



Hazardous
substances
**Handle
with care**

**Second Edition
February 2007**

Information on Control of
Substances Hazardous to Health
for shop stewards and safety reps



Preliminary note

Any comments on the content of this booklet and ideas for future publications are very welcome. Please contact Susan Murray, Health and Safety Unit, Legal Department, Transport House, 128 Theobald's Road, London WC1X 8 TN or email smurray@tgwu.org.uk

Central Office safety reps' email list

The Health and Safety Unit operates an email list of safety reps and any other members and officers interested in health and safety updates. If you would like to join, please email smurray@tgwu.org.uk

References to publications in this booklet

At the end of the booklet you will find references to publications or sources of information. For reasons of space, these are only a small selection of the huge range of information available.

The range of publications and web resources on health and safety changes virtually daily, as does the law, and we will try to keep you updated by email.

Acknowledgements - 2nd Edition

Greg Sachno and Richie Browne Region 3 Education.

Foreword

Welcome to the Second edition of Hazardous substances – Handle with care. The First edition (which replaced the T&G's The Control of Substances Hazardous to Health (COSHH) Handbook) was produced to mark European Week for Safety and Health 2003.

Dangerous substances are found in many forms in most workplaces – farms, factories, offices, hospitals, garages, and transport, to name a few. Across Europe it is estimated that 22 per cent of EU workers are exposed to toxic vapours for a quarter or more of their working time. This exposure can harm workers' health in many different ways – from skin and eye irritation to cancer and chronic lung disorders. As a general rule, we should assume that regular exposure to chemicals or biological agents could be harmful to health and work together to eliminate hazardous exposures if at all possible.

The T&G is well aware of the expertise and knowledge about health and safety among our members which helps to keep our workplaces safe, and is immensely thankful to our members for the vital work that they do.

A safe and healthy workplace is a legal right. And the challenge to secure healthy, safe workplaces also presents a great opportunity for the T&G to organise and recruit. Ultimately, health and safety is about working together to improve our working environment.

The T&G is here to help and support you as safety representatives and activists. It is hoped that this booklet will assist you in carrying out this important, responsible job on behalf of both the Union and the members in your workplace.

Contents

The problem	4
Chemical hazards	4
Ill health effects	5
Asphyxiates	5
Biological hazards	5
Where exposure may occur	6
Health effects	6
The classification of biological hazards	6
Carcinogens	7
Reproductive hazards	7
How can they have an effect?	7
The Law – COSHH and others	9
The Control of Substances Hazardous to Health Regulations 2002 (COSHH)	9
Workplace Exposure Limits	9
The Control of Substances Hazardous to Health (Amendment) Regulations 2003	10
What is a substance hazardous to health under COSHH?	10
What is NOT a substance hazardous to health under COSHH?	10
Requirements of COSHH	11
Assess the risk – Regulation 6	11
Prevention or control – Regulation 7	12
Use of control measures- Regulation 8	14
Maintenance, examination and testing controls – Regulation 9	14
Monitor exposure – Regulation 10	14
Health surveillance – Regulation 11	14
Provide information instruction and training – Regulation 12	15
Accidents, incidents and emergencies – Regulation 13	15
Asthma	15
Other relevant regulations	16
Chemical (Hazard Information and Packaging for Supply) Regulations 2002 (CHIP3) and the Chemicals (Hazard Information and Packaging for Supply) (Amendment) Regulations 2005 (CHIP3.1)	16
The Control of Major Accident Hazards Regulations 1999 (COMAH)	17
Dangerous Substances and Explosive Atmosphere Regulations 2002 (DSEAR)	17
The Control of Lead at Work Regulations 2002 (CLAW)	17
Coming soon: New legislation on chemicals	17

Asbestos and the law relating to it	19
Control of Asbestos Regulations 2006	19
A summary of important new changes	19
A summary of the regulations	20
What can safety reps do?	23
Compensation for personal injuries	24
Personal protective equipment (PPE) & Respiratory protective equipment (RPE)	24
Fit testing of facepieces	25
Get organised to prevent ill health	26
Why organise around health and safety?	26
What is the role of a safety rep and the safety committee?	26
Safety reps and safety committees	26
Safety reps' hazardous substances checklist	27
Risk assessment	27
Information and investigation	28
Inspection	29
Training	30
Consultation and involvement	30
Negotiate a COSHH agreement	30
Share success	31
Remember	31
Environmental rights at work	31
Ireland	32
Comparison of GB and Northern Ireland legislation	32
Comparison of GB and Irish legislation	33
Further information	35
T&G regional addresses	37

The problem

Throughout the United Kingdom (England, Wales, Scotland and Northern Ireland) and Ireland there are millions of different types of hazardous substances being used every day in homes and workplaces. Some of these may have no harmful effects, but others could cause serious illness such as asthma, dermatitis and cancer. They could also have an adverse impact on your ability to have children or cause damage to an unborn child.

The HSE estimates that each year:-

- 6,000 people die from cancer due to occupational causes every year. At least half of these are likely to be asbestos-related, including mesothelioma. This is likely to be an under estimate.
- 7,000 new cases of asthma are occupationally caused or have work as a contributing factor, every year. The cost of this to society over the next 10 years may be up to £1.1 billion.
- There are over 3,000 new cases a year of work related skin diseases, 75% of which are contact dermatitis.
- According to research by Hazards Magazine, at least 12% of a cancers diagnosed each year are caused by work.

As well as being harmful to health, hazardous substances can cause fires or explosions and pollute the environment.

Chemical hazards

Hazardous substances and chemicals are a part of our working and every day lives. They come in the form of fumes, dusts, vapours, gases, smoke and aerosols. The hazard of a substance is its potential to cause harm. How it causes harm will depend upon:

- **How it is used** – refers to the environment and the job process – is the chemical used in a confined area? Does it produce a spray/fume?
- **Routes of entry** – will depend on its physical and chemical properties. Physical refers to its form – gas, vapour, and aerosol. Chemical refers to its solubility in body fluids and the way it reacts with the body's own chemicals.
- **The routes of entry into the body** – are inhalation (via the lungs and airways), ingestion (via the mouth), and skin absorption.
- **The body's response** to chemicals will vary – from minor symptoms to serious disease at various sites of the body.

The effects on ill health may be acute or chronic. Acute effects often develop quickly after high exposures and are often easily seen. For example when solvents come in contact with the skin an inflammation may occur. Chronic effects may take a long time to develop or require long exposures. The fact that the effects can take years to show makes it harder to link an exposure to a substance with a disease or effect. An example is cancer caused by

a chemical or asbestos

III health effects

- Chemicals can irritate the respiratory system, causing sneezing and coughing that may lead to bronchitis and damage to lung tissue, and/or irritate the skin, causing dermatitis.
- Gases can irritate the skin, throat and lungs, and some can cause suffocation by replacing oxygen in the air, whilst others may cause headaches, dizziness and nausea, and higher exposures may lead to death.
- Fumes and smoke can directly affect the lungs, skin and eyes. Metal fumes can cause fume fever, which has flu like symptoms. Chronic effects, such as liver and kidney damage, can occur as metal fumes can be easily absorbed into the bloodstream from the lungs.
- Dust is a major hazard, and one of the largest occupational killers. Examples of dust-related diseases are asbestosis, silicosis and pneumoconiosis.
- Chemicals such as isocyanates may cause a worker to become sensitised to them, which may cause asthma. Once a worker is sensitised, even a small amount of chemical may lead to an allergic response of coughing and sneezing. Sensitisation can also occur through contact of the chemical with the skin.
- Some chemicals can cause cancers, kidney and brain damage and damage to the unborn child in pregnant workers.

Asphyxiates

Asphyxiates are gases and vapours which, when present at high concentrations in the air, can reduce the oxygen content to such an extent that life cannot be supported for example carbon monoxide. Many asphyxiant gases are odourless and colourless and not readily detectable. Therefore, monitoring the oxygen content of the air is a means of ensuring that their presence does not pose a risk to the health of employees. Some of these gases are also flammable and can present a risk of fire or explosion.

