



BOHS

EXPOSURE

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PRESIDENT UPDATE



There was no better way to begin my presidential term than with OH2025 in Newcastle, the flagship event on the BOHS conference calendar. It's an event I had long anticipated, and it certainly delivered. I'm incredibly proud of how the event went.

My volunteering journey with BOHS began on the conference committee, which helped me build a vast network, deepen my knowledge, and gain confidence in public speaking, something that doesn't come naturally to me. The conference committee, including Matt Williams, Leah Philpott, and chaired by Lee Heffernan, curated a diverse programme with outstanding keynotes. A special thank you to Lee for his extended commitment, five years instead of the usual three due to COVID and the IOHA conference. I also want to acknowledge the head office staff, especially Marie Townshend, Lee Kelly-Birkett, and Joe Mott, whose preparation and effort made the event run seamlessly.

The event kicked off with packed PDC sessions on Monday, sparking great discussions and engagement. One standout was the New Tech Dragon's Den, a fresh format that allowed suppliers to pitch new products, from measurement instruments to dust control solutions. It's a format that deserves a regular spot on future programmes.

With nearly 300 attendees, OH2025 saw growth from previous years, I was particularly pleased with the strong international representation, the

conference attracted delegates from around the globe and the BOHS community made the event enjoyable and inclusive for all.

Some of my personal highlights included the quality of the keynotes, in summary:

- **Dr. Lali Japaridze:** Shared her career journey and emphasized the critical role of Occupational Hygiene, her talk aligned well with my presidential theme.
- **Dr. Jo Feary:** Delivered a powerful talk on engineering stone and the urgent need to address accelerated silicosis.
- **Adrian Hirst:** Combined educational content with his unique and entertaining style.
- **Christina Butterworth:** Delivered a clear message—fit and healthy employees are key to business success, and companies must take the lead rather than rely solely on the NHS.

The number of new speakers was another highlight. It takes courage and preparation to present in front of peers, and their contributions are vital to the success of conference such as OH2025. For those considering speaking, don't forget our mentoring scheme, support is available for tips, ideas, and material review.

I was pleased with how the President's session unfolded. It built on my theme:

"How can an Occupational Hygienist be more impactful in their role to gain the business outcomes required?"

Thanks to the panel members, Joe for tech support, and the engaged audience. Below are the 4 key four key areas the session explored with a brief summary of the common these from the panel members and audience:

1 . What do business leaders see as their priority:

Leaders focus on productivity, cost reduction, and profit areas. Which clearly is a key area to focus on if we are going to influence leaders and demonstrate good health risk management is essential for business success.

2 . What business tools/systems/processes/ resources can we better educate ourselves with and utilise in our roles:

Expanding knowledge of business systems like CAPEX and procurement, and mastering cost-benefit analysis and business language.

3 . What skills and knowledge do we require above and beyond the core training to be better placed to influence a business direction:

Management, leadership, presentation, communication, and the ability to influence were identified as key.

4 . How does the profession adapt to meet the future demands of a business:

Technology especially AI was seen as the primary area for future focus.

These insights were used to set the scene for our September board strategy workshop, more on that soon.

In the UK, we're known for our humility, often overlooking our own successes. That's why the BOHS Awards Ceremony is so important. I was honoured to present awards to exceptional achievers from

exam excellence to outstanding contributions to worker health protection. Many more deserve recognition, and the Society thanks them for their continued efforts and contributions.

As soon as the awards ceremony finished the planning has started for next year to make this celebration bigger and better than ever so watch this space.

Summer tends to be quieter for events, offering time to reflect and prepare. As you are aware we're nearing the end of the BOHS 2021–2026 strategy cycle, with much achieved. You can view the summary by following the link below

[2021-2026 Strategy Review - British Occupational Hygiene Society \(BOHS\)](#)

We've begun shaping the next 5-year strategy through member consultations, engagement sessions, and board meetings. A September board away day focused on developing strategic aims, and the next step is drafting the strategy document for member feedback.

Autumn brings a busy calendar. I'm writing this after the LEV Conference in Birmingham, a two-day event with strong attendance. The new BOHS LEV qualifications framework was presented and well received, promising a solid foundation for newcomers into the LEV sector and ongoing professional development. Commissioning of LEV systems was a hot topic, with only 5% formally commissioned, which is incredible when you think how much of a critical part these systems play in controlling exposure to hazardous substances. No surprise then that this has become a focus for the HSE.

I also visited head office to attend the FAAM committee meeting, and it was a pleasure to connect with the members and hear about the impressive work underway.

It's an exciting time for asbestos risk management, with BOHS leading the way through the development of a new competency framework and a buyer's guide for asbestos surveyors, key initiatives that will help raise standards across the sector. I was particularly impressed by the committee's discussions around innovation and research, reflecting a clear commitment to adapting to future needs.

Looking ahead, I'll be dropping in on the FOH Committee strategy day and meeting. November's calendar is shaping up to be a busy one!

I'm especially looking forward to the [UKHCA Conference](#), an event I've always wanted to attend, with its broad spectrum of speakers and engaging programme. We also have the Legionella Conference, a late addition to the calendar. As a member of the conference committee, I can say it's shaping up to be a packed event with a wide variety of speakers, so be sure to book your place and don't miss out.

Finally, at the end of November, I'll be heading to the AIOH Conference in Sydney. I've heard so many great things about this event and am thoroughly looking forward to the trip and the opportunity to represent BOHS, even if it means donning fancy dress for an evening!

Kevin Bampton

CEO UPDATE



This Exposure comes out a little later than normal, reflecting a busy schedule over the Summer and considerable progress in a number of critical areas.

Last week, I had the honour of delivering the keynote address at the Norwegian Occupational Hygiene Society 40th Anniversary conference. It was a pleasure to reflect on how BOHS has progressed through its history, the challenges, opportunities and changes which have forged it and the struggles and successes we anticipate for the future. Norway strikes me as a country which took a parallel path to the UK and perhaps has made wiser decisions about how to support and maintain workplace health. There were answers to questions being discussed at that meeting that we are barely asking.

It was enlightening and inspiring and forms a good reflective backcloth to the work I am doing with the Board to develop our new Strategy. BOHS is a small organization which delivers across a very wide scope of activities and our strategic planning helps us focus resources and expertise to deliver medium-term outcomes at quality and pace. The Board is also planning for my departure as CEO in mid 2027 to ensure that there is a smooth leadership transition. We are fortunate to have a very hard-working, dedicated and insightful group of Trustees, guiding the Society. We have robust governance and a strong professional services team, so we can plan for external uncertainties with confidence.

Call to Action Number 1!

We would still like feedback on our future direction and priorities. You can email me kevin.bampton@bohs.org, Adi at president@bohs.org and we will re-send the survey link if you want to remain anonymous. Our Society depends on your engagement, support and enthusiasm. You can find more about what we have delivered under the previous strategy by visiting the Strategy review site [2021-2026 Strategy Review - British Occupational Hygiene Society \(BOHS\)](#).

Another significant landmark is the launch of our research governance framework, which underpins a new direction in BOHS activity. BOHS is, at heart, a science-led Society. The Annals, which celebrates 70 years next year, represents the best of international research in our field and we are proud to host it. Our wonderful Editor, Rachael Jones will be stepping down, so we are gearing up the search for a worth successor.

Call to Action Number 2!

Please spread the word among any academic networks!

However, not all research questions get asked and/or funded. For this reason, in recent years, we have developed a sense of the importance of the Society drawing on its membership to be able to address areas of uncertainty and gaps in knowledge.

To this end, we have developed a number of member-led research initiatives, ranging from determining whether a new version of the Walton and Beckett graticule would

enhance asbestos counting, to understanding the contexts of air sampling for isocyanates. While work is being done on a voluntary basis, without external funders, we still need to work within the parameters of good science and good ethics. So the foundations of research delivery have been laid.

The first of the research projects in isocyanate testing has been approved by our research committee and we hope to commence data collection soon. If you are involved in isocyanate air testing, you are likely to be contacted to take part. BOHS is the only membership body, with the exception of our research partner, HSE, which does isocyanate air testing in the UK. We therefore have access to all laboratory air testing results – a research rarity of a complete set.

Call to Action Number 3!

However, we need member help to put these into context. So, we will be interviewing members to look at the context of sample collection over the last 12 months, to give a really clear picture of what Occupational Hygiene in the UK is seeing. For more information either see [Research - British Occupational Hygiene Society \(BOHS\)](#). We really need your help. Instances of occupational asthma as a result of isocyanate exposure are rising. This research project may provide us with a vital evidence base to understand that trend. Luminary of the Society, Mark Piney, will also be publishing some challenging thoughts on the issue in coming months.

