* is offering a generous subscription discount for its publications to members of our 34 national societies.

Another positive development to note is the increased number of newsletter contributions coming from IOHA's members. Roz Phillips of the British Occupational Hygiene Society (BOHS), who liaises with *Chemical Watch*, reports that through the year more national associations are providing information and ideas for articles.

Improvements to the IOHA website are likely to take considerable time to meet our vision.

We know there are many occupational hygiene resources that are used around the globe by only one country, a small region, or at most a small group of countries. These resources are usually unknown outside the host country, often because of language barriers. But we could be missing an opportunity to learn from each other.

Our long-term vision is for the IOHA website to include a clearinghouse for resources. This will be known to our national member societies, and can be referred to by occupational hygienists. However, even with new technology that could help with translation, for example, it will take time to compile information and resources to maintain it.

Our third activity, the triennial IOHA International Hygiene Conference, has been a considerable success.

IOHA is particularly proud of this event, which forms the third pillar of its networking and knowledge management activities. Future and recent conferences are:

- 2020 Daegu, South Korea;
- 2018 Washington, DC;
- 2015 London;
- 2012 Kuala Lumpur; and
- 2010 Rome.

Our most recent conference in 2015 was a success in many ways. Held in London and sponsored by the British Occupational Hygiene Society, it was attended by more than 700 people from 47 countries. While this is impressive, the percentage of delegates from developing countries (and taking advantage of discounted rates) was 38% – thus going some way to meeting our goal of increasing occupational hygiene knowledge in such countries.

Presentations came from 38 countries, and many developing countries were represented in this as well. All told there were more than 300 oral and poster presentations, workshops and

roundtables. The BOHS and IOHA made a profit from the event, which is important.

Many national societies depend on their annual conferences to generate a considerable portion of their yearly operating costs. It is therefore important that sponsoring societies make a profit if they host IOHA's conference. In autumn 2018, the American Industrial Hygiene Association will combine its Fall Conference with the IOHA International Conference.

## Robust governance

The IOHA annual operating budget is small and based on two sources of funds.

The first is a capitation fee upon our member societies. It is currently £1.77 per member of the national society (just over US\$2). Annually this raises about £22,000. Our expenses are in the region of £25,000. We have therefore been running a small deficit in the last few years. This is largely related to website costs and also our efforts at improving newsletter development and communication. The deficit has been made up from reserves. IOHA currently has a healthy reserve fund, accumulated entirely from profits achieved from international conferences. Unfortunately it can only cover one-time costs and not significant year-to-year operating costs.

There are a number of new initiatives that IOHA would like to undertake, and of course we would also like to do a better job in achieving the initiatives we are currently running. However, the budgetary numbers above make it unclear how to accomplish this without greater resources.

The board recognises that to ask for a higher capitation fee from its member societies is a non-starter. We must find other ways to raise capital, and to use our largest resource: the human capital represented by our volunteers. The Governance Committee is

charged with maintaining internal IOHA documents so that we function in a coordinated and effective manner, but more importantly, the committee is charged with looking at future governance and funding models that will allow us to explore new initiatives.

While the IOHA budget is small, it nevertheless appears as an item on all of our member societies' operating budget sheets. From time to time, members of these national boards question those contributions and the benefits they achieve. Hopefully, from the above discussion readers can see that IOHA accomplishes a great deal with a very small amount of money. Nonetheless a request has been made to alter our capitation rate based upon the size of each national society.

The first table shows that about one half of the occupational hygienists represented by IOHA national societies are members of either the American Industrial Hygiene Association and/or the American Conference of Governmental Industrial Hygienists. As a result, those two organisations are contributing more than half of IOHA's annual operating budget. In order to make the system more equitable, the capitation rate was modified for organisations with more than 1,000 members based on values in the second table. As can be seen members of the American Industrial Hygiene Association now contribute £0.67 per member.

There are other ways to examine the fairness of this capitation assessment. Also seen in the second table is the rate that is paid based upon the country's economic output or per capita GDP (gross domestic product). The countries are arranged in order of per member contribution based upon this economic adjustment. There are probably many other ways that one could argue about a fair and equitable contribution. We hope that all will agree that the monetary contributions are small relative to the benefits that an international effort can bring to complement national activities.

## Conclusion

IOHA is going from strength to strength and we feel that with our robust structures in place and exciting new opportunities on the horizon, the future is looking extremely positive for occupational hygienists.

Percentage of worldwide population of member OHs by country					
Country	#	% of total	Country	#	% of total
Mexico	192	1.0%	South Africa	773	3.9%
Japan	207	1.1%	Japan - JAWE	866	4.4%
Malaysia	280	1.4%	Italy	1025	5.2%
Brazil	313	1.6%	Australia	1125	5.7%
Canada	349	1.8%	UK - BOHS	1758	8.9%
Norway	370	1.9%	US - ACGIH	1794	9.1%
Netherlands	496	2.5%	US - AIHA	8512	43.3%
South Korea	517	2.6%	US total	10306	52.4%
<i>Colombia, Spain, Ireland, Hong Kong, France, New Zealand, Poland, Singapore, Germany, Sweden, Taiwan, Switzerland, Finland, Belgium: &lt;1%</i>					

## Descending costs per member, adjusted by per capita GDP of country

Country	Total 2016 (£)	Fees/mbr (£)	£/mbr/pcgdp	Country	Total 2016 (£)	Fees/mbr (£)	£/mbr/pcgdp
S. Africa	1368	1.77	0.01344%	Taiwan	218	1.77	0.00378%
Colombia	39	1.77	0.01278%	Germany	143	1.77	0.00377%
Brazil	554	1.77	0.01134%	Sweden	150	1.77	0.00369%
Mexico	340	1.77	0.01009%	Netherlands	878	1.77	0.00360%
Malaysia	496	1.77	0.00673%	Australia	1814	1.61	0.00340%
Poland	71	1.77	0.00669%	UK - BOHS	2437	1.39	0.00337%
Spain	41	1.77	0.00508%	Ireland	62	1.77	0.00319%
Italy	1792	1.75	0.00490%	Hong Kong	65	1.77	0.00312%
New Zealand	71	1.77	0.00489%	Switzerland	248	1.77	0.00302%
S. Korea if	915	1.77	0.00485%	Norway	655	1.77	0.00259%
Japan	1899	1.77	0.00465%	ACGIH	2469	1.38	0.00247%
Finland	266	1.77	0.00430%	Singapore	127	1.77	0.00208%
France	71	1.77	0.00430%	USA	8513	0.82	0.00147%
Belgium	327	1.77	0.00406%	AIHA	6044	0.67	0.00120%
Canada	618	1.77	0.00389%				

*£/mbr/pcgdp is £ per member as a percentage of per capita national GDP*

## News

### Plans for an EU OSH platform

A European platform for professionals working in occupational hygiene and chemicals has been proposed to enable better communication, standardisation and sharing of knowledge.

