International Cadmium Association

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Minutes of the first ICdA H&S Committee

November 25, 2008 from10 a.m. to 16.30 p.m.
Eurometaux, Metals Conference Center
100, Rue du Duc – 1150 Brussels

1- Introduction

Christian Canoo welcomes the participants and introduces the meeting. Seventeen people representing Boliden, Floridienne Chimie, James M. Brown, Nyrstar, Rockwood Pigments, Xstrata, Saft and ICdA attend the meeting, and introduce themselves (cf. file 1-Attendance). Each participant signs a statement of compliance.
The agenda proposed by ICdA is adopted (cf. file 2-Agenda).

2 - The Board decisions and the creation of an H&S Committee *(Christian Canoo)*

The Board decisions

In his presentation (cf. file 3-HS) Christian Canoo explains the process of initiating an H&S committee. The creation of H&S committee was one of the priorities for the coming years outlined by the ad-hoc Board subcommittee (11/09/2008) and the creation was confirmed by the general assembly of ICdA members (16/10/2008).
One H&S committee will be meeting each quarter. Bernard Pitié, former science manager of FEDEM, will coordinate the management and the organisation of H&S committees.

Christian Canoo reminds the commitment of all the participants to implement the ICdA Guidance document as a cornerstone of the industry response to the risk assessment (RA) and risk reduction strategy (RRS).
The purpose of this meeting is for the members to choose the themes and the tools that they would like to study in order to facilitate this implementation of the ICdA Guidance document.

How to collect and aggregate data on exposure ?

A study is commissioned by Board to a Sub-Ctee to assess whether there would be a benefit in setting up an occupational exposure data trustee for benchmarking purposes and for communication purposes. Participants agree that some operational points could be defined in the H&S committee but that the discussion regarding pros and cons will not take place at the present H&S committee.

3 – Cadmium: risk reduction strategy

In his presentation (cf. file 3-Cd RRS), Patrick de Metz explains what the European Risk Assessment (RA) is, what the legal context is and what the human health

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findings for Cd/CdO are. For cadmium and cadmium oxide the main conclusions are: kidney is the critical organ and there are problems with bone (osteoporosis). So, the RA sets a LOAEL (LOAEL: Lowest Observed Adverse Effect Level) threshold for urinary cadmium (Cd-U) at 2 µg Cd/g creatinine.

The goal of RRS is to identify strategies to reduce or eliminate risk. The Belgium rapporteur of RA has to assess whether existing regulation is sufficient to do the job, and if necessary, propose new regulatory tools.
The response from Industry has been the development of the ICdA Guidance Document. Today the threat is that the European commission sets OELs (Occupational Exposure Levels) and BLVs (Biological Limit Values) based on thresholds set in RA: [Cd-U] at 2 µg Cd/g creatinine.

Industry as a whole is at risk, because there is a sizeable fraction of exposed work force in excess of this threshold and industry must show a responsible response:

ICdA policy:

- EU sites of ICdA members will implement the ICdA Guidance Document, provided it does not conflict with national legislation nor relaxes existing practice.
- Mid term goal: have systems in place so that employers can ensure their workforce Cd-U stays below [Cd-U] < 5 µg Cd/g creatinine.
- The hope is that scientific proof can be generated showing that threshold of 5 is low enough to protect from kidney/bone risk.
- ICdA decided to set up a H&S Committee to assist members in implementing the ICdA Guidance document.
- A more user-friendly format is to be created
- A study is commissioned by Board to a Sub-Committee to assess whether there would be a benefit in setting up an occupational exposure data trustee.
- Industry efforts will be presented to European Commission and National Authorities (should the need arise).

During the discussion, Rolf Rodermund indicated that in Germany, there is not mandatory limit value but for Cd-U but that for Cd-U comprised between 2 and 5 µg Cd/g creatinine, there is a requirement to increase medical control and implement more actions to protect workers, and a recommendation for exposure removal at 5.

These principles are quite similar to the Swedish programme (incorporated in the ICdA Guidance document)..

4 – The ICdA guidance document

In his presentation, (cf. file 5 - ICdA guidance structure), Patrick de Metz explains that the Guidance document (2006 issue) is an update of the 1995 ICdA guidance

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document. The medical surveillance programme is based on the mandatory programme of Sweden. It has been implemented within Saft AB (ex NiFe) for many years and proven to give good results. So the medical surveillance program cannot be criticized too strongly by the Swedish representative.

Structure of the Guidance Document

Part I: background and Literature review

Part II: management of the cadmium risk in chronic occupational exposure

- Establishment of a clean working environment
- Individual protection
- Information – training of the exposed worker and their staff and line management
- Medical supervision adapted to the Cd risk

Content of the day

The participants have to select from the three sections what suits their needs:

- Clean working environment
- Individual protection, information, training, hygiene
- Medical supervision (yearly H&S Committee with medical doctors yearly)

During the discussion, participants confirm that when cadmium concentration in air (Cd-Air) is low, there is no correlation between Cd-Air and Cd-U. So hygiene rules are very important for risk management.