Call to Action Number 4!

In a similar vein, we want to hear from anyone who works with the control of respirable crystalline silica. We have set up research analysis framework which can process data to build a better evidence a base around this age-old issue. We can support the anonymous contribution of data to our data set. Our aim is to provide a variety of insights into the risk. Please email myself kevin.bampton@bohs.org if

you are in an organization which holds data on RCS exposure in any form and think you may be able to participate.

A further significant landmark is the launch of our Diploma Days. We have systematically re-worked the guidance on the Diploma in Occupational Hygiene to make it more understandable and supportive. In the process, we have tweaked the Diploma journey and we are delivering free days, open to all members, which take you through the Diploma journey with our examiners, including an opportunity to dry run professional discussion questions.

When we started this approach with CoC Control, the number of applicants shot up and everybody who attended, went on to pass their CoC. So, if you have ever wondered about the route to Chartered status, it's a chance to understand what's involved. We have Days coming up in Edinburgh and London this year and in Northern Ireland in the New Year. We will then continue them on a regular cycle across the home countries. An online version, for overseas candidates only, will be available in the New Year.

Call to Action Number 5!

Please check the dates and either attend yourself, if you are not yet Chartered and please encourage colleagues who are looking to progress in Occupational Hygiene to attend.

I have just spent two invaluable days at the LEV Conference. LEV is a real focus for us in coming months, reflecting the increase in occupational interstitial lung diseases and repeated evidence of poor control in workplaces where LEV is relied upon for health protection. Our review of BOHS occupational hygiene qualifications for LEV specialists is complete. We will be publishing new syllabi, after consultation with training partners, in January, with a view to implementing the new approach, which leads to the creation of two

technical tiers of competency, in April. We have been delighted to work closely with EMADA, SAFED, CIBSE and other Industry bodies to move forward with LEV and will be publishing a directory of certified LEV assessors before the end of 2025.

Call to Action Number 6!

If you have views on this, please do share them directly with me, as the project lead.

Similarly, BOHS have been working towards the realization of the goals set out by the Work and Pensions Select Committee report on asbestos. As the professional body name-checked in the Government's response, it would be unsurprising if we had not been working hard to help achieve the goals set out, including research but also paving the way towards the mandatory accreditation of asbestos surveyors to ensure that only competent surveyors are involved in this vital step of the process.

Our plans are being developed in conjunction with HSE, the UK Accreditation Service and other professional bodies. This follows a balanced and objective assessment of the regulatory factors, limitations and potential unintended consequences of not thinking the options through with care. Our consultations with the key stakeholders continue, including with industry bodies, but an approach which we believe will improve the asbestos surveying industry will be launched shortly.

Call to Action Number 7!

If you have views on this, please do share them directly with me, as the project lead. BOHS has joined the International Congress on Occupational Health as an affiliate, ICOH is the only United Nations family body with a specific remit for Occupational Health and Hygiene. We are looking for expressions of interest from members with an international perspective, strong drive and excellent diplomatic skills to represent us on the

newly enlivened Industrial Hygiene Committee.

Call to Action Number 8!

For an informal chat, please contact membership@bohs.org

Finally, I am delighted that we have a vibrant list of Regional Events coming up. While webinars are convenient and accessible, the networking opportunities and benefits of face to face meetings can't be underestimated.

Call to Action Number 9!

Check out our regional meetings and list of conferences and events.

Finally, I can't fully express my sadness at the loss of Nuala Flavin to occupational hygiene and to BOHS. Nuala's public profile in pushing forward occupational hygiene in the Republic of Ireland and beyond will be well known. However, for me her kindness and support was of particular value. During the pandemic, when I first got involved in Occupational Hygiene, she was generous with her advice and support. She joined the Board and brought a gentle gravitas to discussions, underpinned by a very incisive perception of the evidence base for occupational hygiene.

Her scientific insights helped me greatly in forming policy positions and understanding relevant data sets. In the course of the organization of the IOHA Conference, she guided the Committee and encouraged, making a challenging project still feel like a collective personal endeavour. I know that I am not alone in owing a debt of gratitude to Nuala and passing on condolences to friends and family. The BOHS Board will consider how best to honour her memory when it next meets.

Dr. Dave Rogers

REGISTRAR UPDATE



I am currently writing this during my summer break – I hope that you have all had some time to get a break from the usual working environment and have been able to recharge the batteries and clear the mind.

OH2025

It was great to meet many of you at the OH2025 conference in Newcastle. The conference offered delegates several continuous professional development (CPD) opportunities, such as the technical content in the conference sessions, the professional development courses on the day before the conference, as well as the various networking opportunities with professional colleagues.

Conferences are always a great time to reflect on one's own personal professional performance and career directions, learning and sharing with colleagues and enhancing one's own professional competencies. Everyone's career pathways and professional development needs are unique and each of us will reflect in different ways on their CPD opportunities to support these.

In this Exposure article, I will highlight how the FOH committee is reflecting on our current CPD process and how it may be further enhanced to reflect the individual career and professional development needs of faculty members. I will also provide an update of the FOH Strategy for 2026-30.

In both these cases, your comments, opinions and suggestions will be welcomed and I encourage you to send your comments to me at the email address provided below.

CPD Changes

The FOH committee recognises that our current CPD process does not recognise as well as it could that faculty members are unique in terms of their career pathways and their professional development needs. We also recognise that the current points-based approach is not tailored well to the individual needs of faculty members.

The committee's Strategic Working Group 2, with Chris Keen as Chair, is currently looking at how the BOHS's CPD process should be changed to meet the individual needs of faculty members. This will look at how to give members more control over their individual CPD, and to make it better focussed on their own career development, their organisation's particular requirements and the directions of their own professional development.

At the same time we want to have a CPD process which is not bureaucratic, is clearly defined for the individual, and a process that actually works for the individual.

I have been involved with several CPD processes with other professional societies and also in sports associations,

and I know that it is difficult to get these CPD processes right. Often they can be overly prescriptive, bureaucratic, over-complicated and not focussed on the individual's needs. Hopefully we will avoid these pitfalls during our review of the BOHS's CPD process.

The aim is to have the CPD changes developed during the autumn and winter of 2025, with implementation in early 2026. Please get in contact with me (see details below) with any particular comments, thoughts or opinions that you may have on what should be done to improve the BOHS's CPD process.

FOH Strategy 2026-30

As mentioned in my last contribution to Exposure, the FOH committee is currently working on the FOH Strategy for 2026-30. We are currently reviewing what has been achieved in the 2021-25 strategy cycle, what more needs to be done, and how we should respond to changes or challenges to our profession over the next 5 years. I will be attending the BOHS Board's strategy day for the same strategic period in mid-September. The resulting overall strategic directions will inform the FOH committee's own strategy day in late October.

Some of the strategic areas that we have already identified for inclusion in some form in our new strategy are to ensure that CPD and pathways to BOHS's professional qualifications continue to be effective and appropriate for the occupational hygiene profession.

The FOH committee has also reflected on some topics to consider for the new strategy, such as: the impacts of artificial intelligence-based (AI) technologies on our profession; how the influence of occupational hygienists can go beyond their own practice; and how we should respond to the need for more occupational

hygienists in the UK. We are also considering the routes by which people can enter the occupational hygiene profession and what should be done to improve how we encourage and engage with particular group and sectors which may provide more people wanting to become occupational hygienists.

A questionnaire survey of the membership is currently being developed, which will be used to inform the FOH's strategy development.

I encourage all members to complete the questionnaire survey and also get in contact with us and help to shape the strategy going forward.

RACHAEL JONES TO STEP DOWN AS CHIEF EDITOR OF ANNALS OF WORK EXPOSURES AND HEALTH



Professor Rachael Jones will step down as Chief Editor of the Annals of Work Exposures and Health at the end of October 2026.

Rachael was appointed in November 2020, in preparation for Volume 65, and will complete six years in the role at the conclusion of Volume 70.

Rachael is an internationally recognised occupational hygiene scientist whose career has advanced during her tenure at the journal. In 2022, she was appointed Professor and Chair of Environmental Health Sciences at the UCLA Fielding School of Public Health, where she also serves as Director of the Southern California Education and Research Centre and the UCLA Centre for Occupational and Environmental Health.