There are thousands of occupational safety and health (OSH) workers who share the same commitment to supporting European enterprises and applying regulations and directives in a consistent, understandable and efficient way.

By setting up an EU platform, OSH workers could:

- exchange industrial hygiene (IH) knowledge and practical field experiences;
- promote the harmonisation of IH-related methods, standards and guidelines; and
- align qualification or certification schemes.

Such a platform could operate as a professional contact network for institutional EU stakeholders.

A few national industrial hygiene associations belonging to IOHA have already expressed their interest in the initiative including: BSOH, Belgium; DGAH, Germany; SOFHYT, France; AIDII, Italy; NVvA, Netherlands; SSHT, Switzerland; and AEHI, Spain.

The next step is to launch a preliminary feasibility project, addressing issues such as scope, deliverables, milestones, resources, and governance, taking into account priority expectations and needs of the main EU stakeholders.

It is hoped that this initiative and follow up will be discussed during the next BOHS conference, in its European OH network session on 26 April, in Harrogate, UK.

For more information, contact Antoine Leplay (aleplayconsult@gmail.com), coordinator of the initiative, CIH, SOFHYT, France.

### French SOFHYT supports NanoRESP forum

SOFHYT, the French Society of Occupational Hygienists has joined the NanoRESP forum to support its work on nanomaterials.

Nanomaterials are an emerging concern within occupational hygiene as there is a lack of knowledge on the specific hazard of nano-size compounds.

The NanoRESP forum offers an open, non-controversial, but critical reflection on nanotechnologies and nanomaterials. It organises regular meetings to share knowledge, concrete

initiatives, uncertainties and expectations of producers, distributors, users and consumers of "nanoproducts".

[www.nanoresp.fr/](http://www.nanoresp.fr/)

## ANOH 2017 conference programme and two projects approved in the board meeting

The Asian Network of Occupational Hygiene (ANOH) held its 2017 board meeting in Daegu, South Korea on 8-10 February during the Korean Industrial Hygiene Association Winter Conference.

It approved a project to support the IH Training the Trainer course in Fiji jointly with the WHO and Fiji National University (FNU). Compared to many other Asian countries, Fiji's occupational health services are underdeveloped, or non-existent, and need intensive and urgent work. It is therefore considered vital to get the course up and running quickly. The WHO local office also asked us to support the development of an occupational health training programme to build their capabilities in the Pacific Islands countries. The details of the programme will be determined after further discussion with WHO and FNU.

ANOH also approved a project on developing Asian occupational exposure limits. These had been proposed to cover both developed and developing countries, large and small-sized enterprises, and even for informal sectors. A working group will be organised with volunteers from among ANOH members. The first step will be to collect information and to review and compare all OELs in Asian countries.



The board approved a proposal to host the 2017 ANOH conference at the Guangzhou Baiyun International Convention Center (No. 1039-1045, Baiyun Da Dao South, Guangzhou, PR China), from 14–15 November. The proposal from Dr Qu, of the Guangdong Province Hospital for Occupational Disease Prevention and Treatment, includes a Professional Development Course (PDC) on 13 November, and an optional city tour.

ANOH warmly welcome new members and encourages you to join us for our projects and the 2017 ANOH Conference (Email: [haesong2323@gmail.com](mailto:haesong2323@gmail.com)).

## KIHA 2017 Conference

The Korean Industrial Hygiene Association (KIHA) 2017 Winter Conference took place in Daegu, South Korea on 8–10 February. Its theme was the protection of vulnerable workers.

The conference brought together more than 650 industrial hygienists, occupational health doctors, nurses, and safety professionals from across Korea and 16 representatives from Australia, China, Taiwan, Hong Kong, Thailand, Malaysia, Vietnam, the USA and the Netherlands. The senior deputy mayor of Daegu, Yeonchang Kim, gave a welcome address following the opening address by Doo Yong Park, president of KIHA. Youngsoon Lee, president of KOSHA and Philip Hibbs, president of AIOH made congratulatory speeches.



The conference successfully organised three Professional Development Courses (PDCs), five keynote speeches, three lunch talks, 20 invited presentations, as well as 33 oral and 72 poster presentations, to provide a platform for disseminating and sharing knowledge and experiences.

Key conference themes included methanol poisoning cases in 2016, desirable OHS governmental organisational structure, protection of vulnerable workers, chemical management practices, annual workplace monitoring systems and the development of Asian occupational exposure limits.

One of the main symposiums was on methanol poisoning cases that had occurred in several small-sized industries where smartphone parts were being processed. The substance was used as a coolant for high speed CNC milling machines. There was an interesting discussion after presentations from academia, government and NGOs.

The *Global Exposure Manager* has been compiled for IOHA by the on-line information service, Chemical Risk Manager.

### Disclaimer

While great care has been taken with the compilation of this newsletter, IOHA, its Directors, the editor and the authors of articles accept no responsibility for opinions, errors and omissions that may be made in this Newsletter. The responsibility for opinions expressed in signed articles rests solely with their authors and does not constitute an endorsement by the IOHA.

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# Events

## BOHS - OH2017

25-27 April 2017, Harrogate International Centre, UK

Occupational Hygiene 2017 is the leading international conference in the field of worker health protection in the UK, focussing on occupational hygiene and the prevention of occupational ill-health and disease. To register go to the website: <http://www.oh-2017.com/>

## Managing chemical exposures at workplaces – the interface between OSH legislation and REACH

22–24 May, Hämeenkylä Manor, Vantaa, Finland

REACH and OSH legislation are aiming at the same goal: safety, health and wellbeing of people handling chemical substances at work. The terminology and overall language used within their legislative frameworks differ from each other. At an average European workplace the personnel handling issues relating to REACH or the chemical agents Directive (CAD) may be different. As a result, communication between people involved in the registration of chemicals and those concerned with the safety of workers in downstream industries can be challenging. In addition to practical issues of managing two regulatory regimes, there are also more profound differences in their philosophy. This has to be understood in order to guarantee proper implementation.