Biological hazards

Biological hazards include pathogens, the micro-organisms that cause disease. Examples are trichophyton which causes ring worm, leptospirosis from rats' urine, legionella bacteria which causes legionnaires' disease, and blood-borne viruses such as AIDS and hepatitis.

In recognition of these growing hazards, the European Union passed the Biological Agents Directive, and biological hazards are covered under the Control of Substances Hazardous to Health Regulations 2002 (COSHH). However COSHH applies only to biological agents where exposure arises out of work activity.

COSHH defines a biological agent as including:-

- Micro-organisms such as bacteria, viruses, fungi, and the agents that cause

transmissible spongiform encephalopathies (TSEs), for example BSE and vCJD.

- Parasites, e.g. malaria parasites, amoebae and trypanosomes. These are parasites causing illnesses such as sleeping sickness transmitted by insect bite.
- The microscopic infections from larger parasites, for example the microscopic ova and infectious larval forms of helminths (parasitic worms).

This is providing they have one or more of the harmful properties that may cause an infection, allergy, toxicity or otherwise create a hazard harmful to health. Most are infectious but some agents can be harmful in other ways, for example via the production of toxins or by inducing allergic response.

Where exposure may occur

Exposure to biological agents can occur wherever people are in contact at work with natural or organic materials (e.g. soil, plant material), substances of animal origin (e.g. wool, hair), Food, organic dust (e.g. flour, paper dust), waste, waste-water, blood and other bodily fluids.

Where the work activity involves the intentional use of biological agents, such as in a laboratory or in food production, the biological agent and its properties are known, and therefore can be monitored, and its exposure prevented more easily. When the occurrence is unintentional and as a consequence of work, for example waste sorting or during agricultural activities, the assessment of that risk is difficult. However information on exposure and protection measures is available and all risks should be identified and prevention measures implemented.

Health effects

Biological agents can cause three types of disease:

- Infections caused by parasites, viruses or bacteria
- Allergies initiated by exposure to mould, organic dusts like flour, dust and animal dander, enzymes and mites
- Poisoning or toxic effects.

Some biohazards have the potential to cause cancer or foetal harm.

Micro-organisms can enter the human body via damaged skin or mucus membranes. They can be inhaled or swallowed, leading to infections of the upper respiratory tract or the digestive system. Exposure can also occur accidentally by animal bites or needle stick injuries.

The classification of biological hazards

The essential difference between biological agents and other hazardous substances is their ability to reproduce. A small amount of a micro-organism may grow considerably in a very short time under favourable conditions.

Not all biological hazards present the same hazard or degree of risk. The European Union and the HSE have a four-tier classification scheme, in which the higher the

number, the greater the hazard. The classification is under Schedule 3 of COSHH.

Group 1 Hazards that are unlikely to cause human disease.

Group 2 Hazards that can cause human disease, and may be hazardous to employees, but are unlikely to spread to the community; there is usually effective prophylaxis, such as vaccination, to prevent or reduce ill-health, or treatment available.

Group 3 Hazards that can cause severe human disease and may be hazardous to employees; they are likely to spread to the community but there is usually effective prophylaxis or treatment available.

Group 4 Hazards that cause severe human disease and are a serious hazard to employees; they are likely to spread to the community and there is usually no effective prophylaxis (preventative treatment) or treatment available.

Carcinogens

Medical research on occupational cancer continues to find further substances and processes which may cause cancer. It is important, therefore, that employers implement an active precautionary policy of prevention and control based on the up to date knowledge of the substances that are suspected of being carcinogenic, but which are not subject to the special provisions contained within the COSHH Regulations.

The need for caution applies particularly to substances that have not previously been considered to be hazardous in this way, or perhaps in any way, since they are more likely to have been used without particular care. With all diseases, prevention is better than cure. With occupational cancer and other diseases, where the effects of exposure can be irreversible, prevention may be the only option.

Reproductive hazards

The LRD estimate that there are at least 200 chemicals for which there is published evidence of reproductive hazards (e.g. lead, anaesthetic gases, pesticides) and there is a wide range of biological agents that may affect reproduction (e.g. rubella, HIV toxoplasma). These are known as teratogens and mutagens.

How can they have an effect?

Teratogens can affect the baby in the womb, whilst mutagens can cause changes in the sperm and eggs prior to conception, which can lead to miscarriage or children being borne with defects. Substances can also affect reproductive health if they affect the nervous system, if they have hormonal effects or if they cause cancer.

Men

The exposure of men to agents which affect the nervous system and hormones regulating sperm production can result in loss of sex drive, impotence, reduced sperm count and infertility. If a man produces mutant sperm due to exposure to mutagens or carcinogens, this can result in spontaneous abortion, miscarriages, still births, defects, genetic disease and cancer.

Women

The exposure to women to chemicals that affect hormones can affect menstruation, fertility and the development of the baby. Exposure to mutagens can result in spontaneous abortion, birth defects and genetic diseases.

Chemicals can also be absorbed by the mother and passed to the baby via breast milk, which can result in death, slow development and mental problems.

The HSE publication *New and Expectant Mothers at work: a guide for employers* contains a useful appendix that discusses workplace hazards, including hazardous substances.

(HSG 122)

The European Agency for Safety and Health produces a range of resources on women and health at work. Fact sheet No 43 is entitled “Including gender issues in risk assessment”. It gives examples of hazards in female - dominated work - both biological and chemical hazards - in areas such as health care, cleaning, catering, laundry work, agriculture, textiles and food production. It is available on the agency website at <http://europe.osha.eu.int/publications/factsheets>.

The law – COSHH and others

The main regulations that deal with hazardous substances – alongside the Health and Safety at Work etc. Act 1974, The Management of Health and Safety at Work Regulations 1999 and the Safety Representatives and Safety Committee Regulations 1977 – are:

The Control of Substances Hazardous to Health Regulations 2002 (COSHH)

The COSHH 2002 regulations, were amended in 2004 and it is strongly recommended that you consult them for the detail. Important new changes were introduced in 2004 (see below under Workplace Exposure Limits).

COSHH applies to a wide range of substances and preparations – including mixtures of two or more substances – with the potential to cause harm if they are inhaled, ingested or come into contact with or are absorbed by the skin. These include individual chemical substances or preparations such as paints, cleaning materials, metals, pesticides and insecticides. They can also be biological agents such as pathogens or cell cultures. Substances hazardous to health can occur in many forms e.g. solids, liquids, vapours, gases, dusts, fibres, fumes, mist and smoke.

The regulations only apply to substances hazardous to health. The **Dangerous Substances and Explosive Atmosphere Regulations 2002** cover substances that are capable of producing effects on health as a result of their explosive or flammable properties.

The chemicals covered include those classified under the **Chemicals (Hazard Information and Packaging for Supply) Regulations 2002** as very toxic, toxic, harmful, corrosive, irritant, sensitising, carcinogenic, mutagenic; or toxic to reproduction.

Accompanying the COSHH regulations is an Approved Code of Practice (ACOP) and Guidance that covers carcinogens, biological agents and asthma.

Workplace Exposure Limits

To help protect workers against ill-health, the HSC has for some years set legally enforceable exposure limits. Until April 2005 these were called Occupational Exposure Limits (OELs) and were divided into Maximum Exposure Limits (MELs) and Occupational Exposure Standards (OESs).

From 6 April 2005 the system was changed by the **Control of Substances Hazardous to Health (Amendment) Regulations 2004** (COSHH 2004) From that date OELs were replaced by a single exposure limit – a Workplace Exposure Limit (WEL). The table listing WELs is in the HSC publication EH40. The table is available on the HSE website free of charge at <http://www.hse.gov.uk/coshh/> and safety reps are strongly advised to obtain this information.