During her time as Chief Editor, Rachael has overseen a period of growth and innovation for the Annals, navigating the challenges of the COVID-19 pandemic while steering the journal towards a continuous publication model in 2026.

Under her leadership, Annals has published significant special issues and supplements, including the Occupational Health and COVID-19 issue (January 2023) and the major supplement on the 2010 Deepwater Horizon Oil Spill (April 2022).

She has also curated themed collections on topics such as physical activity and ergonomics (2022) and women's

occupational health and workplace exposures (2023), the latter timed to coincide with BOHS's report, [Uncovering the UK's Hidden Crisis in Women's Workplace Health](#).

Rachael has authored 11 editorials and co-authored a range of reviews, original articles, short communications, and commentaries - including two pieces marking BOHS's 70th anniversary.

She has presided over the selection of two Bedford Prize winners (2022 and 2024), recruited new members to the Editorial and International Advisory Boards, and strengthened international engagement, particularly across Southeast Asia.

Her leadership began at the height of the pandemic, when downloads and submissions reached record highs, and she expertly guided the peer review process through unprecedented demand.

Beyond the journal, Rachael has contributed widely to the BOHS community, including webinars, conference sessions, and workshops, as well as representing Annals at international conferences such as IOHA 2024, EPICOH, and AIOH. She is also a regular contributor to BOHS's Exposure magazine.

BOHS will announce the appointment of the next Chief Editor in due course to ensure a smooth transition.

Commenting on her decision to step down, Rachael said:



Annals thrives because of the strong community of editors, authors and readers, as well as the support of BOHS leadership, and is held together by the expertise and generosity of our editorial manager Roz Phillips.

Serving as Chief Editor has been personally rewarding and provided me opportunities for professional growth that I hadn't foreseen when I accepted this position.

I look forward to remaining part of Annals community and supporting the new Chief Editor as they lead the journal to new successes.

BOHS CEO Professor Kevin Bampton commented:



The excellence of Rachael's leadership of the Editorial team has been evidenced by the way in which the journal has grown and developed. The Annals has been a leading scientific voice through the global pandemic and in providing the scientific evidence base for understanding high profile issues, such as the rise of accelerated silicosis among engineered stone workers.

However, the diversity, breadth and depth of the content continue to drive the disciplines of occupational hygiene and occupational health. This is in no small part as a result of the Editor's own drive and commitment to diversity.

We shall miss her!

APPLICATIONS OPEN FOR CHIEF EDITOR OF ANNALS OF WORK EXPOSURES AND HEALTH

With the forthcoming departure of Professor Rachael Jones, **BOHS is seeking a new Chief Editor** to lead [the Annals](#) into its next phase of growth and innovation.

We welcome applications from experienced researchers with a strong publication record in occupational hygiene or related sciences, experience in research leadership, and prior involvement in peer review. Editorial experience is desirable.

This appointment provides an opportunity to review the operation of the journal while also considering new approaches to take it to the next stage of its development as a world-leading publication.

Shortlisted applicants will be invited to present a vision for the future development of the journal and associated specific proposals for its development. Further details on the current operation of the journal can be discussed with the Chief Editor, Professor Rachael Jones, rmjones@ph.ucla.edu.

The Chief Editor post is remunerated. The remuneration will be dependent on a number of factors, not least the time commitment envisaged for the Chief Editor as part of proposals presented. The current arrangement requires 20-25% full time equivalent effort with professional editorial office support.

[Find out more about this opportunity.](#)

The closing date for applications is 9 January 2026.

- It is envisaged that the successful candidate will take up their formal appointment from the beginning of November 2026 (to coincide with planning for Volume 71 Issue 1, due for publication January 2026).
- Prior to this the successful candidate should ideally undertake a transition period of up to three months, shadowing the current Chief Editor. This will take place between August 2026 and October 2026 depending on availability.

Interested candidates should forward the following documents by email to Roz Phillips, Editorial Manager, at roz.phillips@bohs.org.

- A full and current CV, with citations.
- A paper entitled "Match against the Person Specification" for this post, outlining why you are most suitable (maximum 2 sides of A4).
- A note providing your full contact details, plus those of two referees who are able to comment on your suitability for this post.

Jonathan Grant

FAAM REGISTRAR UPDATE



Mandatory Accreditation for Asbestos Surveying

Introduction

The system for asbestos surveying in the UK remains fundamentally inconsistent. Despite the known health risks posed by asbestos - a Group 1 carcinogen and the UK's leading cause of work-related deaths - there is still no legal requirement for those carrying out asbestos surveys to be accredited. This means that individuals and organisations can inspect buildings for asbestos, often in sensitive settings like schools, hospitals, and homes, without having to demonstrate compliance with robust, independently-verified quality standards.

Guidance states that a surveyor must be 'competent', but there is literally nothing stopping you from grabbing a surveying kit, perhaps a bit of PPE, self-declaring yourself as 'competent' and heading off into the wild to carry out asbestos surveys at your leisure. If you're really keen you can complete a 2-day course before you set off.

Individual surveyors used to be able to demonstrate competence by holding 'personal' certification under ISO 17024. Two schemes were available: 'ABICS' (Asbestos Building Inspectors Certification Scheme) run by BOHS, and 'NIACS' (National Individual Asbestos Certification Scheme) jointly run by RICS (Royal Institution of Chartered Surveyors) and ACRA (Asbestos Removal Contractors Association) - apologies for the abundance of acronyms.

Without a mandatory requirement in place, it was perhaps inevitable that both schemes would ultimately fail.

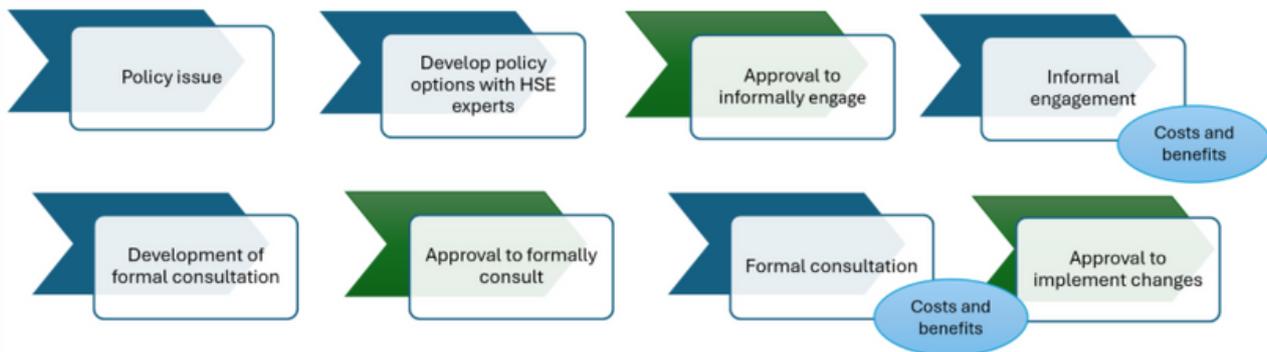
In the absence of any real incentive, few individuals were willing to absorb the additional cost of personal accreditation. As a result, both ABICS and NIACS were discontinued around 2010.

Since the introduction of the Duty to Manage asbestos in 2004, the HSE has "strongly recommended" the use of accredited surveyors, yet there is still no legal requirement to do so.

More recently, the Work and Pensions Select Committee (WPSC) [Sixth Report of Session 2021-22, The Health and Safety Executive's approach to asbestos management \(HC 560\)](#) on 21 April 2022 recommended:

"HSE makes it mandatory for all people conducting asbestos surveys to be accredited by a recognised accreditation body."

More than two years on, this recommendation has not been implemented, but the HSE are currently undertaking preparatory work in drafting the formal consultation for the WPSC recommendations. In line with government policy, the HSE must apply the Green Book Method - a framework that ensures public spending decisions are based on robust, evidence-based economic appraisal and evaluation. The process is as follows:



As the groundwork is laid for this consultation, the question becomes increasingly pressing: **Why is mandatory accreditation for asbestos surveying still not a legal requirement in the UK?** What justifies allowing this critical function - the gateway to asbestos management, removal, and legal compliance - to remain unregulated, when so many other asbestos-related activities are tightly controlled? Regulations 20 and 21 of the Control of Asbestos Regulations 2012 make UKAS (United Kingdom Accreditation Service) accreditation mandatory for both 4-stage clearance testing and bulk sample analysis, so why not apply the same standard to surveying?

Accreditation is Too Expensive for Small Firms?