For more information see: [www.niva.org/course/managing\\_chemical\\_exposures/](http://www.niva.org/course/managing_chemical_exposures/)

## The American Industrial Hygiene Conference and Expo (AIHce)

4-7 June, Seattle, Washington

AIHA's annual conference is now in its 77th year. The meeting focuses on the important trends, needs, and research that impact worker health. Industry suppliers have joined in this yearly experience, adding new technologies, training and connections that make IH/OH professionals more efficient in their pursuit of protecting worker health. Every year, the American Industrial Hygiene Conference and Expo (AIHce) is the premiere destination for thousands of IH/OH professionals, including industrial hygienists, EHS specialists, safety and risk management professionals, all of whom are responsible for the safety, health, and environment of today's workspaces.

Advanced registration ends 3 April, see: [www.aihce2017.org/Pages/default.aspx](http://www.aihce2017.org/Pages/default.aspx)

## 2017 French Occupational Hygiene week

23 June Paris, France

As in 2016, the French association SOFHYT is organising an occupational hygiene event, this year on 23 June. The meeting will explore different approaches to modelling exposure. SOFHYT notes that often exposure measurement is not possible as neither the technology nor methodology is available. As a result, health risks from exposure have to be assessed through modelling. The association notes it is critical to get this right as the conclusions can be significant for both workers and employers. To register for the event go to [www.sofhyt.fr](http://www.sofhyt.fr).

The event follows Preventica occupational conference which runs from 20-22 June. See: [www.preventica.com/congres-salons-preventica.php](http://www.preventica.com/congres-salons-preventica.php)

The other main symposium discussed how South Korea should organise OSH governance. It has been suggested that the current administration in the Ministry of Employment and Labor is insufficient to protect health and safety for indirect and vulnerable workers. A special session with speakers from Asia and Netherlands gave the current status of their occupational exposure limits (OELs) and led a discussion on the idea for development of Asian OELs.

KIHA conferences take place twice a year: in winter (February) and summer (August).

The next, to be held on 16-18 August in Gyeongju, South Korea, will have the theme of 'Dancing with OSH inspectors'. (More details: [haesong2323@gmail.com](mailto:haesong2323@gmail.com)).

## KIHA and AIOH sign memorandum of understanding

KIHA and the Australian Institute of Occupational Hygienists (AIOH) have signed a memorandum of understanding (MoU).

The ceremony took place in Daegu, South Korea, on 9 February and was attended by Doo Yong Park, president of KIHA and Philip Hibbs, president of AIOH.

Both KIHA and AIOH appreciate the importance of enhancing the capabilities of industrial hygiene in the Asian region. It is believed that the collaboration can make a great contribution to achieving this common mission as their countries are located at the north and south ends of Asia.

The purpose of the MoU is to outline the activities and areas where both entities agree to collaborate to their mutual benefit and to enhance the practice of occupational hygiene within their countries. It encompasses the following areas and activities:

- members of the KIHA and the AIOH can attend the partner's conferences, seminars, training programmes and functions, and purchase publications, etc at the applicable member rates;
- the KIHA and the AIOH will display the logo of the partner at a suitable location on its website, with the logo being hyperlinked to the partner's website;
- funds permitting, the organisations agree to invite and sponsor the partner's president and/or president-elect to attend their annual conference. The sponsorship would generally include full complimentary registration (including relevant social functions), accommodation and airport transfers within the partner's country;
- the organisations will publish details of the current partner's annual conference at a suitable location on its website (for example, their international affairs page) and AIOH newsletter;
- the organisations agree to exchange technical information in fields of mutual interest (for example worker health, exposure standards, etc), to actively seek to identify and promote opportunities to transfer knowledge and information in the field of occupational health and safety, to cross-reference and share news articles and other online information and scientific publications, and to provide occasional content for institutional newsletters and journals.

# Improving respiratory health

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Past ISRP president Mike Clayton says that the sharing of knowledge and expertise is vital to the delivery of better respiratory health and that is one of the key benefits that has emerged from IOHA's cooperation with the International Society for Respiratory Protection (ISRP). Chemical Risk Manager's Judith Chamberlain reports.

The ISRP's mission is to be informative and educational. It aims to provide knowledge on all aspects of respiratory protection. It does this by bringing together occupational health and safety professionals in the field of respiratory protection so members may offer their opinions, disclose their research findings and share ideas.

In April 2015, at the IOHA conference in London, the ISRP and IOHA signed a memorandum of understanding (MoU). Since then both groups have benefited from the relationship.

## Growing a local presence

As past ISRP president Mike Clayton explains: "There are lots of synergies between the missions of the ISRP and IOHA. We both have an historical presence in various parts of the world and a relationship with key stakeholders who have links with occupational hygiene groups in different countries.

We have lots of members across the world who can help IOHA. It's good to have a presence in as many localities as possible and to work with IOHA members who as occupational or industrial hygienists bring an important level of knowledge and expertise on respiratory protection, which is such a global problem.

It's good to have a presence in as many localities as possible and to work with IOHA members who as occupational or industrial hygienists bring an important level of knowledge and expertise on respiratory protection, which is such a global problem.

The ISRP was formed in 1982 in the US and it then expanded to the UK and to a number of sections across the world including more widely through the Americas, Europe, and Asia, including in Australia, China, Japan, South Korea and Taiwan.

Mr Clayton says: "The Greater Chinese section is still in its infancy as it only joined last year, but it is a massive area because that region is such a growth area – and there is much greater interest in health and safety nowadays. We are hoping to go into other parts [of Asia], too."

The MoU relationship with IOHA has also enabled both sides to work together on various projects such as supporting the work of the British Occupational Hygiene Society (BOHS). "We are currently helping with the production of factsheets on respiratory protection for the Breathe Freely campaign," he says.

## Different perspectives

Another important part of the relationship is sharing different perspectives on the work both societies are doing to achieve their missions. International conferences provide a platform for various topics to be discussed. For example, at the ISRP conference in Japan, which was held in November 2016, IOHA's Karen Niven gave her views on understanding human behaviour in the context of respiratory health. Mr Clayton says that although hard science is important, understanding the 'softer side' of respiratory health is also critical. "We mustn't forget that we are dealing with people's health and how they manage it."