WELs are expressed as concentrations of a hazardous substance in the air, averaged over a specified period of time referred to as a time-weighted average (TWA). Two time-periods are used: 8 hour (based on an average shift); and 15 minute short-term exposure limits (STELs) which are set to prevent effects, such as eye irritation, which may occur after just a few minutes' exposure.

The Control of Substances Hazardous to Health (Amendment) Regulations 2003

These make users of substances that may cause genetic change – category 1 or 2 mutagens – apply the same control measures already required for carcinogens (substances that cause cancer). The regulations also clarify the status of 17 different Dioxins by defining them as carcinogens.

What is a substance hazardous to health under COSHH?

Under COSHH a range of substances is regarded as hazardous to health. The HSE leaflet *COSHH a brief guide to the Regulations INDG136rev3* defines what is included under the COSHH:

- Substances or mixtures classified as dangerous to health under the Chemicals (Hazard Information and Packaging for Supply) Regulation 2002 (CHIP3)
- Substances with Workplace Exposure Limits (see EH40)
- Biological agents, if they are directly connected with the work, such as farming, sewage treatment or healthcare
- Incidental to the work such as exposure to bacteria from an air conditioning system that is not maintained correctly
- Any kind of dust if its average concentration in the air exceeds the levels specified in COSHH
- Any other substance which creates a risk to health, but which for technical reasons may not be covered by CHIP including: asphyxiants, pesticides, medicines, cosmetics or substances produced in chemical processes.

What is NOT a substance hazardous to health under COSHH?

COSHH a brief guide to the Regulations INDG136rev3 defines what is not included under the Regulations:

COSHH applies to virtually all substances hazardous to health except:

- Asbestos and lead, which have their own regulations
- Substances which are hazardous only because they are radioactive; at high pressure; at extreme temperatures; or have explosive or flammable properties (other regulations apply to these risks)
- Biological agents that are outside the employer's control, e.g. catching an infection from a workmate. **(If in doubt, please contact HSE for advice)**

The leaflet states that for the vast majority of commercial chemicals, the presence (or not) of a warning label will indicate whether COSHH is relevant. For example, there is no label on ordinary household washing up liquid, so if it is used at work you do not have to worry about COSHH; but there is a warning label on bleach, and so COSHH does apply to its use in the workplace.

Requirements of COSHH

Assess the risk – Regulation 6

States that **employers** should not carry out work that is liable to expose employees to any substances hazardous to health unless they have made a **suitable and sufficient assessment of the risks**. Risk assessment means identifying what may cause harm so that preventive measures can be taken. The risk posed by a substance is determined by two factors: the substance's characteristics and the degree of exposure.

Important note

Employers have an obligation to seek out the risks and take precautions against them under the regulations; an employer cannot argue that they did not know a substance was harmful, as they must carry out risk assessments for any hazardous substance, and at least introduce control measures.

The **Risk Assessment** as required by the regulations should cover the following

- The hazardous properties of the substance
- Information on health effects provided by the supplier, including information contained in any relevant safety data sheets
- The level, type and duration of exposure
- The circumstances of work, including the amount of the substance involved
- Activities, such as maintenance, where there is potential for a high level exposure
- Any relevant occupational exposure standards and maximum exposure limits; or similar occupational exposure limits
- The effect of preventative or control measures which have been or will be taken in accordance with Regulation 7
- The results of relevant health surveillance in accordance of Regulation 11
- The results of monitoring exposure in accordance with Regulation 10
- The risk presented by exposure to more than one substance
- The approved classification of any biological agent
- Any additional information needed by the employer to complete the risk assessment.

For **biological agents** the assessment should reflect the ability they may have to replicate and infect. In general, there will not be a dose response relationship of the kind that exists for many other substances (e.g. WELs), and the risk may be high at small exposures.

Record – all employers must carry out an assessment but those employing five or more must also **record the significant findings**. However the regulations do advise employers with fewer than five workers to record their assessment as a matter of good practice.

Review- the risk assessment should be reviewed if there is reason to suspect that the assessment is no longer valid, when there are changes in the work procedure, when new chemicals are introduced or a process is adapted, the results of any monitoring show that it is necessary, in the case of accidents and health impairments, and in any case on a periodic basis to ensure that the findings are still current. A review should also take place if there are reports or complaints from supervisors, **safety representatives** or employees about defects in the control system.

Important note

The COSHH ACoP to Regulation 6 at paragraph 84 advises employers to **involve** their employees, and/or their safety representatives in the process of carrying out and reviewing risk assessments and inform them of any results of the risk assessment, control measures implemented and explain how the changes will effect how the employees work in the future.

Prevention or control – Regulation 7

Sets out what employers must do once a potential risk to health has been identified. These duties include the elimination of a hazard, the reduction of the risks, and the provision of personal protective equipment as a last resort.

Control of exposure will only be treated as adequate if:

1. These **8 principles of good practice** for the control of exposure to substances hazardous to health have been applied (set out in Schedule 2A of COSHH 2004):

(1) Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health.

(2) Take into account all relevant routes of exposure- inhalation, skin absorption and ingestion- when developing control measures.

(3) Control exposure by measures that are proportionate to the health risk

(4) Choose the most effective and reliable control options which minimise the escape and spread of substances hazardous to health.

(5) Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment.

(6) Check and review regularly all elements of control measures for their continuing effectiveness.

(7) Inform and train all employees on the hazards and risks from the substances with which they work and the use of control measures developed to minimise the risks.

(8) Ensure that the introduction of control measures does not increase the overall risk to health and safety;

2. The WEL is not exceeded; **and**

3. Exposure is reduced to as low a level as reasonably practicable for substances that can cause asthma or cancer or damage genes that can be passed from one generation to another – see COSHH 2004 for details, and Schedule 1 of COSHH 2002.

Important note

The emphasis is on prevention, and an employer who does not consider this first is failing to comply with the regulations.

The 2002 regulations detail the measures to be applied in order of priority.

- **Elimination** of the hazard by removing the need to use the substance. Changing the process or product, for which the substance is used, can do this. This is the best and safest way to remove the risks.
- If elimination is not possible then the **substitution** or replacement of the substance or the process with one less dangerous is the next best option.

If elimination or substitution is not possible, the employer must implement **control measures** to remove or reduce the risks to workers' health. The control hierarchy of prevention or controls is as follows:

- The design and use of appropriate work processes, systems and engineering controls and the provision and use of suitable work equipment and materials
- The control of exposure at source, including collective measures such as adequate ventilation systems and appropriate organisational measures
- If control cannot be achieved by other means, the provision of suitable personal protective equipment. The duties concerning the care, fitting and decontamination of PPE have been extended.

The number of workers exposed should be reduced to a minimum, along with duration and intensity of exposure and the amount of dangerous substance used.

Important note

The employer's duty to control is strict – employers cannot argue that it is not “reasonably practicable” to introduce control measures. The qualification of “reasonably practicable” refers only to prevention and not to the secondary duty of adequate control.

Use of control measures- Regulation 8

Once a control method has been implemented in the process, its correct use and effectiveness should be monitored. This includes the use of PPE. Regular evaluation of the situation is needed to detect slowly deteriorating systems such as ventilation systems and changes in the work practices.

Maintenance, examination and testing controls – Regulation 9

Requires all control measures implemented to be maintained and tested at relevant intervals. For example ventilation plant should be thoroughly examined and tested every 14 months. All tests, examinations and repairs should be recorded and kept for 5 years.

Monitor exposure – Regulation 10

Requires employers to monitor exposure to hazardous substances, if a risk assessment shows that it is necessary to do so, using valid and suitable techniques to estimate employees' exposure to substances hazardous to health.