One of the most frequently cited objections to mandatory accreditation is that it would impose unaffordable costs on small or independent asbestos surveying firms. But this argument doesn't hold up under closer scrutiny because it misidentifies where the real costs lie.

Contrary to popular belief, the main cost associated with UKAS accreditation is not the UKAS audit fees themselves. The primary expense lies in the overhead of implementing and maintaining a robust quality management system - a requirement that is already clearly outlined in Asbestos: The Survey Guide (HSG264), regardless of whether an organisation is accredited or not.

Paragraph 17 of HSG264 is explicit: to be competent, an organisation (or surveyor) must have an adequate quality management system. This is not optional guidance. It is a statement of what is expected for competency. Any organisation offering asbestos surveys should already have these quality systems in place. If they don't, then the issue is not cost, it's non-compliance.

Further, Paragraph 29 of HSG264 reinforces the importance of a comprehensive system for ensuring quality:

“All surveying organisations should have a quality management system (i.e. quality assurance and quality control schemes) in place to ensure the highest standards. These schemes should be written and should include a minimum of these three component parts:

- A proportion of surveys being reinspected by another competent surveyor/auditor, usually while the survey is in progress. All aspects of the site work (safety assessments, inspection procedures, sampling, documentation, material risk assessments etc) should be checked. It is recommended that about 5% of surveys are reinspected.
- All the management procedures and systems of a surveying organisation should be quality assured by carrying out audits of completed surveys. This would normally be a desk-top audit.

- There should also be a quality control scheme for survey reports. All reports should be checked before being issued to clients. Simple but thorough checks should be made that the client's requirements have been met, as well as checks on the consistency, technical accuracy and completeness of the report".

These are the same systems required under accreditation. So, if a firm finds accreditation too costly, we must ask: which parts of this quality framework are they not already adhering to?

Too often, the resistance to accreditation comes from those who have built business models around minimal overheads and unchecked autonomy. But asbestos surveying is not a low-risk commodity service. It underpins decisions that affect public safety, occupational exposure, and legal compliance. It is the foundation upon which asbestos management plans, risk assessments, and removals are built.

Accreditation is not an unnecessary cost; it's an investment in safety. Cutting corners on competence and quality assurance to keep costs low is not an acceptable business strategy when people's lives and health are at stake. Given the cost and difficulty in obtaining professional indemnity insurance for asbestos surveying, I've yet to establish how non-accredited surveyors maintain appropriate insurance, but that's a whole separate can of worms.

According to the UKAS website there are 144 accredited asbestos Inspection Bodies - cross checking these with publicly-available data on Companies House reveals that roughly a third of these have 10 or fewer employees. This classifies them as micro-businesses: UKAS accreditation is clearly not just for 'big' companies.

For full transparency, I own a UKAS accredited surveying organisation - it was

incorporated in May 2004 and by July 2005 we were accredited to ISO 17025 for 4-stage clearances and bulk sample analysis as well as ISO 17020 for asbestos surveys. I don't remember how much the accreditation process cost, but there were only three employees at the time.

If an organisation genuinely meets the quality standards of HSG264, it is already most of the way there to accreditation.

Levelling the Playing Field: Addressing the Economic Arguments

"There aren't enough accredited organisations to meet demand"

This is one of the most frequently repeated objections, and one of the least convincing. It rests on the idea that because not every surveying organisation is currently accredited, we shouldn't make accreditation mandatory. But this completely misunderstands how regulated markets work. Markets adapt to regulation. When the Control of Asbestos Regulations required air testing and bulk analysis to be carried out by UKAS-accredited laboratories, the industry responded. Providers invested in systems, people, and infrastructure to meet the standard. The same would happen with surveying. A transition period could be introduced if needed, but lack of capacity is not a valid reason to delay doing the right thing.

"There isn't enough capacity within UKAS to accredit everyone"

This argument often comes from those who are opposed to accreditation in principle, not just in practice. And it conveniently ignores how accreditation works in every other regulated sector. Of course UKAS hasn't staffed up to accredit every asbestos surveying body, that's because there is no requirement to be accredited yet. No organisation builds infrastructure for a market that doesn't exist. But if accreditation were made

mandatory, UKAS would expand capacity. The idea that the national accreditation body cannot scale to meet national policy is a false and defeatist argument.

“An Uneven Playing Field”

The current system forces UKAS-accredited organisations - those who invest in reinspection, audits, training, and management systems - to compete directly with non-accredited providers who may do none of these things. That’s an uneven playing field, and it’s one that inevitably puts downward pressure on standards.

In this environment, accredited organisations are faced with two options: absorb higher costs and lose contracts, or find efficiencies - sometimes at the expense of quality. This is not a flaw of accreditation, it’s a symptom of a dual system where accreditation is optional.

If we want accredited organisations to uphold the spirit as well as the letter of the standard, we must ensure they’re not being commercially penalised for doing the right thing. The solution isn’t to undermine accreditation it’s to remove the alternative. Fairness, accountability, and quality must apply to all providers not just those who voluntarily hold themselves to higher standards.

Accreditation Doesn’t Guarantee Quality?

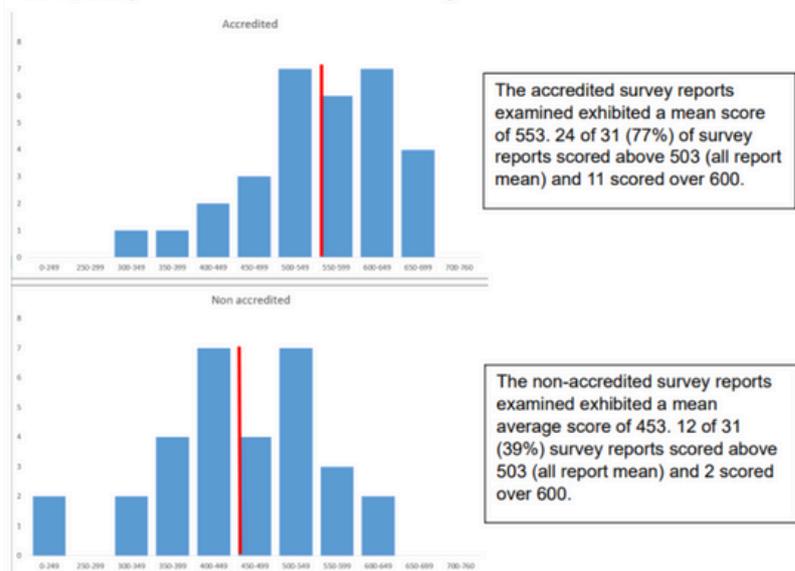
Just because you’ve seen a poorly maintained car with a valid MOT certificate doesn’t mean we should abolish MOTs. The purpose of the MOT is to provide a baseline standard of roadworthiness at a specific point in time. It does not guarantee that the car will never develop a fault, or that it will be perfectly maintained forever. But it does create accountability,

traceability, and consequences if the standards aren’t met.

The same is true for UKAS accreditation. Accreditation does not eliminate the possibility of a poor survey, but it does raise the bar for minimum acceptable practice. It creates a formal framework for oversight, complaint resolution, corrective action, and continuous improvement. In contrast, a non-accredited surveyor can produce low-quality work repeatedly, with no external checks, and no audit trail.

As presented by Sam Lord at the FAAM Conference (14 May 2025), HSE undertook a data-gathering exercise reviewing 62 asbestos survey reports, split evenly between UKAS-accredited and non-accredited organisations. The findings were as follows:

Desktop Study: The red line denotes the mean average score.



- UKAS-accredited reports had a mean score of 553, with 77% of reports scoring above the average and 11 scoring in the “high compliance” zone (above 600).
- Non-accredited reports had a mean score of just 453, with only 39% scoring above the average, and just 2 crossing the 600 threshold.

Accredited asbestos surveys reports scored more than non-accredited reports in most areas especially:

- Greater clarity of caveats
- Use of independent technical reviewers
- Proper flagging of 'no access' areas in executive summaries

Yes, some areas in accredited reports still need improvement, but that doesn't invalidate the model. Instead, it shows that accreditation provides a platform for continuous improvement. It is not perfect, but it is measurably better than no system at all.

The issue here is not whether UKAS-accredited organisations are flawless. Of course they aren't, but if some reports from accredited organisations fall short, that doesn't prove accreditation is unnecessary, it proves that oversight is essential. The only thing worse than a poor report from an accredited body is a poor report from an unaccredited one with no oversight, no audits, and no obligation to improve.