The ISRP is also involved in a range of international projects such as one being set up to look at respiratory hazards from volcanic ash. The Health Interventions in Volcanic Eruptions (HIVE) is undertaking research into the effectiveness of a range of respiratory protection worn by communities during volcanic eruptions. This is a multi-pronged project run by the University of Durham along with partners from Mexico, Japan and Indonesia. The aim is to work on some guidance for the end users such as NGOs, emergency services, Save the Children, and Red Cross among others.



The ISRP is hoping to use a similar approach to the one it used during the SARS and bird flu epidemics.

“We have learned a lot over the years in the ISRP particularly in terms of training and education – we started to train people when the SARS and bird flu epidemics started a few years ago and we realised that workers in the health sector needed training to help them,” says Mr Clayton.

“We helped the ministry of health in Cambodia by providing train-the-trainer courses which have since delivered training to over 3,000 health workers. We found it was better to avoid words to get the message across so we used cartoons instead which were very successful.”

He adds that the relationship with IOHA will be beneficial as it brings contacts at the local level that are helpful in delivering training courses.

## Ensuring equipment fits

As well as his work with the ISRP, Mr Clayton also leads a team at the Health and Safety Laboratory (HSL) in the UK. HSL is part of the UK government’s Health and Safety Executive (HSE) and offers a complete range of solutions to help ensure that employees are protected from preventable illnesses and injuries. He takes the lead in the laboratory’s personal protective team. One of his key interests has been the development of fit testing, which was established as part of HSE regulations.

“There is a lot of interest in improving the quality of fit tests because often they are not done well,” he says.



## There is a lot of interest in improving the quality of fit tests because often they are not done well

Recent research indicates that not all respiratory protection equipment (RPE) used offers the wearer the level of protection assumed, and one of the major reasons is that it simply does not fit. Yet, under the regulations RPE must be correctly selected and this includes, for many types of RPE, a facepiece fit test conducted by a competent person. So how can you be sure the person conducting the fit test is competent?

In view of these major concerns the British Safety Industry Federation, along with the HSE and other industry stakeholders have developed a competency scheme for fit test providers.

Mr Clayton provides technical input for the scheme and also assesses the assessors.

“We have made great progress over the years as we now have a growing body of competent fit testers. The end users don’t get much help with using the actual equipment so it’s good to have one-to-one guidance and this is the only time they get it. Even though there are some great products out there, they are no use if they are not fitted properly – many people think that using respirators is just common sense but it isn’t.”



Unfortunately this aspect can be seen as a burden by employers so often it is not done properly. “We need to address this,” says Mr Clayton, “We need to make the guidance shorter and more effective to encourage people to use it so there is lots that still needs to be done. But the implications of this are huge – the levels of ill health could really start to fall if we get it right.”

Fit testing was introduced to the UK in 1999 having been common practice in the US for some time, and there is growing interest across Europe too. “Last year HSL hosted a delegation from the Swedish health authority who came to learn about fit testing. I also recently visited the Netherlands to talk about our work in the UK. We are really keen to share our experience in fit testing as it took a while for us to get things right and it is great to pass on the lessons we have learned.”

Respiratory health is clearly still a major issue around the world and there is plenty to be done, says Mr Clayton. ISRP members are also making links with organisations such as Workplace Health Without Borders (see issue 1 of GEM) which is looking at various projects such as brick manufacturing in Nepal, where there is little control on the levels of exposure.

He concludes: “One of our ambitions is to grow the society more particularly in eastern Europe and South America and through links with societies like IOHA we are hoping to be able to do our bit to tackle respiratory health issues across the world.”

# The BOHS Breathe Freely campaign – why lung health is the key to healthier workplaces

Tracey Boyle, president of BOHS, explains how the Breathe Freely message has been gaining traction since its launch, and why safeguarding the lungs of the nation's workers is so crucial to achieving a healthy working environment for everyone.



The Breathe Freely campaign, launched in April 2015 by the British Occupational Hygiene Society (BOHS), has its roots in figures that show that tackling respiratory ill

health is the single most important factor needed to reduce work-related disease and mortality in the UK today.

The first Breathe Freely initiative aimed at tackling occupational lung disease in the construction industry. Figures showed that every year thousands of people in Britain died as a result of breathing in carcinogenic and other hazardous substances at work. Construction workers in the UK are at least 100 times more likely to die from an occupational disease than from an accident at work. The Breathe Freely campaign is based on the simple premise that we can protect workers' health and prevent deaths caused by lung cancer and other respiratory diseases through good occupational hygiene practice. To put it simply, by recognising the hazards, evaluating the risks, and controlling exposures today, we can make a huge difference to worker health in years to come.

Since the successful launch of Breathe Freely with its founder partners – the Health and Safety Executive (HSE), Land



Securities, Mace and Constructing Better Health – the initiative has attracted unprecedented levels of support from employers, trade unions and other influential people and organisations in its first activity-packed two years.

BOHS has now signed up more than 160 supporters from across the construction industry and over 60 Breathe Freely talks have been delivered at roadshows, events and meetings across the UK, all designed to offer practical advice on managing health and equipping attendees to make improvements on their sites.

## Breathe Freely tools

The Breathe Freely website ([www.breathefreely.org.uk/](http://www.breathefreely.org.uk/)) is a central part of the initiative and offers a range of useful, practical and free resources, to protect workers' health. The website features free guidance materials, including best practice case studies, fact sheets and a good business case that proves that good occupational hygiene makes excellent business sense too.

## Health in industry management standard

In April 2016, the BOHS launched the health in industry (HI) management standard, designed by the UK's leading occupational hygienists, and setting out best practice criteria for worker health protection.

Essentially, the Breathe Freely HI management standard is a self-assessment tool that sets out exactly what good looks like in managing workplace health risks.

Companies can sign up to the standard and then self-assess how they are performing. Using its framework of good practice, construction managers can use the standard as a guide to prevention of work-related ill health. For example, they can put controls in place and ensure compliance with exposure limits, rather than simply relying on respiratory protective equipment (RPE).

A key message of the Breathe Freely initiative is that effective occupational hygiene solutions need not be complex or expensive.