Monitoring is required where the assessment concludes that there could be serious risk to health if control measures failed or deteriorated, where exposure limits might be exceeded and control measures might not be working properly. Monitoring will not be required if it can be shown, by another method of evaluation, that exposure to the hazardous substance is being prevented or controlled for example a system which automatically sounds a alarm if it detects hazardous substances.

Schedule 5 of the COSHH Regulation lists certain substances and processes where air monitoring must be carried out.

Records must be kept of personal exposures for at least 40 years, and in other cases for at least 5 years. The employer must also keep records of monitoring in situations where an employee is required to be under health surveillance

Health surveillance – Regulation 11

Requires that where employees have been exposed to one of the substances listed in **Schedule 6** of the regulations, or where exposure may lead to a disease being contracted, employers should keep health surveillance records for at least 40 years.

The results of health surveillance, and in particular any adverse results, should lead to action, which will benefit employees' health. Before any surveillance takes place the employer should decide the options and criteria for action and the method of recording, analysing and interpreting the results.

Provide information instruction and training – Regulation 12

States that employees must be given sufficient information, instruction and training about the risks involved and the precautions that should be taken. Employees are entitled to see all relevant information e.g. the results of environmental monitoring, the collective results of any health surveillance, risk assessments and safety data sheets.

Accidents, incidents and emergencies – Regulation 13

Requires employers to deal with accidents, incidents and emergencies in the workplace related to the presence of a substance hazardous to health. This is in conjunction with the requirements contained in Regulation 8 of the Management of Health and Safety at Work Regulations 1999.

The above lists **Employer duties**.

Employees also have duties which require them to follow procedures that minimise the risk of exposure, make use of all control measures and any PPE supplied, report accidents or incidents on dangerous substances and defective equipment and attend, where appropriate, for medical examinations.

Asthma

The COSHH Regulations are supported by an approved code of practice (ACoP) specifically on asthma, in recognition of the increasing concern held by workers and unions on the increasing number of occupational asthma cases every year. The HSE estimates up to 3,000 people develop occupational asthma every year. This rises to 7,000 if asthma made worse by work is included.

Asthma is an illness defined as periodic attacks of wheezing, chest tightness or breathlessness resulting from constriction of the airways.

The ACoP states that a substance is considered to cause asthma if it produced the biological change known as a hypersensitive state in the airways and it triggers a subsequent reaction in those airways.

The top ten causes of occupational asthma as defined by HSE research are:

Isocyanates, flour/grain, latex, wood dust, glutaraldehyde, solder/colophony, crustaceans and fish, laboratory animals, welding fumes and glues and resins.

It is not possible to replace some of these – such as flour – with a safer alternative, but there are alternatives for products such as latex, which unions have been campaigning for.

The Approved Code of Practice for Asthma (which is at Appendix 3 of the COSHH ACoP) requires employers to:

- Protect employees who have developed asthma however low the level of exposure
- Carry out risk assessments as required by Regulation 6 of COSHH and review wherever a occupational asthma case is confirmed
- All cases of occupational asthma notified by a doctor in writing must be reported to the HSE or local authority under RIDDOR

- Exposure to a potential asthma-causing substance should be prevented using the hierarchy control method under COSHH. i.e. substitute for a safer alternative; control the level of exposure by the use of ventilation etc – the last resort is to provide respiratory protective equipment
- All employees exposed or liable to be exposed to substances likely to cause asthma should be under suitable health surveillance
- All employees should be consulted, involved and given information and training on the symptoms of asthma, substances they are working with and the procedures in place to protect them and the procedures for reporting symptoms.

Other relevant regulations

Chemical (Hazard Information and Packaging for Supply) Regulations 2002 (CHIP3) and the Chemicals (Hazard Information and Packaging for Supply) (Amendment) Regulations 2005 (CHIP3.1)

CHIP3 and CHIP3.1 requires suppliers of hazardous chemicals to label and classify chemicals and preparations (mixture of chemicals) according to their principal hazard. Suppliers of chemicals must give information about the principal hazards on labels (if the chemical is supplied in a package) and on safety data sheets, and they must package chemicals safely.

The chemicals are classified using standard symbols and standard risk phrases (definitions of which can be found in EH40). The classification of dangerous chemicals are explosives/pyrotechnic, oxidising, extremely flammable, very toxic, harmful, corrosive, irritant, carcinogenic, mutagenic, toxic for the environment, dangerous for the environment, toxic for reproduction and sensitising (allergy causing).

Safety data sheets

These are a great source of information for carrying out a COSHH Risk Assessment but they are **not a substitute** as they only describe the hazard and not the risks of using the substance within the working environment. Safety Reps are entitled to have copies of safety data sheets under the Safety Representatives and Safety Committee Regulations 1977 Regulation 7.

Safety data sheets should detail the properties of the chemical or mixture of chemicals, the harm it can do, information on handling storage, exposure controls and personal protection. CHIP 3 also now requires classification for the environmental effects and a new warning about the presence of chemicals that may result in allergic reactions. They should also detail any emergency and first aid procedures and how to dispose of chemicals safely.

CHIP3 generally covers the provision of safety data sheets, labels and packaging, whilst workplace law covers the employer's use of this information to assess and manage the risks – this is broadly covered by COSHH, The Management of Health and Safety at

Work Regulations 1999 and the Dangerous Substances and Explosive Atmospheres Regulations (see below).

The Control of Major Accident Hazards Regulations 1999 (COMAH)

COMAH apply to sites where particular quantities of toxic, highly flammable or otherwise dangerous substances are present. The substances and threshold quantities are set out in Schedule 1. The regulations do not apply to defence establishments or to substances which present ionising radiation hazards. Every Operator of such a site has a general duty to take all measures necessary to prevent major accidents, and limit their consequences to persons and the environment. Every Operator must also prepare and keep a major accident prevention policy – MAPP. This must refer to the safety management system that will be used to put the policy in place.

Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)

DSEAR apply to any workplace where any substance or mixture of substances are present which are capable of affecting health as a result of their explosive or flammable properties. They set minimum requirements for the protection of workers from fire and explosion risks related to dangerous substances and potentially explosive atmospheres, including risk assessments.

The Control of Lead at Work Regulations 2002 (CLAW)

CLAW apply to work activity – handling, processing, repairing, maintenance, storage and disposal – that is liable to expose employees to lead. This only relates to forms of lead that can be inhaled, ingested, or absorbed through the skin. Workers who may be exposed to lead include those in lead smelting, refining and casting, battery manufacture, ship building, glass works, potteries, scrap yards and demolition firms.

Coming soon: New legislation on chemicals

Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH)

REACH (Registration, Evaluation, Authorisation and Restriction of Chemicals)

The EU has developed REACH, a new regulatory framework for chemicals, in response to public concern about chemical toxicity. The aim is to improve human health and environment by better and earlier identification of the hazardous properties of chemicals and to provide information for those using them. The idea is that REACH will encourage the replacement of hazardous chemicals with safer ones and it will cover around 30,000 substances.

REACH will be administered in Europe by a new body, the European Chemical Agency (ECA). REACH will be administered in each of the member states by a competent authority - in the UK the competent authority is the Health and Safety Executive.

Registration

This requires chemical producers to obtain information on their substances and send a registration dossier with safety data to the ECA – requirements will differ depending on the quantity of the chemical being marketed in the EU per year.

Evaluation

This involves the authorities in each member state considering the dossiers of information and deciding whether it is adequate or the substance has characteristics which require further action.

Authorisation

This requires substances of high concern – particularly category 1 and 2 carcinogens, mutagens, reproductive toxicants and those which are bio-accumulative – to be authorised for each use.

It is likely that REACH will come into force across the EU in 2007, and be fully operational from 2008 onwards, with transitional periods built in relating to the chemical properties and the tonnage produced. So the most dangerous chemicals – carcinogens, mutagens and reproductive toxins – will be implemented first. UK health and safety legislation such as COSHH will not be affected and will continue alongside REACH.