We also need to flip this argument on its head. If poor work can occur even under an accredited system, what would quality look like without any accreditation at all? This is not a rhetorical question. We know the answer because it's happening now. In the unregulated space, surveyors can self-declare their competence with no external verification, and operate without:

- Any quality management system
- Internal audits or re-inspections
- Documented procedures for complaints or error correction
- Peer review or live on-site observations/audits

If an accredited survey report is occasionally poor, it is a failure of execution within a monitored system. But when a non-accredited survey is poor, it is often a failure of the entire system,

because there is no system. The solution to occasional failures within accreditation is not to reject the model altogether, but to strengthen it: improve auditor training, tighten compliance oversight, and enhance individual accountability within accredited bodies.

It's important to acknowledge that some individual surveyors - perhaps even some of the very best - operate outside of accredited organisations. Their skill, experience, and professionalism are not in question. But that doesn't negate the need for a consistent, enforceable standard across the industry. Accreditation isn't about capturing the best, it's about protecting against the worst. Accreditation ensures a baseline level of quality and accountability that can't rely on individual goodwill alone.

Avoiding the adoption of accreditation because it is not perfect is, frankly, a failure of logic. It's like saying, "some crimes still happen, so why bother having police?" It's not a reason to avoid accreditation; it's a reason to make it mandatory and effective.

The HSE will be entering the Public Consultation phase for mandatory asbestos surveying accreditation this winter – it will be interesting to see how this develops.



HOW TO HELP EMPLOYEES WHO ARE SUFFERING IN SILENCE

Gemma Whelan, Organisational Development Specialist at RRC

Even though mental wellbeing is becoming increasingly less stigmatised in the workplace, there is still a significant proportion of people struggling who do not feel comfortable discussing their issues. Gemma Whelan, Organisational Development Specialist at RRC International explains how HR professionals can best manage and help those who are experiencing mental health struggles.

Mental health in the workplace

When you think of health and safety, it's likely that you'll picture dangerous machinery, lifting heavy loads and working on top of buildings. Physical safety has long been integral to businesses, with stricter frameworks being implemented constantly to ensure the safety of employees in the workplace.

The psychological needs of employees, however, is a far newer concept. Despite important campaigns such as Mental Health Awareness Week and Stress Awareness Month, mental health still lacks awareness from C-suite executives and the wider workforce alike.

Our analysis of HSE and CIPD data shows that a shocking 7,475,603 workers in the UK are suffering with their mental health every day at work, and do not feel able to tell their employers. Not only are these individuals struggling with anxiety, depression and stress, but they feel as if their problems have been caused, or at the very least been made worse by, their work.

The data also reveals a significant gender divide when it came to discussing mental health at work. In the last year, there were more than 3.9 million men who experienced mental health challenges at work but felt unable to ask for help – we found 8% fewer women in this situation, totalling 3.5 million.

The industry that employees work in can also affect their mental health. Data showed that car salespeople and mechanics were the most affected, closely followed by health and social workers.

With so many people suffering, through a range of different industries, it's clear that something needs to be done to address this epidemic.

So, how can workplaces begin addressing such a widespread issue?

The HSE defines stress as "the adverse reaction people have to excessive pressures or other types of demand placed on them." These pressures often stem from poor work design, which the

HSE's Management Standards can be used to identify. These standards look at six key areas: Demands, Control, Support, Relationships, Role, and Change. A person's stress can be triggered by a number of things within these areas, such as workload and intensity, the workplace environment and culture, a lack of role clarity, or organisational change. One of the most common triggers of stress is a poor work/life balance

Work can also exacerbate existing mental health issues – with the aforementioned triggers worsening anxiety and depression, which make work even more unmanageable, and so on; a vicious cycle.

The first step in addressing mental health problems in the workplace, beyond acknowledging its existence and its triggers, is training support for HR departments and upper management to establish a working system of support for employees.

There are several relevant [NEBOSH health and safety courses](#) to assist with this, including the [HSE Certificate in Managing Stress at Work](#), and [Working with Wellbeing](#) courses.

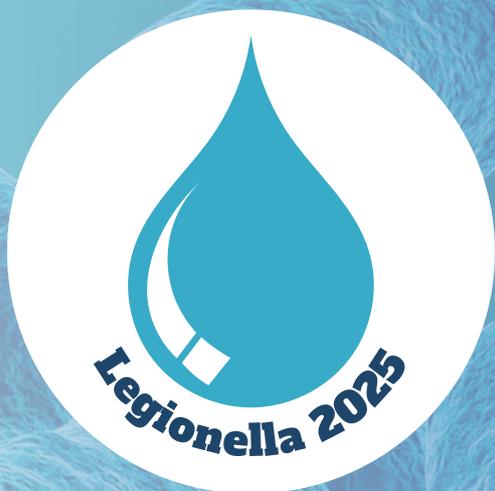
After you have a firm grasp of the fundamentals, it's a matter of gaining true buy-in from your

organisation's leadership. Leadership commitment is crucial for this success; top-level management must champion these initiatives to create a supportive, long-term culture. Businesses should review current policy statements and assess how much weight it has in tackling mental health issues. It is also worth appointing a steering group to continually reinvigorate your efforts. In the same way that the conversation around mental health is always evolving, so should yours be about how best you can sufficiently support your workforce. Successfully managing these risks not only fulfils legal and moral obligations but also offers clear financial benefits, including reduced staff turnover, lower absenteeism, and increased productivity.

To have a long-lasting effect, it is crucial to ensure that an environment of open conversation is both established and upheld, where issues are flagged and dealt with using a solution-focused approach.

HR and management can play an important, and necessary, role in protecting the psychological wellbeing of a company's workforce.

Though it isn't simple, it's well worth the effort. Find out more about [health and safety courses](#) available to you.



21st November

BCEC, Birmingham

Legionnaires' disease is foreseeable and preventable, but disease case numbers are not going down. Since the first Legionnaires' disease outbreak nearly 50 years ago and we have learned a great deal about the organism and disease, but in some water systems, Legionella risks may still be poorly managed. This Conference will explore some of the complexities of managing complex water systems and consider how Legionella control can be designed into the life cycle of water systems.

[CLICK HERE TO LEARN MORE AND REGISTER](#)

Dr. Rachael Jones

CONNECTING WITH AUTHORS AND READERS AROUND THE WORLD



One of the benefits of serving as Chief Editor of *Annals of Work Exposures and Health* is the opportunity to travel around the world to connect with the community of authors and readers. I had a great time at the OH2025 The Workplace Health Protection Conference in Newcastle, United Kingdom, where I relaxed dancing to Brit Pop from the 1990s with Roz Phillips, our Editorial Manager. While I was the only dancer who did not know the words to all of the Oasis songs, I still felt welcomed.

Shortly, I will be making my way to Utrecht, the Netherlands to attend the 2025 EPICOH Conference, and last year I had the opportunity to attend the 2024 conference of the Australian Institute of Occupational Hygienists in Perth, Australia. While many workplace hazards occur everywhere in the world, some are locally unique or subject to unique context owing to specialized industries, economic development and regulatory structures, among other factors. Issue 9 of *Annals* features articles associated with the 2024 meeting of the Australian Institute of Occupational Hygienists. Several of the articles reflect concerns specific to Australasia.

Next year, with volume 70, *Annals* will be transitioning to continuous publication. Continuous publication means that articles are assigned to issues based on the date on which they are accepted for publication, rather than being curated into issues by the Chief Editor. It also means that *Annals* will have only one cover for a volume, rather than a cover for each issue. Additional information is available in my recent commentary <https://doi.org/10.1093/annweh/wxaf054>

I highlight a few recently published papers.

Manganyi et al. Head and face dimensions of Black South African respirator users. *Annals of Work Exposures and Health*

<https://doi.org/10.1093/annweh/wxaf053>

This study gathered head and facial dimensions of Black South African male and female respirator users and created a database to inform the design and fit testing of respirators worn by these workers. To our knowledge, no public anthropometric database of Black South African respirator users exists. Black South African respirator users were significantly different from the comparison groups, and can be used to select and design respirators to better fit this population.