In fact, the business case for occupational health and hygiene is strong and convincing. It can bring a significant return on investment, improve employee relations, demonstrate social responsibility, and enhance a company's reputation.

## A new manufacturing Breathe Freely initiative

Last October, BOHS revealed plans for a new Breathe Freely initiative to prevent occupational lung disease in the manufacturing sector. It will be launched around the time of Workers' Memorial Day in April 2017 and run in tandem with the Society's existing construction-based initiative.

With the aim of maximising improvements in respiratory health protection at work, BOHS has confirmed the initial focus will be on welding activities:

- around 75,000 workers in Britain are currently exposed to welding fumes with welders spread across many manufacturing and fabrication industries and present in both large and small businesses;
- the HSE has identified welding as one of the top ten causes of work-related cancer, causing around 152 deaths a year;
- every year, breathing metal fume at work also leads to some 40 to 50 welders being hospitalised with pneumonia, with the disease killing around two welders each year;
- besides pneumonia and cancer, welding work is associated with numerous other respiratory ill health conditions, such as asthma and metal fume fever, as well as short-term irritation of the throat and lungs, and reduced lung function.

Commenting on the plans for the manufacturing sector, as well as the progress so far in the construction industry, BOHS's chief executive, Steve Perkins, recently noted, "The critical message of Breathe Freely – that tackling respiratory illness is the single most important action needed to reduce work-related ill health and mortality in the UK today – is becoming embedded within the construction sector, gathering some real momentum. Now it's time to extend our focus to the manufacturing industry and ensure the lungs of this sector's workers are protected as they should be, with the application of cost-effective, practical occupational hygiene solutions."

Every year in the UK about 13,000 people die from diseases caused by the work that they do, or used to do, while in 2015/16 144 people were killed in accidents at work

## Treating health and safety equally

UK HSE's 2015/16 statistics for health and safety at work in Britain show that 1.3million workers were suffering from a work-related illness, either new or long standing. This figure is shocking. Every year in the UK about 13,000 people die from diseases caused by the work that they do, or used to do, while in 2015/16 144 people were killed in accidents at work. This indicates that 99% of deaths caused by work can be attributed to ill health, rather than poor safety.



These figures are daunting and, realistically, present a burden that cannot be resolved by any single employer, trade union, professional society, government agency or even regulator working alone. There has been a growing realisation that a collaborative approach is the key to successfully tackling local and global work-related ill health.

As an example of this trend, in January 2016, more than 150 construction company bosses met in London at the inaugural Construction Health Summit organised by the Health in Construction Leadership Group (HCLG), an alliance of contractors, clients, the HSE and other trade and professional bodies, including the BOHS.

At the event, the CEOs signed their organisations up to the initiative Committing Construction to a Healthier Future. This aims to eradicate construction worker ill health and disease and give equal priority to health and safety.

The HCLG organised a second Health in Construction event on 21 April 2016 which also saw more than 150 leaders responsible for health and safety in the UK construction industry agree to reduce respiratory disease in the sector.

Another Construction Health Summit took place on 26 January at the Royal Institution in London. At the event construction CEOs and senior leaders reflected on progress made a year on from their first commitment. In an unprecedented development, we are now beginning to see construction companies uniting in support of the mutual goal of worker health protection, sharing good practice, and reaching collective agreement on the best ways to help ensure people are working in a healthy environment, as well as a safe one.

## Breathe Freely in 2017 and beyond

A busy schedule of activities is lined up for the Breathe Freely initiative during 2017 and beyond. The BOHS has identified the need for a new course, entitled the Certificate in Controlling Health Risks in Construction, which will fill an identified skills gap. The course is designed to assist construction employers in upskilling their workforce in the basics of health risk management and control. Largely aimed at site supervisors, it will enable better recognition and control of health risks when it is launched.

The message from Breathe Freely is clear: by protecting the lungs of every construction and manufacturing worker today we can make an enormous difference to worker health in future.

[www.breathefreely.org.uk/](http://www.breathefreely.org.uk/)

# Industrial hygiene in Latin America

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David Rodriguez, past president of the Mexican Industrial Hygiene Association, talks to Chemical Risk Manager reporter, Judith Chamberlain, about developments in South and Central America.

Twelve years ago, little attention was paid to industrial hygiene (IH) in Latin America. That all changed when a group of enthusiasts in Argentina, Brazil, Chile, Colombia and Mexico set up the Americas Committee to promote industrial hygiene.

David Rodriguez, past president of the Mexican Industrial Hygiene Association says the group's prime aim was to make sure worker safety could be properly addressed.

The Committee still has plenty to do to improve the state of industrial hygiene in Latin America and many issues for worker health and safety remain. As Mr Rodriguez says: "One of the biggest problems is the high level of 'informal' work, which means that many people have no occupational health and safety protection. In many countries in this region, people are working in poor conditions though Colombia, Mexico and Brazil are the most advanced in terms of providing regulatory standards."

In Latin America there are now industrial hygiene groups in:

- Argentina;
- Brazil;
- Chile;
- Colombia;
- Guatemala;
- Mexico;
- Peru; and
- Venezuela.

Argentina and Guatemala joined last year and the aim is to get more people interested in promoting IH in the region. Bolivia, Paraguay and Uruguay do not have the contacts yet to create an association, but Mr Rodriguez is hopeful these countries will join shortly.

## Conferences

The Americas Committee aims to align and promote industrial hygiene strategies in different countries and to organise a pan-American conference every two years. The last one was in Chile

in October 2016 and the next one will be held by the Argentinian IH association in 2018. As part of the agreement, two national group presidents support each conference, in 2018 this will be Argentina and Chile.

"We use these conferences to set the threshold limit values (TLVs) for various substances," says Mr Rodriguez.

Every year each association also holds its own conference (the Mexican IHA meeting is in April, Brazil's is in August, Argentina's is in October and Colombia's is in November). All the associations aim to meet on a regular basis at the Colombian IHA conference and use the opportunity to update the work that every country is doing in terms of standards development in industrial hygiene.

"It's really important to try to know what is going on in each country and link between governmental agencies to help them understand what is going on. As an example of this, two years ago we were trying to understand migration in Colombia and the different regulatory agencies involved so a government representative went along to the meeting. As a result, Colombia developed a human migration standard," Mr Rodriguez says.