The HSE has launched a REACH helpline desk Telephone 0845 408 9575 email ukreachca@hse.gsi.gov.uk

Asbestos and the law relating to it

Asbestos is banned in the UK but don't assume it's safe yet.

Asbestos cannot be used safely. Breathing in asbestos fibres even occasionally – whether it is blue, brown or white – can cause asbestosis (scarring of the lungs), lung cancer (smokers face even greater risks) and mesothelioma (a tumour caused by exposure to asbestos). These diseases take very many years to develop and become apparent.

The TUC estimates that around 5,000 people in the UK will die each year from asbestos related diseases and fatalities are expected to reach 10,000 a year by 2015.

Control of Asbestos Regulations 2006

Important new asbestos regulations became law on 13 November 2006. These are the Control of Asbestos Regulations 2006. They implement the European Union Asbestos Worker Protection Directive and introduce important new changes to the law on asbestos and the licensing regime.

They repeal the Control of Asbestos at Work Regulations 2002, the Asbestos (Licensing) Regulations 1983, and the Asbestos (Prohibitions) Regulations 1992 and replace all these with a single set of regulations.

The HSC has issued two new approved codes of practice (ACoPs) covering the new regulations: *Work with materials containing asbestos* L143 which **replaces** L27 and L28 and a special ACoP covering Regulation 4, *The management of asbestos in non-domestic premises* L127. They are essential reading as they provide practical guidance on how to comply with the regulations.

A summary of important new changes

A single control limit

There is **no action level**. There now a new single Control Limit of $0.1\text{f}/\text{cm}^3$ and a Short Term Exposure Limit (STEL). This STEL is $0.6\text{f}/\text{cm}^3$ measured over 10 minutes, as set out in the ACoP. The Control Limit is a level of asbestos fibres in air that, so far as is reasonably practicable, should not be exceeded. No-one's personal exposure should ever go above this limit when measured over 4 hours, in line with current practice, which is equivalent to the directive's $0.1\text{f}/\text{cm}^3$, if the shift is 8 hours long.

Employers using their own workers on their own premises will no longer be exempt from the licensing requirements

Mandatory training requirements for anyone liable to be exposed to asbestos.

Employees are entitled to a copy of their training certificate, and to be given the results of tests such as face-fit test, air monitoring, medical examination etc.

A requirement to analyse the concentration of asbestos in the air using the 1997 World Health Organisation recommended method of measurement.

Changes to the licensing regime De-licensing of work involving removal of textured coatings. Most work with textured decorative coatings containing asbestos eg

“artex” will be removed from the licensing regime. The T&G, other unions and many employers strongly opposed this move - these materials are found in millions of buildings. Relaxing the licensing regime sends out the **wrong message** about asbestos and **this does NOT mean that work with textured coatings is safe.**

The requirement to notify work to the enforcing authority and the requirement for medical surveillance of workers will no apply to certain specified types of work where (a) the worker exposure is sporadic and of low intensity and (b) it is clear from the risk assessment that the STEL will not be exceeded.

No exposure to asbestos can be considered to be sporadic and of low intensity if the concentration of asbestos in the atmosphere is liable to exceed 0.6 fibres per cm³ of air measured over 10 minutes (this is set out in the ACoP L143 para 32).

Risk assessment

All work with asbestos containing materials, including textured coatings, must be undertaken by trained workers following a risk assessment and in accordance with appropriate controls to prevent exposure to asbestos fibres. The ACoP to the regulations describes how to go about removing them safely.

A summary of the regulations

The Asbestos Regulations 2006 apply to all work with asbestos materials carried out by employers, the self-employed and employees.

Here is a brief summary of the most important regulations. This is not the full text and you should consult the regulations for full details.

Reg 4 Duty to manage asbestos in buildings

Whoever has control of a building has a duty to manage asbestos there.

This means they must:

- Carry out a **risk assessment** to find out if asbestos is present or liable to be present - this should include looking at of the building plans, and inspecting all the reasonably accessible parts of the building
- **Write down** the assessment and its conclusions – and any subsequent review of the assessment
- **If asbestos is present or liable to be present** decide what risk it poses, make a written plan identifying where it is, and note in the plan the measures to be taken to manage the risk
- **The written plan must include adequate measures for:**
 - monitoring the condition of the asbestos or any substance suspected of containing asbestos
 - ensuring it is properly maintained or where necessary safely removed,
 - ensuring that information about the location of the asbestos or substance suspected of containing asbestos is provide to **anyone likely to disturb it** (eg maintenance workers such as electricians, buildings renovators) and to the **emergency services.**

- Ensure that the **plan is reviewed and revised at regular intervals**, and **immediately** if the plan is no longer valid or there has been a significant change to the premises.
- Ensure that the **plan is implemented** and the implementation measures taken are written down.

Reg 5 Identification of the presence of asbestos

An employer must not carry out any work on any premises which may expose employees to asbestos unless they have found out whether asbestos is present or liable to be present, or assumes that it is present, **and** observes the relevant provisions of the regulations.

Reg 6 Assessment of work which exposes employees to asbestos

An employer cannot carry out work which is liable to expose their employees to asbestos unless they have done a risk assessment, recorded the findings, and decided what steps are to be taken to prevent exposure or reduce it to the lowest level reasonably practicable.

Reg 7 Plans of work

The employer must prepare a written plan of the work to be done

Reg 8 Licensing of work with asbestos

An employer cannot undertake any work with asbestos unless they have obtained a licence from the HSE. In practice this will cover most work with asbestos. But there are some exceptions (**Reg 3(2)**). These are:

- the exposure of employees to asbestos is sporadic and of low intensity; (see above for the definition given at Para 32 of the ACoP)
- the risk assessment shows that exposure of any employee will not exceed the control limit; **and**
- the work involves short, non-continuous maintenance activities, removal of materials in which the asbestos fibres are firmly linked in a matrix, encapsulation or sealing of asbestos-containing materials which are in good condition **or** air monitoring and control and the collection and analysis of samples to ascertain whether a specific material contains asbestos.

Licensing – important note

Although a licence may not always be required, the Control of Asbestos Regulations 2006 still require employers to carry out risk assessments and put in place control measures to prevent exposure of employees or members of the public to asbestos. The work still needs to be done in compliance with the controls required under CAW 2006 and the employer should be able to demonstrate that whoever does the work is complying with these requirements.

Licensed contractors may have better experience, organisation and discipline relating to work with asbestos. You can ask your employer to use a licensed contractor for all types of work with asbestos even if it is not expressly required by the regulations

A list of licensed contractors is available from the HSE Licensing Unit which has dedicated pages on the HSE website. Their phone number is 0131 247 2135.

Reg 9 Notification of work with asbestos

An employer cannot undertake any work with asbestos unless they have notified the enforcing authority (HSE or EHO) – there are some exceptions which are the same as those listed under Reg 8.

Reg 10 Information, Instruction and Training

Every employer must provide adequate information, instruction and training to employees, including supervisors, who are exposed or liable to be exposed to asbestos.

Reg 11 Prevention or reduction of exposure to asbestos

Every employer must prevent the exposure of their employees to asbestos so far as reasonably practicable, and where exposure cannot be prevented, use control measures to reduce exposure to the lowest level practicable. In addition, suitable respiratory equipment of a standard approved the Health and Safety Executive must be provided. Every employer must ensure that no employee is exposed to asbestos over the control limit, and if the control limit is exceeded then they must tell the employees concerned and take measures to ensure it is not exceeded again.

Reg 12 Use of control measures

Every employer must ensure that the control measures are properly used or applied. Every employee must make full and proper use of any control measure (eg RPE or PPE), ensure it is returned after use and report any defects.

Reg 13 Maintenance of control measures

Every employer must ensure that plant and equipment including RPE/PPE is maintained properly and kept in good repair, and regularly review systems of work and supervision. Exhaust ventilation equipment must be tested and examined at regular intervals and records kept of each examination/testing and repairs for at least 5 years.