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Wang et al. Compatibility of engineered stone materials with tetrahydrofuran processing for crystalline silica analysis by XRD. *Annals of Work Exposures and Health*

<https://doi.org/10.1093/annweh/wxaf052>

This study investigates the compatibility of tetrahydrofuran dissolution, following the procedures outlined in NIOSH Method 7500, as a sample preparation technique for respirable crystalline silica analysis in engineered stone materials compared to the muffle furnace ashing method. The results confirmed that the suitability of tetrahydrofuran processing is highly dependent on the specific composition of the engineered stone, such that muffle furnace ashing is recommended as the more reliable and universally applicable, especially for engineered stones containing polyester resin binders. This finding is critically important for selecting a proper method to measure respirable crystalline silica exposure in the stone countertop industry, which has been experiencing a global silicosis outbreak.

Naylor et al. What does good health look like? Development of leading occupational health performance indicators. *Annals of Work Exposures and Health*

<https://doi.org/10.1093/annweh/wxaf050>

This article is the first part of a four stage Australian Institute of Occupational Hygienist (AIOH) project to promote what good worker health looks like, and identifies high-quality leading and lagging occupational health and safety performance indicators. The indicators embrace the concept of Total Worker Health by including those that evaluate health promotion, as well as health protection.

Floeder et al. Investigating antineoplastic drug surface contamination in veterinary settings and on canine patients. *Annals of Work Exposures and Health*. 69(8): 843-854.

<https://doi.org/10.1093/annweh/wxaf058>

Dogs treated with antineoplastic agents can get these drugs on their fur, leading to dermal exposure among veterinary personnel and pet owners. This study used a novel analytical method to demonstrate a strategy for assessing contamination on surfaces and pet fur. This strategy will enhance dermal and surface exposure assessment in settings where antineoplastic agents are used for veterinary and medical care.

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[Learn more](#)

Remembering Mark Fieldsend



It is with deep sadness that we report the passing of Mark Fieldsend on 26 August 2025. An Occupational / Industrial Hygienist who has worked both in Consultancy and within two large FMCG companies, Inspectorate - Casella (1984-1990), Unilever- Safety and Environmental Assurance Centre 1990-2014) and Ecolab (2014-2022). He was a passionate hygienist whose work has ensured safe working environments for many thousands of R&D and Supply Chain operatives Globally.

Mark was a published author in the field of enzyme safety, and served as Chair of the European AISE Enzyme Safety Working group whilst at both Unilever and Ecolab.

Diagnosed with Cancer just 2 years ago he fought a courageous battle receiving treatment at both Clatterbridge Cancer Hospital, Wirral and Christie's Hospital in Manchester.

Aged just 65, taken from us far too soon, he will be greatly missed by colleagues and friends worldwide. Our condolences to his wife Lyn and the wider family.



Mark David
Fieldsend
1960 - 2025



MESOTHELIOMA UK

Highlighting the dangers of asbestos exposure at Asbestos 2025

One of the key discussion points at this year's Asbestos Conference was the incidence and impacts of the asbestos-related cancer, mesothelioma.

Mesothelioma is a cancer related to exposure to asbestos and predominantly affects the lining of the lungs. The UK has the highest incidence of the disease in the world with around 2,700 people diagnosed each year.

It can take decades to develop after exposure and is often diagnosed at an advanced stage, with limited treatment options and a poor prognosis. Despite this, many affected individuals become strong advocates for awareness, research and prevention.

Advocating for prevention and awareness

One such advocate is mesothelioma patient, Sue Farrall, who spoke at the conference and offered a candid and emotional account of her diagnosis, treatment experience and the day-to-day challenges of living with the disease.

Sue was diagnosed with mesothelioma in 2022, at the age of 56. She said: "I didn't think I fitted the demographic of mesothelioma, which is generally associated with older people or men who have knowingly worked with asbestos. Sadly, we're increasingly seeing a rebalancing towards younger people and towards more women receiving diagnoses.

“At the conference, I wanted to speak as a real person to show what really happens and that it’s not just an old man’s disease. It still shocks me that there is no compulsory asbestos training for young people in the various sectors who potentially can come into contact with asbestos. Studies have shown that asbestos is still present in many schools, hospitals and public buildings across the UK and that represents an enormous problem.

The day before the conference, I went for a scan that revealed a significant progression with my mesothelioma. Rather than looking back, I’m focused on moving on and what we can do now, such as raising much-needed funds for treatment, care and research, and raising awareness at key events like Asbestos 2025.”

Meeting the industry partners at Asbestos 2025

Sue was joined at the conference by Jill Lemon, Corporate Relations and Fundraising Manager at Mesothelioma UK who added: “It was great to be invited to host a stand at the Asbestos 2025 Conference. I found it really enlightening, bringing in all elements of what we do as a charity. With an audience of mostly asbestos sector partners, it was great to hear about the improvements being made and under development for the safe removal of asbestos and minimising the risks that it presents.

“We were able to talk to people about the benefits of corporate partnership with Mesothelioma UK, getting involved with our campaigns, raising awareness and sharing information.”

For more information on mesothelioma or the work of Mesothelioma UK, please visit www.mesothelioma.uk.com

RECOGNISING FUTURE TALENT: THE EARLY CAREER OCCUPATIONAL HYGIENIST ESSAY AWARD - SPONSORED BY VENT-TECH -

The Early Career Occupational Hygienist Essay Award, sponsored by Vent-Tech, celebrates emerging talent within the field of occupational hygiene. This award encourages new professionals to share their insights, develop their critical thinking, and contribute to the ongoing advancement of workplace health protection.

Entrants are invited to submit an essay of 1,500–3,000 words, showcasing their understanding of key topics and future challenges within occupational hygiene.

Last year's essay question was:

“What are the pros and cons of real-time monitoring and what direction do you see it taking in the future?”

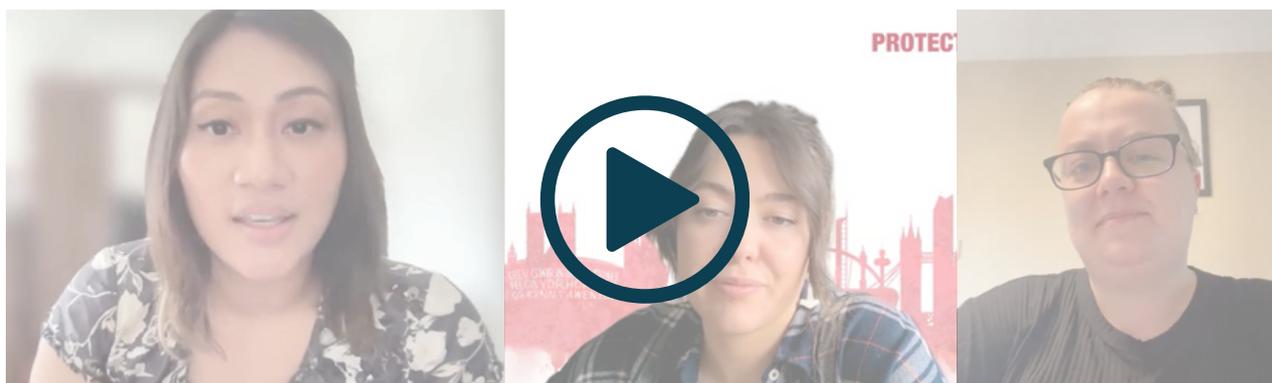
In the below video, you can meet last year's outstanding applicants:

- **Elisa Moetiara** (winner)
- **Aimee Shipley** (Shortlisted)
- **Heather Campbell** (Shortlisted)

To hear firsthand why they entered, what inspired their essays, how they approached the writing process, and their advice for future participants. You can also click their names to read their full essay.

The Early Career Occupational Hygienist Essay Award 2026 is open for applications, this year's question is: **“How will AI affect the industry and what effect will that have on the profession of Occupational Hygiene?”**

[Click here to find out more information about the award.](#)



Mary Cameron, Hygiene Partners

A DATABASE APPROACH TO HAV EXPOSURE ASSESSMENTS



Introduction

If workers are exposed to hand-arm vibration (HAV) then the Employer will have asked the question “Do I need to measure vibration magnitudes on-tool?”. The answer is – yes, if necessary. The next question is “When is this necessary?”. The Control of Vibration at Work (CoVaW) Regulations 2005, Guidance 5(2)(C), provides the answer;

Measurement of vibration magnitude will not usually be required but may be necessary if suitable vibration data are not readily available from other sources. These sources may be Appendix 3 of HSE’s L140 document, the manufacturer’s data, or other reliable sources.

This article discusses “other reliable sources”. Online databases are available that hold extensive libraries of vibration magnitude data collected through on-tool measurements of vibrating equipment. The creators of these databases must have gathered the measurements using meters that meet the requirements of BS EN ISO 8041 and by method that complies with BS EN ISO 5349-2. It is important to verify that the database you are using has been populated in accordance with these standards, as specified in the HSE’s guidance.