This year, the Committee will also host IOHA's board meeting as part of the international association's efforts to get more people and countries involved.

## Spanish resources

A big problem for improving IH in Latin America is the language barrier – most information in occupational hygiene is not written in Spanish.

We have good professionals, but there are just too few. In the Mexico IHA, where we have a population of 120 million people to cover, we have 250 members. There is a growing interest to have more industrial hygienists, but we are still far behind the number that we would like to have

Mr Rodriguez says it is important to create more information in Spanish. For example, one important document for industrial



hygienists is the guidelines on chemical exposure. The American Conference of Governmental Industrial Hygienists updates it every year. In 2014 the Committee translated it into Spanish for the first time.

He explains: “The idea for this translation is to offer information to industrial hygienists working in Latin America and among our members. Many people do not speak English and sometimes it’s very difficult to get updated information in Spanish.”

The translated version guidelines is updated every two years so we are due to launch another one next year,” he adds.

Another major problem is the lack of industrial hygienists. As Mr Rodriguez highlights: “We have good professionals, but there are just too few. In the Mexico IHA, where we have a population of 120 million people to cover, we have 250 members. There is a growing interest to have more industrial hygienists, but we are still far behind the number that we would like to have.”

## Training

Many people that work in the industrial hygiene field in Latin America are multi-tasking – they have to do environmental protection or safety, as well, so only a small percentage of their time can be spent on IH activities. There are not many people who just do IH unfortunately, Mr Rodriguez says.

“We have tried to increase the numbers of hygienists, but we need more training modules for IH practice and courses.” This is one of the biggest issues facing the development of industrial hygiene in the whole of Latin America, he says. There

are not many professional training courses available for industrial hygienists. More programmes need to be set up, along with a system of training standards.

It is really important, therefore, to get a link between organisations that regulate set standards. “In 2012 we attended a meeting in Sao Paulo in which we discussed the professional and technical knowledge that industrial hygienists should have to be able to practise in Latin America,” Mr Rodriguez says. “The outcome was a document we wrote and signed together to inform or let the people know what technical skills and leadership are required.”

Some countries in the region are also trying to create a certification process for industrial hygienists. Mexico now has a certification process, which is not recognised yet by the IOHA, but it is working with them to get it accredited.

Brazil already has a certification process, but is also waiting for accreditation from IOHA.

“However, there is plenty to be optimistic about and we have great hopes for the future,” says Mr Rodriguez.



# The future of occupational hygiene

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As the work environment has changed dramatically over the past several decades, it is vitally important that occupational hygienists tackle new challenges relating to worker health, Noah Seixas, editor of *Annals of Work Exposures and Health*, tells Chemical Risk Manager's Judith Chamberlain.

"I have been a traditional OH exposure assessment researcher for most of my career and I've recently turned my primary attention to minorities, immigrants, women and others with special needs that mean they need protection. As a journal editor, and in my career, I have become increasingly aware of the necessity for change on several levels," says Noah Seixas, editor of *Annals of Work Exposures and Health*.

One of the key changes is understanding the social dynamics of OH. He believes that traditional OH doesn't look carefully enough at who the person is or what their social status is – it is more concerned with the physical and biological science of health risk. "While this is important for measuring outcomes, it is the overall

health of workers that matters, so we need to take a broader look and see how we can stay at the cutting edge."

Professor Seixas says: "As I was looking at this in my research focus, I was also editing the *Annals* [then known as *The Annals of Occupational Hygiene*] and realised that the journal's focus had been mainly on technical issues. It made me see the need to broaden its scope to remain relevant to the health of workers. It also made me recognise that the words 'occupational hygiene' are anachronistic – they have very narrow implications that don't capture the breadth of what OH is about."

This led Professor Seixas to think about shaking things up with the *Annals*. "We decided to examine our reputation and our strengths and did a series of interviews with leaders in the field. They also felt that the phrase 'occupational hygiene' gave the field a narrow view, and it also limited our ability to attract new science and understand the new workplace health determinants."

As a result, a decision was taken to change the title of the publication. "So we went through lots of possibilities to try and capture what we do. The result was *Annals of Work Exposures and Health*, with the subtitle *Addressing the cause and control of*

work-related illness and injury. We didn't want to lose the Annals part – because this provides a clear link to our past reputation.”

However, the editors are very aware that you need to do more than just change the title. Professor Seixas says: “The central element is exposure in relation to health of working people. So it has a bit of a broader vision, but retains the central prevention concepts of OH”.

“We found that people associate the word hygiene with cleanliness, but that is only a small part of what we do. For example a lot of our work is on ergonomic exposure and musculo-skeletal injury, but we don't tend to attract that kind of paper into the Annals because ergonomics scientists don't see it as relevant to what they do.”

Some important themes emerged from the work, which Professor Seixas and his colleagues presented in a recent paper in the Annals entitled ‘Creating a Future for Occupational Health’.

The central element is exposure in relation to health of working people. So it has a bit of a broader vision, but retains the central prevention concepts of OH

### Globalisation

On a macro level one of the main themes that emerged is globalisation – this includes the movement of immigrants around the world due to work and also work that is being done in developing economies. “Often this means that workers are doing hazardous tasks in countries where there is little social protection or they are treated as second-class citizens because they are immigrants. They may also have less influence and social capital in their new country,” he adds.

This also includes technical changes such as the impact of introducing new technologies on workers' health and replacement of workers with manufacturing systems.

### Work organisation

Another theme that emerged is work organisation. OH has grown up in the context of the Standard Employment Relationship – this is basically a social contract between the workers and management that includes sick pay and time off. Nowadays there is a whole range of different contracts available including temporary work, contract work and odd jobs such as those who work for Uber and Lyft and other so-called transportation network companies.

Often workers are hired by labour supply organisations who then place them with different companies. For example, in many hotels the contracting firm places the workers in the hotel. But, he says, this removes a sense of responsibility from the workplace or the employer, and workers have less opportunity to advocate for change.