Reg 14 Provision and cleaning of protective clothing

Every employer must provide adequate and suitable protective clothing and ensure that

it is either disposed of properly as asbestos waste, or cleaned.

Reg 15 Arrangements to deal with accidents, incidents and emergencies

The employer must ensure that procedures are in place for emergencies. They must also ensure that if there is an unplanned release of asbestos at the workplace, immediate remedial steps are taken.

Reg 16 Duty to prevent or reduce the spread of asbestos

Every employer must prevent or reduce to the lowest level practicable the spread of any asbestos.

Reg 22 Health records and medical surveillance

This includes the following (unless the exceptions noted under Reg 8 apply):

- employer must maintain a health record for every employee and keep it for 40 years
- employer must ensure that every employee is kept under surveillance by a relevant doctor
- surveillance must include a medical examination (including the chest) not more than 2 years before the start of asbestos exposure, and further examinations at no more than 2-yearly intervals.
- Employer must pay for these medical examinations
- Employer must give the doctor access to any records they have to keep under the Regs if they request them
- Employees must attend these examinations when requested by the employer
- Employees are entitled to have access to their medical records.

Reg 23 Washing and changing facilities

Employers must provide adequate washing and changing facilities, and facilities for storing PPE, RPE and personal clothing – which must all be separate from each other. **There are also requirements for the employer** to keep premises clean, seal and label asbestos waste, carry out and record air monitoring, designate asbestos areas and respirator zones, and make arrangements for employees to have separate areas for eating, drinking and smoking, ensuring competent persons are used. Standards are set for analysis of materials.

Other regulations cover prohibitions of exposure to asbestos and ,importation, supply or use of asbestos and requirements for labelling of products containing asbestos.

What can safety reps do?

- Never assume your workplace is asbestos free unless you are absolutely certain.
- Do not start work until a risk assessment has been carried out
- Ensure the employer surveys the premises for asbestos, carries out risk assessments and draws up an action plan, in consultation with workers, to deal with asbestos if it is found or disturbed
- Make sure you are involved in all risk assessments and are given copies of these and

the plans of work

- Stop any job immediately if you suspect asbestos is present
- If the work is being carried out on non-domestic premises which are not your employer's, has the person in control of the building provided your employer with their written plan identifying where asbestos is to be found and given you a copy?
- Ensure all workers are kept informed about the risks associated with asbestos and control/prevention measures
- Ensure all workers are provided with appropriate training about the new regulations
- Ensure that the workforce is provided with appropriate protective equipment including respiratory equipment
- Insist that all work with asbestos complies with Control of Asbestos Regulations 2006

Compensation for personal injuries

The union provides a comprehensive compensation service, through our solicitors, for members and retired members who have developed ill-health caused by exposure to asbestos. Consult your RIO. There are very strict time limits to pursue claims. You should not delay in seeking advice, however long ago you were exposed to asbestos.

This is a very brief summary of the regulations. For more information please consult the regulations, and the HSC Guidance and Approved Codes of Practice which are available from HSE Books.

The HSE has published a special leaflet for safety representatives which is at www.hse.gov.uk/asbestos Copies, and more information, are also available from Susan Murray 0207 611 2596 smurray@tgwu.org.uk

Personal protective equipment (PPE) & respiratory protective equipment (RPE)

PPE or, if appropriate, RPE, should be provided by the employer in situations where it is not possible to prevent or adequately control exposure to dangerous substances.

The Approved Code of Practice to Regulation 7 of COSHH says that PPE will normally be necessary:

- (a) Where adequate control of exposure cannot be achieved solely by application of operational or engineering measures, appropriate to the activity and consistent with risk assessment, then, in addition, suitable PPE should be used to secure adequate control*
- (b) Where a new or revised assessment shows that PPE is necessary until adequate control is achieved by other measures*
- (c) Where there is a temporary failure to achieve adequate control*
- (d) Where maintenance operations have to be carried out...*

PPE and RPE is covered generally by the **Personal Protective Equipment at Work Regulations 1992**.

However, the use of most RPE (and often other PPE e.g. body suits for protection against asbestos) is covered by other Regulations – depending on the circumstances in which it may have to be used. These include COSHH, the Control of Asbestos at Work Regulations 2002, the Ionising Radiations Regulations 1999, and Control of Lead at Work Regulations 2002. Reference should be made to these, depending on the work situation.

Fit testing of facepieces

The Approved Code of Practice (ACoP) and Guidance to COSHH, Regulation 7, provides advice on this issue. The Guidance note says that RPE will only perform well if there is good contact between the wearer's skin and the face seal of the mask – this can be achieved if the wearer is clean shaven in the region of the seal and the facepiece is of the correct size and shape to fit the face. If spectacles with side arms and other PPE are also worn, they should not interfere with the correct fitting of the face piece or the face seal. More loose-fitting RPE e.g. visors, helmets, hoods etc is less dependent on a tight fit, but it still should fit correctly to ensure protection.

The ACoP says

Employers should ensure that the selected facepiece (tight and loose-fitting types) is of the right size and can correctly fit the wearer.

When considering RPE, and indeed any PPE, these considerations are crucial:

- Match it to the job, the environment, the anticipated exposure level and the wearer
- Bear in mind that heads and faces are of different sizes, and equality issues may also be relevant
- PPE is often manufactured with the standard male head in mind. Fit testing is therefore crucial for RPE to work correctly and safely.

Important note

This is only a summary of legal issues relating to dangerous substances and protective equipment.

You are strongly advised to consult the Regulations, and the Guidance and ACoPs for full details.

If you are any doubt, please contact your Regional Industrial Organiser for help.

Get organised to prevent ill health

The COSHH Regulations will be more effective if you are organised at your workplace. The type of organisation required will vary from workplace to workplace.

UK laws are designed to improve health and safety at work. In general the law lays down minimum health and safety standards. **T&G Safety Representatives should ORGANISE** to ensure these standards are reached, and exceeded where possible, through negotiation and collective bargaining.

To do this vital task they have under the law been given rights and functions under the Health and Safety at Work etc Act 1974 and the Safety Representatives and Safety Committees Regulations 1977 (SRSCR) (applying to recognised workplaces) to investigate potential hazards, the cause of accidents, and complaints; represent employees; carry out inspections; receive information from inspectors and attend safety committees.

Why organise around health and safety?

UK laws are designed to improve health and safety at work. Health and safety is an important part of union business as many industrial issues have health and safety implications and vice versa. Safety reps should be alert to any health and safety issues during negotiations on industrial matters and ensure that you take part in these discussions. This includes, for example, taking part in consultations on the introduction of new technology, new machines, products and processes.

What is the role of a safety rep and the safety committee?

The key role of the trade union safety rep is to check and follow up on management's actions or inaction over health, safety and environmental issues in the workplace. This includes COSHH. Their most important Union health and safety role is to represent workers' views to management.

Safety reps and safety committees

Safety Reps and Safety Committees are the backbone of trade union organisation on health and safety in the workplace. Trade union appointed and trained safety reps, backed where necessary by a safety committee, and using their legal health and safety rights under the SRSCR, have a central role in ensuring that COSHH means improved health standards.

These rights include:

- To be consulted by your employer on health and safety matters, including risk assessments carried out under COSHH (underlined in the COSHH ACOP) – (see

Requirements of COSHH page 11)

- To inspect the workplace – to check for example if the technical and engineering controls required by COSHH are working
- To receive information, instruction and training from management – COSHH Regulation 12 also makes this a requirement for employees
- To require safety committees to be set up
- To receive time off with pay to carry out their functions
- To receive paid time off to attend TUC or Union approved health and safety training.

Important note

In all matters of health and safety, advice and guidance should be obtained from your Regional Industrial Organiser before concluding any agreement with your employer, or taking any legal action, such as a complaint to an Employment Tribunal.