Database Approach

With this library of reliable data, you (the occupational hygienist) may find it unnecessary, in many cases, to recommend on-tool vibration magnitude

testing of your client’s equipment. When proposing to carry out a client’s HAV exposure assessment, you could guide them through the following steps:

1 . Request an Inventory

Ask the client for an inventory of their vibrating equipment and related on-site activities. Request details such as the tool’s manufacturer, model, age, condition, accessories, materials worked on, and a description of the tasks performed.

2 . A Desk-Based Exercise

Carry out a desk-based exercise to populate their inventory with vibration magnitude (Ahv) data sourced from the online database.

Take care to use the database’s Ahv values only if that tool’s testing conditions are relatable to (i.e. representative of) your client’s specific tool, its condition, and the way it is used at their site.

Considering this “relatability” takes professional judgement and collaboration with the client. However, don’t become overly focused on achieving absolute precision. Remember that the CoVaW Regulations ask for an “estimate” of exposure. If your estimated exposures are close to the exposure action value (EAV) or exposure limit value (ELV), you should assume they will be exceeded and take appropriate action to reduce exposure, control the risk, implement health surveillance, and provide training.

Continue Your Search

3 . For any tools/activities lacking reliable Ahv values from the online database, further attempts can be made to source data for these “odd” tools from other reliable sources, such as:

a . The HSE’s L140 Table 6. This table, titled “A summary of vibration magnitudes of some common machines”, provides another source of Ahv data. However, it has its own limitations and is not extensive.

b . The HSE’s HAV calculator. This tool includes a drop-down menu with Ahv data for various tools. These values, although not extensive, are useful for conducting an initial exposure assessment for those tools listed.

c . Other databases. There are additional online databases available (aside from an online database specifically discussed in this article; see below). However, caution should be exercised to review how the data was gathered and under what circumstances.

d . The manufacturer’s data. This data can potentially be helpful, however, there are well-known limitations of such Ahv values. Care must be taken when comparing the manufacturer’s test conditions to the site’s specific application of that vibrating tool. In practice, it is rare for manufacturer data to be directly usable.

The Odd-Balls

By following steps 2 to 3, you can “weed out” any other tools/activities that could not reasonably be related closely enough to the database’s or other source’s Ahv values. If reliable data still cannot be found for these “odd” tools, you may then recommend a site visit to conduct on-tool testing of those tools. During the on-site visit, carefully observe the entire process. Work closely with the tool operator to understand the factors

that may influence the Ahv at different times of the day and on different days of the week.

The on-tool testing process (as per BS EN ISO 5349-2) involves careful steps, such as correctly attaching the tri-axial accelerometer to the tool and repeating measurements (for both hands, if applicable) to obtain a representative result. This can be quite time-consuming to carry out properly.

Trigger Times

Gathering the Ahv values (from on-tool measurement and/or database findings) is just one part of the information required to carry out an exposure assessment. You also need to estimate trigger times.

Estimating trigger times can range from straightforward to highly complex, depending on the nature of the site work. Simple observations using a stopwatch may suffice, or the client may choose to use tool timers over a period of several days, weeks, or months.

The selection of a tool timer should be reviewed carefully to ensure its suitability for the specific tool in question (refer to HSE’s document “Evaluation of the effectiveness of tool timers for estimation of daily exposure time to HAV”).

Cumulative Use of Tools

With the Ahv values and estimated trigger times, you must also account for cumulative tool use when calculating the worker’s A(8) – the average daily vibration exposure over an 8-hour workday.

A single tool’s A(8) estimate is insufficient for comparison against the EAV or ELV unless the worker uses only that one tool throughout their entire workday. This is rarely the case, so the A(8) calculation must consider the worker’s use of multiple tools during the day.

SEGs

Work with the client to identify similarly exposed groups (SEGs) of workers who use vibrating tools in work scenarios with comparable HAV exposure profiles. This information feeds into the risk assessment and helps direct appropriate risk mitigation measures for each of those SEGs.

By following this step-by-step approach, you are likely to save both yourself (the occupational hygienist) and your client (the employer) a significant amount of time and money. This money might otherwise have been inefficiently spent on conducting on-tool testing for all tools (or even just a representative selection for testing of that site's tools) or on employing continuous monitoring devices.

While such continuous monitoring devices may be useful in specific circumstances—such as following medical advice for workers with restrictions on vibration exposure, during emergency work, or for individuals with HAVS where other credible means of reducing tool use are challenging—they may not be the most cost-effective or justified solution.

The database approach will likely have resulted in finding relevant vibration data at least for your preliminary assessment of exposure. This approach could (optimistically) eliminate the need to take on-tool measurements or (more realistically) considerably reduce the number of on-tool measurements merited. Perhaps your time on site will be only over a short-day for testing those remaining “odd” tools.

Whilst visiting the site, you can take the opportunity to review the information the client previously provided to you remotely during the initial desk-based exercise (e.g., task descriptions, SEG identifications, trigger time estimates, and cumulative tool use estimations). This allows you to verify

its accuracy whilst at the site and observe any additional compounding factors that could cause or exacerbate significant health risks that were not previously disclosed. Such factors may include:

- cold or damp working conditions;
- poor task ergonomics;
- the specific way the tool is used, potentially creating peak exposures;
- the presence of neurotoxic chemicals;
- the individual's health status; and
- any relevant diagnoses or reported symptoms (if such redacted information is confidentially shared).

Spending your valuable time on-site gathering such observations is a good way to focus your efforts, rather than dedicating the majority of your time to the logistics of conducting many on-tool measurements.

Steps 1 to 7 are outlined above, but it is important to remember that the true “step 1” is risk mitigation. You may not need measurement data before taking action to reduce risk. The database approach not only helps in “weeding out” the odd tools for testing but also proves useful in ranking risks by priority—allowing you to address higher-risk activities first.

Variability

Your estimate will always involve some degree of uncertainty, whether it was derived from a database or from on-tool measurements of the actual tool. You can increase your confidence in the quality or relevance of available vibration magnitude data by comparing data from at least two sources (refer to step 3) and investigating any inconsistencies in vibration magnitudes. Even if you judge the data from the initial database search to be reliable, it may still be prudent to consult an additional source to ensure a more comprehensive and well-rounded search.

The Ahv can vary significantly across different work processes, influenced by factors such as the tool's condition, the material being worked, operator technique, and measurement methods. Therefore, a single measurement for a tool, operator and task provides limited information on vibration risk.

A popular online HAV database is designed to assist with this issue by categorising data as “exact”, “similar”, or “general”. The database creator collects several measurements per tool, and the data is presented as follows:

- **Exact:** The data provided is taken from the same tool, the same manufacturer, and the same model (e.g. all Bosch GSB 18V-28 drills). In other words, an exact match. If you are confident that this is representative of the client's tool on-site, use it in the risk assessment.
- **Similar:** The data provided is taken from the same tool and same manufacturer (e.g. all Bosch electric drills) but from different tool models. In other words, a close match. Use this in your preliminary risk assessment, but if it is found to be unsuitable, update the risk assessment with more specific information.
- **Generic:** The data provided is taken from the same tool type (e.g. all electric drills) but of differing makes and models. In other words, a ballpark figure. A closer review and professional judgement are required to determine whether this data can represent your client's specific tool. You may decide that this approximate value is suitable for a preliminary risk assessment until more representative information is obtained.

The database also specifies the number of measurements taken for each tool, e.g., “Exact – 5,” “Similar – 2,” or “Generic – 10.” For example, “Exact – 5” means five

measurements were taken for the exact make and model of the tool, which is likely to provide greater confidence than “Generic – 2,” meaning two measurements taken for the same type of tool but from a different make and model.

The more measurements taken and the greater their accuracy, the more confident you can be in applying that data to the risk assessment. Your level of confidence should be proportionate to how much information is required to effectively reduce the risk.

If you look up your client's tool on the database and only find a “Generic – 2” result, you can use this data as a preliminary value but should continue searching for representative data from other reliable sources and/or recommend on-tool measurements to your client. Conversely, if your search yields an “Exact – 15” result, you are in a strong position to use this data, provided the testing conditions are representative of on-site conditions.

Additionally, under the database's page for that tool's data summary, you can click on “HAV measurements” to view a detailed breakdown of all available data for that tool. This feature can assist you in making a more informed judgement.