5 - Prioritisation of themes to be developed for improving implementation of the ICdA guidance document

Question concerning the respect of the goals for Cd-U

It appears that some members have already reached the goals for Cd-U. Some other members think they can reach them and they are moving to reach them.
The consequence is that there are people and companies able to share pertinent information.

About the companies not attending the HS meeting

The participants unanimously express their concern that some companies, members or ICdA or not, do not attend the H&S meeting. They think that their absence could give a bad signal to local or European authorities. The participants ask to ICdA to contact those companies asking them to participate to the H&S committees.

In his presentations (cf. 6 -Main themes and 7 - Main themes en toolbox) Bernard Pitié explains that to reach the commitments of industry (RRS) it would be useful to propose efficient tools to ICdA' members. One of the objectives of the H&S committee is to give to each member the possibility of choosing tools according to his

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specificities (business, local regulations, organisation, equipments, relationships, etc.).

The expected output of the work of this committee should be technical sheets validated by the members.

The proposed list of themes and subthemes includes the proposals of the guidance document and the knowledge of other industries (mainly lead industry). A toolbox (cf. document 7) completes and explains the main themes. It is an open list of possible solutions, which cadmium industry or similar industries use already successfully.

Prioritization of themes

It is necessary to prioritize the themes and subthemes according to a well-defined rule of prioritization. The priority is a priority of action for creating technical sheets.
The H&S committee decides to choose the themes that are very important for everybody. If for a theme or a sub-theme there are too many differences between industries, then the priority cannot be set to 3 (high priority).

Priority's scale: *from 1 (low priority) to 3 (high priority)*.

Results of the prioritization by the H&S committee

MAIN THEMES	PRIORITY
1. Establishment and insurance of a clean working environment	
1.1. Engineering controls	1
1.2. Cleaning	2
1.3. Measuring air quality	3
2. Implementation of robust and sustainable hygiene procedures	
2.1. Creating a culture of prevention and occupational hygiene	3
2.2. Information on results *(to be included in 2.1)*	3
2.3. Personal hygiene	3
2.3.1. Simple hygiene rules	3
2.3.2. Hygiene rules on smoking, drinking, eating	3
2.3.3. Hygiene rules on clothes and washing	3
2.4. Respiratory protective equipments (RPE)	2
3. Medical supervision adapted to cadmium risk	
3.1. Presentation of biological indicators (BI) related to cadmium risk, sampling procedures, precision of analyses, recordkeeping (air, BI, training)	3
3.2. Explanation of the indicative diagram of cadmium risk management in chronic moderate occupational exposure (table 1 of TG)	2
3.3. Detailed procedures for implementing the cadmium risk management	2

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Some issues developed during the discussion

For "Engineering controls" (1.1), the different industries have not so many things in common. A part of the job could be done in REACH or in IPPC (BAT and BREF).

Concerning "Creating a culture of prevention and occupational hygiene" (2.1) it is obvious that industry has to build up and maintain a culture.

Concerning "Medical supervision adapted to cadmium risk" (3), participants agree that this issue should be examined with occupational doctors. H&S committee should invite them once a year and after the first meeting, they could work by emails. Some difficulties could appear:

- The question of language
- The fact that some doctors are external to the companies (for example doctors in medical services)
- The low number of occupational doctors in some countries
- The difference between greater and smaller companies

Concerning "Explanation of the indicative diagram of cadmium risk management in chronic moderate occupational exposure (table 1 of TG)" (3.2) it seems easy to produce a clearer table.

The "Detailed procedures for implementing the cadmium risk management" (3.3) describe practical details of organisation (example: the relationship between the manager and the occupational doctor if a worker has a Cd-U exceeding the limit value). On some points the Guidance document is not sufficient.

Organisation for developing the main themes and the sub-themes

After reviewing various possibilities, the H&S committee decides testing a working method for the next H&S meeting:

1. Choose one theme or subtheme
2. Two volunteer members will prepare and send a light questionnaire to the other members in order to know what they have implemented concerning the themes
3. During the H&S committee, the two volunteer members will present what they have done (policy, implementation, training, success and difficulties…)
4. a presentation on some scientific/technical elements could be made by either Bernard Pitié or some other speaker
5. The discussion on the presentations will imply all the participants

ICdA will examine the question of secretariat and writing of the technical sheets.

Theme for the second H&S committee : Measuring air quality (1.3)

Phil Rowley (James M Brown) and SAFT will make the presentations.
Phil will provide a draft questionnaire.

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Theme for the third H&S committee : Respiratory personal equipment (2.4)
> ICdA will ask to Rolf Rodermund (XSTRATA) if he is a volunteer for presenting this topic.

6 - Creation of a more User-friendly ICdA guidance document

The H&S committee has not taken any formal decision.

7 - Study on Cadmium exposure Data trustee to be presented to Board by end of February 2009

Participants agree that the H&S committee could define some points but that the discussion will not take place at the present H&S committee.

8 - Any other business & date of next H&S meeting

Chairman of the H&S committee
Christian reminds that the H&S Committee should have a chairman.

Dates of next H&S meeting

Second H&S committee : Tuesday **10th March 2009** in **Brussels** (10h30-16h)

Third H&S committee : Tuesday **16th June 2009** (location to be defined)

Fourth H&S committee : Tuesday **15th September 2009**

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