LETTERS

Design of measurement strategies for workplace exposures

I write in response to the article by Hans Kromhout,1 which sets out the case for exposure monitoring and proposes robust strategies for collecting data. He acknowledges that exposure monitoring may be expensive, but justifies it on the grounds that it is needed to ensure worker protection and data can be used for multiple purposes (hazard evaluation, control, and epidemiology). All this ignores the variety of competences and numbers of firms who use chemicals in the workplace.

We agree that good quality exposure data are extremely valuable for assessing the effectiveness of control measures, studies on health effects related to use of specific substances, and for long term epidemiological studies. Now that workers do not normally remain in one job all their working life and may be exposed to many chemicals in different industries, the lack of well validated exposure measurements is a concern. It will limit our ability in the future to carry out meaningful epidemiological studies.

I estimate that over 1.3 million firms are using chemicals. It is not realistic to suggest that all these firms should be carrying out the type of sampling regimes the article suggests. Reassessments would be astronomical and there is no capacity to collect, analyse, and interpret all the samples that would be generated. Recognising this and that small firms needed help to apply the risk assessment requirements of the Control of Substances Hazardous to Health (COSHH) Regulations, led HSE, in collaboration with industry and trade unions, to develop the COSHH Essentials.

COSHH Essentials is not intended to replace the collection of well validated exposure data, where that is justified; rather it is intended to help firms, particularly small and medium sized firms, to properly control the chemicals they are using. Inevitably a generic system like COSHH Essentials which groups chemicals, has to err on the side of caution, but the controls recommended by COSHH Essentials were peer reviewed by an expert group established by the British Occupational Hygiene Society and have the support of the industry and trade unions. COSHH Essentials has been used now for over three years by many firms. We have not had complaints that the controls are over precautionary. Thus we reject the implication in the article about COSHH Essentials that “all advised control measures will arguably be even more costly in the long run, a classic case of being ‘penny wise but pound foolish’”.

The article misrepresents the purpose of the expert system, Estimation and Assessment of Substances Exposure (EASE). This was developed to help meet the requirement under the Dangerous Substances Directive for a risk assessment on new substances. As workplace exposure data cannot be collected on new substances prior to release to the marketplace, EASE was developed to provide an exposure estimate for use in risk assessment. It is entirely appropriate that this should be precautionary. It is not a weakness as the article implies. EASE is not intended as a tool to help employers control exposures in the workplace.

The aim of chemical control is the protection of employers’ health. This is best achieved with a range of tools. EASE has a valuable contribution to make before substances are released into the marketplace; COSHH Essentials is proving to be a valuable and welcome tool for many small and medium sized firms, helping them to establish suitable controls. The recently launched electronic version will be of even greater help to many small firms. In other circumstances structured data collection is needed. These tools all have a valuable role to play. They should be viewed as complementary, not as alternatives as the article suggests.

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Reference

Author’s reply

I would like to reply to the comments made by Dr Michael Topping with regard to my article on measurement strategies for workplace exposures.1 His response is focused on my introductory words on the development and promises of tools like COSHH Essentials and EASE.

His main point is that I would ignore the variety of competences and number of firms who use chemicals in the workplace and that proper evaluation (with actual measurements of workplace exposures) would come with astronomical costs and would not be possible due to lack of expertise. Together with the editors of the Annals of Occupational Hygiene, I question whether the introduction of tools like COSHH Essentials has contributed to the collapse of full time training of occupational hygiene professionals in Britain through lack of demand for expertise.2 As I pointed out in my paper, measurement strategies that involve workers in the sampling procedure can be very cost efficient and have been shown to be working.3 The claim that nobody has been complaining about controls being over precautionary after using COSHH Essentials is not a weakness. For instance, when applying COSHH Essentials is advised to take expensive control measures, while actual measurements show that exposure levels are well under the occupational exposure limits.

With COSHH Essentials erring on the safe side, this will likely often be the case. The comment that I would misrepresent the purpose of the EASE expert system is false. Dr Topping forgets to mention that EASE was developed not only for new substances but also for existing substances.4 In addition I am aware of training courses that have been given in my own country where EASE was propagated as a tool to evaluate substance exposure in workplaces. If this expert system is only to be used for risk assessment purposes, it should be labelled with the phrase “not intended to be used as a tool to help employers control exposures in the workplace”. However, in the documentation that came with my version of EASE we can read “Modelled data may be derived from the general purpose predictive model for exposure assessment in the workplace described in this paper and called EASE”.