Safety reps' hazardous substances checklist

Risk assessment

The COSHH Regulations clearly spell out the legal requirement on employers and management to carry out risk assessments, what they should contain and achieve and – crucially – that Safety Representatives should be involved and informed (ACOP Para 84 – see above).

Has the employer carried out a risk assessment in consultation with the workforce?

Safety reps and employers should work together in investigating and carrying out an assessment of a hazardous substance and the processes it is used in.

The assessment should

- Assess whether hazardous substances can be eliminated or, if not, substituted for a safer alternative
- If there are no safer alternatives then assess what other precautions are to be taken.
- Assess the procedures in place for safe storage and safe disposal of hazardous substances
- Consider the health effects to everyone: Are they hazardous to the person carrying out the task and people working around the task? Are they hazardous to new or expectant mothers?
- Include in the assessment foreseeable incidents and maintenance work and plan for measures to be taken in these circumstances, including first aid.

Your employer should have ranked the severity of the established risks, and used this to draw up an action plan to protect workers. **Has this been done and are you involved?**

Information and investigation

Organise the essential information you will need to receive to make COSHH work and ensure a healthy workplace. As a Safety Rep you have rights to information from your employer on your workplace accidents, dangerous occurrences and disease. You are also entitled to the information the employer is required to provide the enforcing authority about accidents. This information can reveal trends or specific areas of concern that may need prioritising.

A planned investigation can help identify patterns of ill health or problems that may have not been recognised before. Where there are a number of similar injuries or other health problems among people doing the same or similar tasks, then it is possible this is related to their job.

- **Find out what is in your workplace** – Make an inventory of both the substances used in the processes, and those generated by the process such as welding fumes or wood dust.
- **Collect information** – There are many sources of information available which should be made available to you as safety reps. These are safety data sheets and labels, results of risk assessments, HSE guidance, technical, manufacturer and trade information etc.
- **Safety Data Sheets** – Obtain copies of these from the employer. Chemical suppliers must by law provide safety data sheets with all chemicals entering into the workplace, which pose a risk (under CHIP3). They can be invaluable when carrying out a risk assessment.

Safety data sheets are not COSHH assessments – they only describe the hazards

- **Monitoring** – what are the results? Where a chemical has Workplace Exposure Limit- which is found on the safety data sheet or from HSE publication EH40 – your employer may have to measure the levels of hazardous substance in the air. Results of monitoring should be part of the risk assessment.

Has the monitoring looked at the type, intensity, length, frequency and occurrence of exposure to workers, including the combined effects of dangerous substances used together and the related risks?

- **For all those who may be exposed – health surveillance.** Health surveillance can range from questionnaires to a full medical examination, depending on what chemical or biological agent being handled. Health checks should be carried out where there are problems such as dermatitis or ulcers, or chemicals that can cause breathing problems, such as asthma, or more serious problems such as cancer.
- **Investigate and represent** – Ask members about their experience of toxic chemicals, and their effects, and report these to management. A good tool for doing

this is using workplace mapping or a survey. Both are important methods of gathering data and reporting. They are also powerful organising tools, as they encourage worker participation, raise awareness of health and safety and raise the profile of the union

Inspection

Inspecting the workplace, and the employer's health and safety documents, is one of the most important functions of the safety rep.

Under SRSCR you, as a safety rep, have these inspection rights:

- To inspect a workplace or part of it at least every three months provided that you give the management reasonable written notice (Reg 5)
- To carry out more frequent inspections by agreement (Reg 5)
- To carry out further inspections where there has been a substantial change in the conditions of work or where the HSC or Health and Safety Executive have published new information on relevant hazards (Reg 5)
- To carry out an inspection following a notifiable accident or dangerous occurrence (Reg 6).
- To inspect and take copies of any document relevant to the workplace or to the employees that the safety rep represents (this can be withheld in some limited circumstances) (Regulation 7)

During any inspection and investigation – whether informal or formal – safety reps should liaise with other union representatives and discuss any problems and put forward suggestions to their employer.

Important note

Safety Representatives should, in their inspections relating to dangerous substances, ask: Are the control measures effective and suitable?

The hierarchy of control measures to reducing exposure are: design and engineering/systems controls, control of exposure at source (e.g. general ventilation, containments) and, as a last resort, using personal protective equipment (PPE).

However, PPE can be supplied as secondary protection in combination with other control methods.

Control measures should be regularly monitored, well maintained and implemented in consultation with the workforce and with training. All protective equipment should be provided free of charge if the risk assessment finds that PPE is required.

Training

Your employer must release you with pay for training about hazardous substances and COSHH if it applies to your workplace. A fully trained Safety Rep who knows how to deal with hazards and issues within their workplace will be better equipped than somebody who knows only what their employer's rules say.

Ensure that workers are informed about the hazards involved, and have the appropriate training to work safely. Any control measures implemented will not be effective if workers do not know their purpose, how to use them properly, or about the importance of reporting faults.

Consultation and involvement

Safety reps should be included, and be able to participate, in discussions about introducing new hazardous substances, new ways of using them or new protective measures. They should be involved in all aspects of risk assessments, health surveillance and training for the workforce.

In COSHH ACoP 2002 it states at the beginning – under *Consulting employees and Safety Representatives*:

Proper consultation with those who do the work is crucial in helping to raise awareness of the importance of health and safety. It can make a significant contribution to creating and maintaining a safe and healthy working environment and an effective health and safety culture. In turn this can benefit the business by making it more efficient by reducing the number of accidents and the incidents of work related ill health.

Employers must consult safety representatives appointed by recognised trade unions under the Safety Representatives and Safety Committees Regulations 1977. Employees who are not covered by such representation must be consulted, either directly or indirectly, through elected representatives of employee safety under the Health and Safety (Consultation with Employees) Regulations 1996.

Important note

Keeping the members informed of what is happening with COSHH in their workplace, and how they can help make it work, is vital to its success

Negotiate a COSHH agreement

COSHH is such an important and far-reaching piece of legislation, so why not negotiate a special COSHH agreement on all aspects of the regulations discussed in this booklet?

You would then have laid down procedures on carrying out risk assessments, implementation of prevention and control measures, training, regular provision of information and who receives it, and so on.

Share success

If you negotiate an agreement or come up with good examples of successful technical and engineering controls, then let other TGWU members know. Pass on your details to your District and Regional Office and The Health and Safety Unit at Central office, write to your T&G journal/newspaper.

Remember

- Success breeds success
- The T & G can win on COSHH
- That means better health and working conditions.

Environmental Rights at Work

Increasingly, health, safety and environmental issues are linked at work, and at a time of huge concern about climate change this is becoming even more important.

It is T&G policy that safety reps should have also rights of representation on environmental issues at work and the T&G and other unions are actively campaigning for these rights.

This would mean a wider brief for union representatives to cover sustainable development, rights to tackle environmentally friendly measures (eg energy saving) and union involvement in environmental monitoring and management systems.

Some T&G members are already achieving this in their workplace. At Lyondell, Humberside, for more than 15 years T&G union reps have been ensuring that environmental concerns are fully integrated issues. T&G union reps encourage workforce commitment to work together on environmental issues, and regular training and green briefings are organised.

The T&G organises several courses each year to train T&G representatives how to tackle environmental issues at work. The T&G is a member of the Trade Union Sustainable Development Advisory Committee (TUSDAC). In 2005, TUSDAC published a major report which provides advice and information on how to tackle environmental issues at work, *Greening the Workplace*. This was followed by a TUC Guide *First Steps to a Greener Workplace*. Both of these are available from Central Office, and the TUC website.

For more information on environment issues please contact Penny Morley, Service Sector Researcher at Central Office (pmorley@tgwu.org.uk). For information on environment training courses contact Gareth Richards (grichards@tgwu.org.uk).