“I think the future of workers' safety still needs a lot of work. Supply chain regulation also seems to be one of the key areas

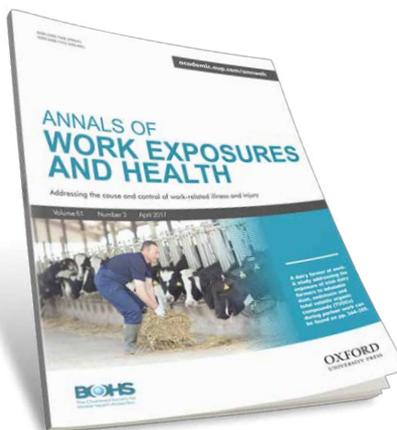


that needs addressing – it is a very important and challenging problem as it requires both international communities and local infrastructure to come together and work cooperatively. Both of them need to be there. Having well-meaning corporations is great but it is not enough and they need to be able to work with countries who are dependent on that economic activity.”

It is vitally important that occupational hygienists change with the times to meet all these challenges and have the skills to remain an important contributor to workplace safety, says Professor Seixas. IOHA, as an organisation that is trying to bring modern standards to all corners of the globe, can make a big difference here, he adds.

“The world of work is changing and the consequences for health are therefore changing too,” says Professor Seixas. “This means we have to make sure we are keeping up with the changing trends. It means the science needs to change with it.

“This doesn't mean that traditional hazards can be ignored – they are still there. But the way in which we engage with those risks has to be different and this is what we are going to be focused on in the Annals.”



Annals of Work Exposures and Health: Addressing the cause and control of work-related illness and injury  
[www.academic.oup.com/annweh](http://www.academic.oup.com/annweh)

# OH2017



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### Conference Rates 25 - 27 April 2016

Delegate Type	Full Conference	Early Bird*	Day Rate
BOHS Member	£610	£500	£295
Speaker**	£530	£445	£265
Non Member	£755	£700	£375
Student	£245	£245	£125

Cancellations received after 31 January 2017 are  
**NOT** entitled to a refund but substitutions will be  
accepted.

#### Early Bird\*

Early Bird rates available until 28 February 2017.

#### Speaker Concessions\*\*

BOHS will continue its offer to speakers for one free  
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\*\* Does not apply to IGNITE presenters.

\*\*\* Maximum of one day free for those presenting on  
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See centre pages for more details.

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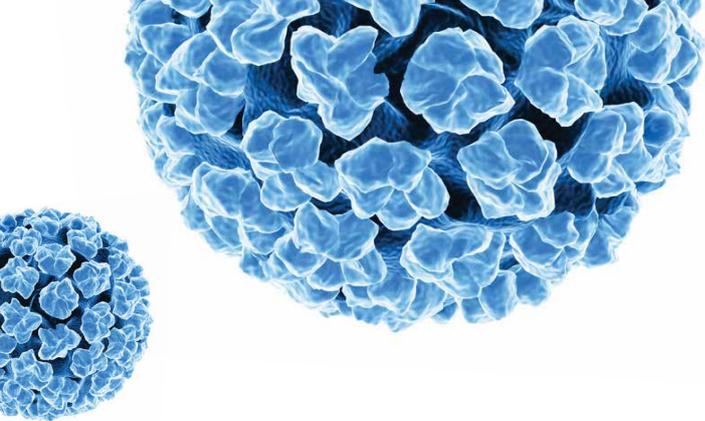
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# IPXII

## Inhaled Particles XII

### Call for papers

**Inhaled Particles XII (IPXII) is the latest in a long line of highly successful and prestigious international conferences and meetings organised by the British Occupational Hygiene Society (BOHS). It is the oldest ongoing symposium series on the adverse health effects of inhaled particles.**

The first Inhaled Particles conference was held in Oxford in 1960 and over the next 50 or so years the meetings have been successful at attracting leaders and students in all of the scientific disciplines associated with particle-related disease.

#### Abstract submission

Submission of abstracts as posters or spoken presentations are invited.

Acceptance of abstracts and their allocation of abstracts as posters or spoken presentations will be decided by the Scientific Committee based on quality and logistics.

**Abstract submissions close on  
Friday 28 April 2017**

**Successful speakers notified by  
Friday 30 June 2017**

**Submit your abstract online at  
[www.inhaledparticles.org](http://www.inhaledparticles.org)**

#### Main Topics / Themes

The Committee welcomes papers on any aspect of diseases and health impacts of inhaled particles and we especially encourage papers in the following areas:

##### New Technologies and Approaches to:

- Exposure Assessment
- Managing and Preventing Release
- Biomonitoring and Sensors
- Modelling and Assessing Hazard
- Risk Assessment and Decision Making

##### Regulation and Governance:

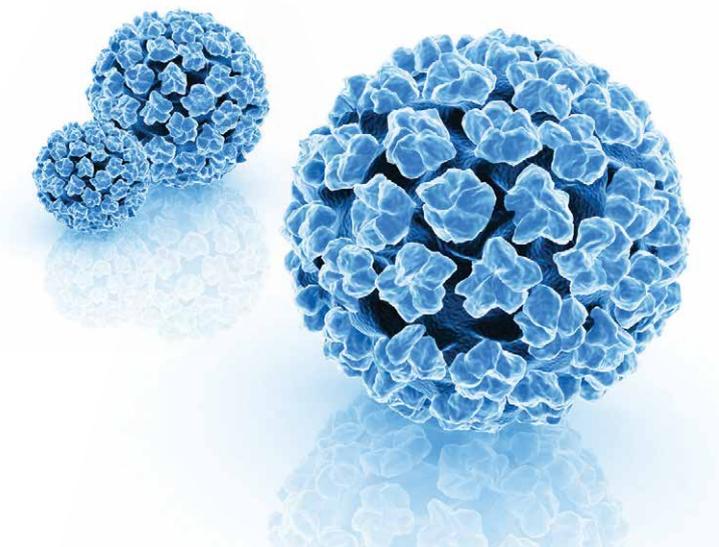
- Future Directions
- Dose Metrics

##### Hazard:

- Adverse Outcome Pathways
- Nanotoxicology and Ultrafine Particles
- Man-made Fibres
- Dosimetry

##### Global Issues:

- Indoor Air Pollution
- Outdoor Air Pollution



## News from:

# Chemical Risk Manager

### EU Commission finds need for more OELs

24 January 2017

Further mandatory EU occupational exposure limits (OELs) are needed for the chemical agents Directive (CAD) and the carcinogens and mutagens Directive (CMD) to remain relevant, says a European Commission report.