The real problem with tools like EASE and COSHH Essentials is that they are not properly evaluated before they are launched into the occupational health arena. Peer review by an expert group established by the BOHS and support of industry and trade unions cannot replace the necessary scientific rigour of testing reproducibility and validity and having these studies peer reviewed in scientific journals. Testing validity long after introduction of a tool, as happened with EASE,4 would not have been tolerated when EASE would have been, for instance, a medical diagnostic tool, or even closer to home an analytical method to measure styrene. HSE is apparently not too happy with the accuracy of EASE either, since I am informed that a project is underway to create a more valid expert assessment tool.

Even though Dr Topping justifiably suggests that the tools should be seen as complementary, the place of “structured data collection” remains unclear in his letter. One can deduce from the described use of EASE and COSHH Essentials that proper assessment of exposure by measurements would only have to take place at larger firms. Unfortunately, as we all know, that is not where the majority of workers perform their jobs. In my view, tools like EASE and COSHH Essentials should be used in the initial judgement step, and proper evaluation should always follow to prevent unnecessary investments or ill advised control measures. Given the enormous variability we have to take into account when evaluating chemical risks, we should never exclusively rely on generic tools that lack precision, and even worse, accuracy.

Finally, I would like to suggest renaming COSHH Essentials into “Where there is no expert”. While staying in less developed countries, I cherished my copy of Where there is no doctor.5 Nowadays, I frequent my GP who

www.occenvmed.com
has access to more precise and accurate diagnostic tools. To me it is unthinkable that poor man’s tools are being used to evaluate chemical hazards in a well-developed country such as the UK.

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References
4 Prior JJ. The assessment of workplace exposure to substances hazardous to health. The Surgeon. 1996.

BOOK REVIEWS

Aviation medicine and the airline passenger

Edited by: Cummin and Nicholson (£65.00) 2002. Edward Arnold Publishers Ltd. ISBN 0 340 80637 0 (hardback)

Books on aviation medicine and physiology tend to be written by specialists for specialists. This book is by specialists for generalists and will be of value to all doctors asked by patients for health advice prior to flying. It will also be useful, in advance it is hoped, to doctors asked to help with a patient on board a commercial flight. A distinguished group of authors has been assembled: some from the aviation medicine field and some from other relevant specialties including obstetrics, paediatrics, cardiology, and anaesthesia. Twenty-four chapters are provided: each of about 8–10 pages.

The book begins with an interesting account of the ethical and legal aspects of “Good Samaritan” activity. This is full of sensible advice: the inebriated doctor should disqualify himself from assisting in an emergency! How true. More seriously, the doctor agreeing to act himself from assisting in an emergency! How wrong. Should alcohol adduced to a disoriented patient be considered an emergency? What if there is a significant but difficult to treat underlying pathological condition? Should the doctor be asked to act or not? How should such decisions be recorded in writing? The need to keep clinical notes is obvious but could be forgotten.

A very valuable chapter on immunisation is provided. This provides much more than a schedule: details of diseases are added. The use of examples is judicious and it is good advice: the inebriated doctor should disqualify himself from assisting in an emergency! How wrong. Should alcohol adduced to a disoriented patient be considered an emergency? What if there is a significant but difficult to treat underlying pathological condition? Should the doctor be asked to act or not? How should such decisions be recorded in writing? The need to keep clinical notes is obvious but could be forgotten.

A particularly interesting section of the report deals with the alleged dissociation between policy institutions and the public. The authors are sharply critical of what they assert are common responses by policy makers—in particular the tendency to call for more data and what they see as an inaccurate interpretation of the policy maker's attitude to what they (the policy makers) conceive as the public's desire for certainty and zero risk. The authors deplore the attitude of some which suggests that the Precautionary Principle is “pandering to populist and anti-science sentiment”. The authors, rightly in my view, stress that policy making cannot be based on “facts” alone but should include “values”. Unfortunately, reaching a consensus on values is not at all easy.
History of aerosol science


The History of aerosol science is a symposium volume that provides a written record of the First Symposium on the History of Aerosol Science, held from 31 August to 2 September, 1999 in Vienna, Austria. The symposium was held in the sumptuous surroundings of the Theatersaal of the Austrian Academy of Sciences. The high cultural standing of the event can be judged from the front cover of the book, which carries a reproduction of La Gasse, Fume and Spray by Meinhard Rudenhauer. This was an original work composed for the opening of the symposium.