Ireland

This leaflet explains the law as it operates in the United Kingdom, although similar laws are also in place throughout Ireland. The booklet can therefore be of assistance to our members in all parts of Region 3.

Comparison of GB and Northern Ireland legislation

GB legislation

Health and Safety at Work etc 1974

Management of Health and Safety at Work Regulations 1999

Control of Substances Hazardous to Health Regulations 2002

Chemical (Hazard Information and Packaging for Supply) Regulations 2002

Control of Major Accident Hazards Regulations 1999

Dangerous Substances and Explosive Atmosphere Regulations 2002

Control of Lead at Work Regulations 2002

Control of Asbestos Regulations 2006

Personal Protective Equipment at Work Regulations 1992 S.I. 1992/2966

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 S.I. 1995/3163

Northern Ireland equivalent

Health and Safety at Work (Northern Ireland) Order 1978

Management of Health and Safety at Work Regulations (Northern Ireland) 2000 S.R. 2000 No. 388

Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 S.R. 2003 No. 34 (come into operation on 28 February 2003)

Chemical (Hazard Information and Packaging for Supply) Regulations (Northern Ireland) 2002 S.R. 2002 No. 301

Control of Major Accident Hazards Regulations (Northern Ireland) 2000 S.R 2000 No. 93

Dangerous Substances and Explosive Atmosphere Regulations (Northern Ireland) 2003 S.R. 2003 No. 152

Control of Lead at Work Regulations (Northern Ireland) 2003 S.R 2003 No. 36

Control of Asbestos at Work Regulations (Northern Ireland) 2003 S.R. No. 33 (New Regulations due soon)

Personal Protective Equipment at Work Regulations (Northern Ireland) 1993 S.R. 1993 No. 20

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 S.R. 1997 No. 455

Comparison of GB and Irish legislation

In Ireland the health and safety laws relating to dangerous substances are not as easily comparable to that of Northern Ireland and the UK. Irish legislation is generally transposed direct from the European Directive. However the regulations are similar in content to Northern Ireland and the UK, as they are all required to adopt European legislation.

The Irish law which relates to dangerous substances is found within the following

- Acts of the Oireachtas relating to Occupational Safety and Health
- Regulations made under Safety, Health and Welfare at Work Act, 1989
- Regulations made under European Communities Act, 1972
- Regulations made under Mines and Quarries Act, 1965
- Regulations made under Dangerous Substances Acts, 1972 and 1979
- Miscellaneous Regulations and Orders
- Approved Codes of Practice
- Codes of Practice
- Irish Statute Book (Acts & SI's 1922-1998)

The Safety, Health and Welfare at Work Act, 2005, and the General Application Regulations, 1993 (as amended)

The 2005 Act contains important provisions relating to the safety of chemicals and dangerous substances at work and the avoidance of risk to safety and health resulting from use of them. The “cornerstone” of the Act, the Safety Statement (Section 12) must be based on the identification of hazards at the workplace and an assessment of their risks.

More specific regulations are the

- Safety, Health and Welfare at Work (Carcinogens) Regulations, S.I.78 of 2001
- Safety, Health and Welfare at Work (Chemical Agents) Regulations, S.I. 619 of 2001
- Safety, Health and Welfare at Work (Pregnant Employees etc.) Regulations, S.I. 218 of 2000
- Regulations related to Classification, Packaging and Labelling (CPL) of Dangerous Substances and Preparations (S.I.116 of 2003 and S.I. 272 of 1995)
- Regulations relating to the Notification of New Chemical Substances (S.I. 116 of 2003)
- Regulations relating to the Marketing and Use of dangerous substances and preparations (S.I. 107 of 2000).
- European Communities (Control of Major Accident Hazards involving Dangerous Substances) Regulations, (S.I. 476 of 2000). (Seveso 2)
- European communities (equipment and protective systems intended for use in

potentially explosive atmospheres) regulations, 1999 (ATEX Directive).

- Safety, Health and Welfare at Work (Confined Spaces) Regulations, S.I.218 of 2001
- Carriage of Dangerous Goods by Road Regulations (S.I. No.492 of 2001)
- European Communities (Safety Advisers for the Transport of Dangerous Goods by Road and Rail) Regulations, 2001 (S.I. No. 6 of 2001)
- European Communities (Export and Import of Certain Dangerous Chemicals) (Industrial Chemicals) (Enforcement) Regulation 2002, S.I. No. 395 of 2002
- European Communities (Protection of Workers) (Exposure to Asbestos) (Amendment) Regulations, 2000. (S.I. 74 of 2000)
- European Communities (Protection of Workers) (Exposure to Lead) Regulations, 1988
- Code of Practice for the Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2002

Further information

T&G

Safety Rep's Handbook

Men's Health Factsheet – Testicular and Prostate Cancer

Factsheet: Pregnant Workers and New Mothers

T&G Health and Safety News published 4 times a year.

T&G extranet carries numerous publications and information. To get access email your name, T&G membership number and trade group to extranet@tgwu.org.uk and your password will be sent out to you.

TUC

There are numerous publications and studies available on the website, including hazardous chemicals and dangerous substances www.tuc.org.uk

Hazards at Work. Organising for Safe and Healthy Workplaces – chapters include coverage on Asbestos, Asthma, Biological Hazards, Chemicals and Dust.

Sign up for *Risks* the TUC's weekly e-bulletin for safety reps at

www.tuc.org.uk/h_and_s/index.cfm

European Trade Union Institute for Research, Education and Health and Safety

Chemical webpage (including latest on REACH) and other publications

<http://hesa.etui-rehs.org>

Hazards Magazine Website

News, research and resources at www.hazards.org

Hazards Magazine Factsheets on hazardous substances: subjects covered include asthma, wood preservatives, pesticides, textile chemical hazards, solvents, fumes from burning plastic, substitution of hazardous substances, toxics use reduction, cancer and occupation, and many more.

Hazards Magazine Factsheets on workplace mapping and organising (the number refers to the issue of the magazine):

Fact sheet 74 Organise! 2001

Body Mapping Hazards 61 1998

Mapping Out Work Hazards 60 1997

World Mapping Hazards 75 2001

London Hazards Centre – www.lhc.org.uk

Publications include Chemical Hazards Handbook; Formaldehyde

Labour Research Department booklets include

Hazardous Substances at Work

Health and Safety Law 2006

Pesticide Action Network (PAN)

News and resources at www.pan-uk.org/

European Agency for Safety and Health at Work

Numerous factsheets on dangerous substances available on the website at <http://agency.osha.eu.int/publications/factsheets/index2.htm>

HSE – There are numerous publications, some specific to industry and to substances, e.g. asbestos, which are available on the website and from HSE books.

Links to free, downloadable leaflets are at www.hse.gov.uk/pubns/index.htm

HSE Books: Free and priced Health and Safety leaflets and booklets: Telephone: 01787 881165. Fax: 01787 313995 and email - www.hsebooks.co.uk

Examples of HSE publications

COSHH – a Brief Guide to the Regulations INDG 13 Rev3. Free

Understanding Health Surveillance at Work INDG 304 Free

A Short Guide to the Personal Protective Equipment at Work Regulations 2002 Free

Occupational Exposure Limits EH40 - tables free on the HSE website COSHH pages

New and Expectant Mothers at Work HSG122

HSE Infoline: Guidance and information on health and safety at work by telephone 0845 3450055 154 5500

HSE Website

www.hse.gov.uk

A growing number of specialist pages provide useful information and links to free leaflets:

Asbestos www.hse.gov.uk/asbestos/

Asthma www.hse.gov.uk/asthma/

CHIP www.hse.gov.uk/chip/

Chemicals www.hse.gov.uk/chemicals/

COSHH www.hse.gov.uk/coshh/

COMAH www.hse.gov.uk/comah/

Dermatitis www.hse.gov.uk/skin/

HSE COSHH Essentials site

This is an inter-active free website providing advice and information

www.cossh-essentials.org.uk

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