The Commission consulted a range of stakeholders, including members states, trade union organisations and NGOs, as part of its evaluation of EU occupational safety and health (OSH) Directives for the period 2007-2012.

It covered five areas: relevance; effectiveness; efficiency; coherence; and EU added-value.

The CAD and the CMD, alongside the asbestos Directive, were identified as Directives for which relevance is linked to scientific progress and the development of new working methods.

The feedback from stakeholders indicated there was a need for further mandatory EU OELs or revision of existing ones, the report – a ‘staff working document’ – said.

There is wide variation among national OELs. Additionally, the EU lacks a common definition for certain process-generated substances or mixtures, known to be occupational carcinogens or mutagens. According to the report, these factors lead to different levels of protection in different member states and complexity for companies employing workers in multiple member states.

*Further Information*

[www.chemicalwatch.com/crmhub/52362](http://www.chemicalwatch.com/crmhub/52362)

### OELs for five carcinogens under EU Commission proposal

18 January 2017

The European Commission has proposed binding occupational exposure limits (OELs) for five carcinogenic substances.

To be implemented by a proposed Directive amending the carcinogens and mutagens Directive, the substances and limits are:

- epichlorohydrine (1-chloro-2,3-epoxypropane), 1.9mg/m<sup>3</sup> (eight hours);
- ethylene dibromide (EDB; dibromoethane), 0.8mg/m<sup>3</sup> (eight hours);
- ethylene dichloride (EDC; 1,2-dichloroethane), 8.2mg/m<sup>3</sup> (eight hours);
- 4,4'-methylenedianiline (MDA), 0.08mg/m<sup>3</sup> (eight hours); and
- trichloroethylene (TCE), 54.7mg/m<sup>3</sup> (eight hours), 164.1mg/m<sup>3</sup> (15 minutes).



According to the proposed Directive, which was published on 10 January, two further substances – complex polyaromatic hydrocarbon (PAH) mixtures with benzo[a]pyrene as an indicator and mineral oils as used engine oils (UEOs) – would be subject to “skin notations”.

A Commission press officer told Chemical Risk Manager that for these it was “impossible to set specific occupational exposure limits as they are generated during industrial processes and their composition can vary considerably, depending on the starting material, the combustion process and other conditions under which they are generated.”

#### *Further Information*

[www.chemicalwatch.com/crmhub/52218](http://www.chemicalwatch.com/crmhub/52218)

## Trade group publishes use maps for imaging and printing

*1 February 2017*

The European Imaging and Printing Association (I&P Europe) has published REACH use maps and specific worker exposure determinants (Sweds) to support standard safe use communication within its supply chain.



The tools are available in Echa’s use map library. They can be used for various steps commonly used in the sector, including:

- manufacture of imaging and printing substances, mixtures formulation (such as inks, toners, varnishes) and articles (coating process, excluding equipment);
- manufacture of printing plates (extrusion process);
- industrial application of imaging and printing chemicals;
- professional use of imaging and printing mixtures; and
- consumer use of such mixtures.

For example, I&P Europe says the maps can be used for press room chemicals, including fountain solutions, washes and auxiliaries, digital printing inks, toner, photographic processing chemicals, coatings, offset and flexographic plate processing, among others.

The Echa use map library now contains tools from five sectors. The four already posted include those for:

- detergents;
- cosmetics;
- construction; and
- adhesives and sealants.

The use maps have been prepared as part of the Chemical Safety Report/Exposure Scenario (CSR/ES) roadmap initiative, which sees industry groups working with the authorities and Echa to improve safe use information in REACH CSRs.

By providing better sector information on uses, conditions of use and exposure, downstream users can help REACH registrants improve the chemical safety assessments (CSAs). Echa is encouraging registrants to use the approach.

#### *Further Information*

[www.chemicalwatch.com/crmhub/53251](http://www.chemicalwatch.com/crmhub/53251)

## EU reference levels for set 31 workplace substances

*13 February 2017*

The European Commission has issued a Directive setting indicative occupational exposure limits (IOELs) for 31 substances.

IOELs are not mandatory, but once established they require member states to set national occupational exposure limits (OELs) for the same substances. In doing so, member states must take into account the IOELs, within the context of national legislation and practice.

Additionally, EU employers should be guided by IOELs when identifying and assessing risks to workers.

The Directive sets inhalation limits, in terms of an eight hour time weighted average, for 30 of the substances. It also sets ‘short term’ limits for 24 of them. In 23 cases, the short term limit reference period is 15 minutes, but in the case of acrylic acid – also known as prop-2-enoic acid – it is one minute.

#### *Further Information*

[www.chemicalwatch.com/crmhub/53511](http://www.chemicalwatch.com/crmhub/53511)

## US Niosh proposes nanomaterial survey

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24 February 2017

The US National Institute for Occupational Safety and Health (Niosh) has proposed a survey of engineered nanomaterial occupational safety and health practices.

The organisation would survey companies involved in the manufacture, distribution, fabrication, formulation, use or provision of services related to engineered nanomaterials.

The scope would include:

- type of company by industry and size;
- type of engineered nanomaterials; and
- occupational safety and health practices.

The aim of the survey would be to assess the relevance and impact of Niosh guidelines and risk mitigation practices for safe handling of engineered nanomaterials in the workplace.

Interested parties have until 11 April to comment on the proposal.

*Further Information*

[www.chemicalwatch.com/crmhub/53821](http://www.chemicalwatch.com/crmhub/53821)



## US launches review of PPE information database

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3 March 2017

The US National Institute for Occupational Safety and Health (Niosh) has launched a public review of its online database of available personal protective equipment (PPE) equipment.

The database is aimed at:

- standards developers;
- manufacturers of PPE;
- suppliers of PPE;
- purchasers of PPE; and
- end users of PPE.

Users can search across standards, product types, target occupational groups, basic conformity assessment specifications and other criteria.

Comments should be submitted by 13 April.

*Further Information*

[www.chemicalwatch.com/crmhub/53983](http://www.chemicalwatch.com/crmhub/53983)

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## TOPICS COVERED



### Hazard

Tox, ecotox, environmental fate, physchem resources



### Exposure

Resources for modelling, measurement and monitoring



### Risk

Resources for assessment and characterisation



### Data Submission

Resources on regulatory data requirements



### Customers

Resources for managing chemicals in articles



### Workers

Resources on occupational hygiene



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