The symposium volume contains a prologue by Othmar Preining of the Clean Air Commission of the Austrian Academy of Sciences, and three sections reflecting different aspects of the history of aerosol science. The first section comprises 11 chapters, covers the historical development of aerosol science. The second section contains biographies of 12 individual scientists who exerted a major impact on the development of the subject. The third section examines the role played by 12 national and international aerosol organisations and their journals. The text finishes with an epilogue by Othmar Preining. Indices are provided for subjects, proper names, and author addresses.

The historical section opens with two fascinating chapters, the first on aerosols in art by Peter Brimblecombe and the second on aerosol science up to the year 1900 by Rudolf Husar. Chapters then follow in quick succession providing biographies of Michael Faraday, John Tyndall, John Aitken, Ludwig Lorenz, Gustav Mie and Peter Debye, Robert Brown, Ehrenhaft, Georgius Agricola, William Gilbert, James Clerk Maxwell, Ludwig Boltzmann, Lord Rayleigh, Norman Davies, Jean Bricard, Ted Rich, Ken Whitby, Bernard Vonnegut, Isahl Gallily, and Alexei Shehdiko. The biographies are authoritative and well referenced but give no appreciation of the scientific advances made because they focus on the personalities and not the technical developments. Despite the importance given to the contribution made to aerosol science by Nocolai Fuchs, no biography is presented, except being indexed in more chapters than any other aerosol scientist. A strange omission for someone credited with being the father of aerosol science.

There is some valuable review material here, particularly on the ambient aerosol studies in California and the health aspects of ambient aerosols in the USA. Regrettably, the global climate impacts of aerosols get no significant treatment in this historical presentation. The national summaries could have provided much more review material, describing what has been learnt in the different countries about aerosol science. This would have made the book a much more useful volume.

The book is riven with contradictions. The predomiance of new results burying old theories must be balanced against the new discoveries that can only be made with the latest state of the art instrumentation. The balance between personal science and team science is discussed in many places. The difficulties of accommodating independent characters in directed research teams and the bureaucracy associated with government and other research organisations are highlighted. The successes of directed research programmes, apart from those in California, are not addressed. The text plays down the importance of directed research into chemical warfare, nuclear power, and other commercial areas, and emphasises the role of pure aerosol science. It is not clear whether the editors feel that this “small science” model is valid for aerosol science in the future.

This is a specialist book aimed at those interested in the motivation, idiosyncrasies, and background of some of the most influential scientists that have contributed to the development of aerosol science. It will have its greatest appeal as a symposium volume and as an aide memoir to those involved. It will not be of much interest to students and researchers, except perhaps to those deeply involved in pure aerosol science research.

R L Maynard

NOTICES

27th International Congress on Occupational Health: The Challenge of Equity in Safety and Health at Work, Iguassu Falls, Brazil, 23–28 February 2003

The Congress will have about nine keynote conferences, approaching different angles of the Central Theme; those themes will then be discussed in depth by Panels (60), where different opinions will be debated. There will be about 60 mini-symposia organised by the ICOH Scientific Committees and Work Groups; facilities for the presentation of 1000 posters; and about 500 free papers. Interest groups may schedule meetings in Congress areas.

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First World Congress on Work-Related and Environmental Allergy (1st WOREAL), and Fourth International Symposium on Irritant Contact Dermatitis (ICD), Helsinki, Finland, 9–12 July 2003

Congress on Work-Related and Environmental Allergy
• Work related and environmental aspects of respiratory and skin allergy
• Specific issues related to pathophysiology and skin allergy
• Management and prevention of allergy

Irritant Contact Dermatitis Symposium
• Occupational irritant dermatitis
• Prevention of irritant dermatitis
• Alternative methods for the assessment of irritants
• Irritant dermatitis from cosmetics

Satellite events
• Satellite Symposia, 9 July 2003
• Allergy School, 9–10 July 2003
• 7th International NIV A Course on Work-Related Respiratory Hypersensitivity, 11–15 July 2003

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