As discussed in L140, to estimate vibration exposure, it is important to use Ahv values (or a range of values) measured on tools that are similar to those being assessed and operated under broadly similar conditions. Ideally, this data should come from the specific make and model of the tool (e.g., the “Exact” category discussed above). If such data is unavailable, information from similar tools can be used as a starting point and later replaced with more specific data if the initial values are found to be unsuitable.

Percentiles

L140 states “...the upper quartile of the range of vibration measurements is

usually sufficient when operators work on a wide range of tasks or products". For example, if you were taking a large number of measurements of the same tool type, the 75th percentile ("upper quartile") might provide a more precautionary representation of the Ahv. Even then, using the 75th percentile is not a regulatory requirement; it is instead a question of how much confidence you have in the data. The 75th percentile is not suggested for small sample sizes, but this is ultimately a matter of judgement for the person reviewing the data. You would need to assess the likely worst-case range based on the available data.

You will see percentiles referenced in Table 6 of HSE's L140, with the 75th percentile noted as the "recommended initial value". These percentiles demonstrate the ranges in vibration levels between different makes and manufacturers of tools within a particular tool type, across all the data they have collected. However, this does not imply that you must use the 75th percentile in your own measurement data, unless it is justified as a precautionary measure in specific cases. You are expected to use measurement data that, in your judgment, represents a credible level of vibration for that tool, performing that job, on that site, and by that group of workers.

L140 also mentions the 10th percentile (lower range) and 90th percentile (upper range) of Table 6. This is a reference for the typical range of power tools and can be helpful in establishing whether data from other sources seem credible. The greater the difference between the 'range-lower' and 'range-upper' values, the higher the likelihood that there are clear differences between the vibration hazard among competing models of a particular machine type.

The online database we've been discussing presents data as a vector sum along with the standard deviation of all readings. The standard deviation can be

quite large, particularly for "generic" results or smaller datasets. In most cases, where the standard deviation is not unacceptably wide, the vector sum (i.e., the average Ahv) can be used. Calculating the Ahv from the average is a good and the right approach. Referencing the data to percentiles is not needed, except perhaps in the odd case.

Conclusion – Practical Judgment Over Precision

A HAV exposure assessment does not need to be a forensic exercise. It requires sound judgement—neither grossly overestimating nor underestimating exposure—while gaining sufficient confidence to ensure that the proposed risk control measures will be effective. The ultimate goal is to provide a reasonable estimate of exposure and to sufficiently demonstrate the likelihood of exceeding the EAV or ELV. This database-driven approach emphasises that understanding the orders of magnitude is more important than achieving absolute accuracy.

Of course, the client may still prefer you to attend the site and take on-tool measurements for all or most tools. There may be situations where on-tool measurements carry more weight and are preferred instead of estimates from a database. For example, this might be the case when the data (if it does not adequately reflect the site's conditions) could have a detrimental effect on production demands, or where there have been multiple instances of ill-health outcomes (e.g., RIDDOR-reported HAVS) on-site, prompting managers to closely review these work situations.

Your approach will depend on your client's need for regulatory compliance as well as their specific circumstances. If you have adopted an approach that provides the client with a reasonable estimate of the risk—quickly and cost-effectively—along with clear guidance on appropriate and proportional mitigative actions, then

you've done a great job! If the vibrating tools pose a likely health hazard, take action. It's as simple as that. Directing the client's time and resources toward effective risk management, rather than exhaustive forensic measurement, is both ethical and practical.

References:

- L140. Hand-arm vibration. The Control of Vibration at Work Regulations 2005. Guidance on Regulations.
- BS EN ISO 8041: Human response to vibration. Measuring instrumentation British Standards Institution.
- BS EN ISO 5349-1: Mechanical vibration. Measurement and evaluation of human exposure to hand-transmitted vibration. General requirements British Standards Institution.
- BS EN ISO 5349-2: Mechanical vibration. Measurement and assessment of human exposure to hand-transmitted vibration. Practical guidance for measurement at the workplace British Standards Institution.

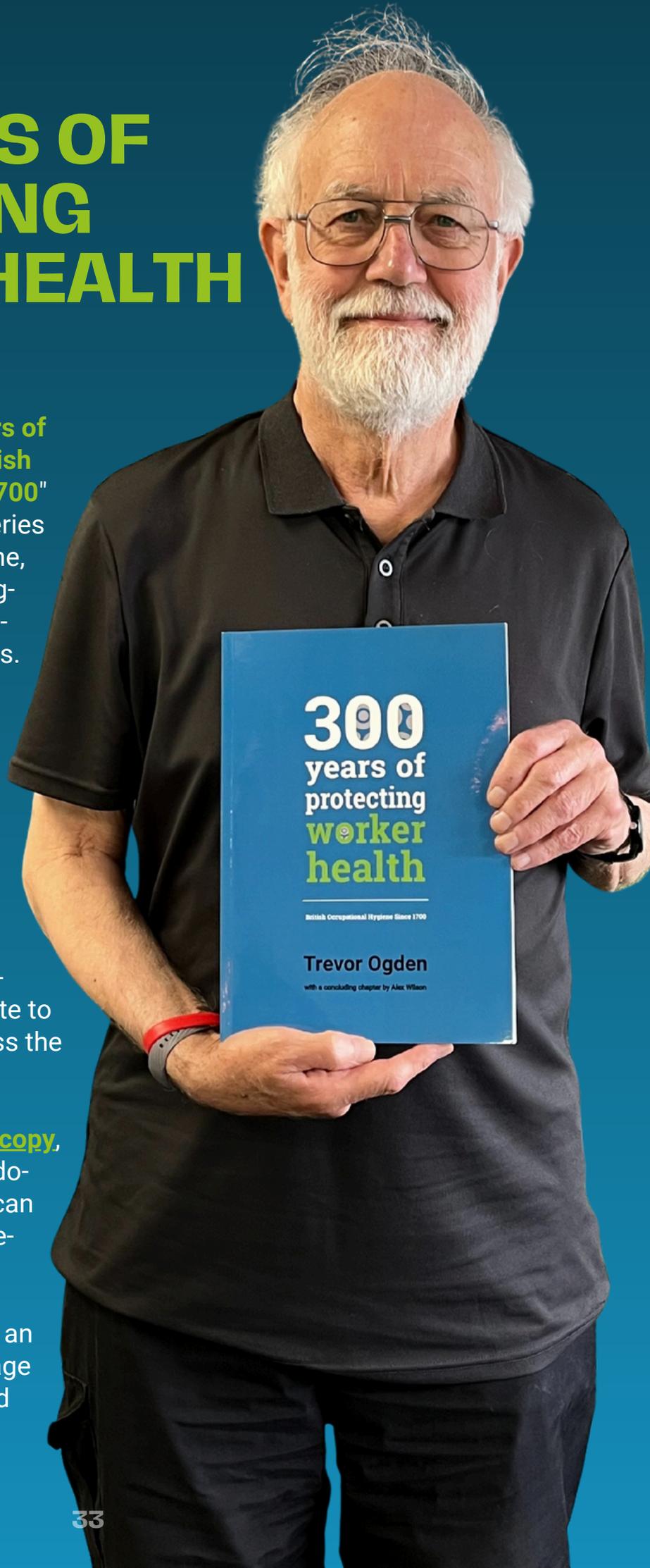
300 YEARS OF PROTECTING WORKER HEALTH

By Trevor Ogden

Trevor Ogden's book "**300 Years of Protecting Worker Health: British Occupational Hygiene Since 1700**" was originally published in a series of articles in Exposure Magazine, his comprehensive work highlights key developments in occupational health over the centuries.

Now, Trevor is generously donating his proceeds from the book to **Workplace Health Without Borders**, an organization dedicated to improving workplace health and safety in underserved communities worldwide. Your support will not only help preserve this important history but also contribute to making workplaces safer across the globe.

If you wish to **purchase a hard copy**, we kindly ask for a suggested donation of £10 per book, which can either be picked up at a BOHS event or you can request a copy to be posted by emailing admin@bohs.org - please note an additional £2.00 to cover postage & packaging should be included in your donation.



Remembering Nuala Flavin

It is with deep sadness that we share the news that our dear colleague and friend, Nuala Flavin, has passed peacefully in the presence of her loving family.

Nuala was a valued member of our OHSI Council. She was voted onto the OHSI Council on 20th February 2014 and served as Honorary President from 2021-2023.

Nuala devoted considerable time and energy to the OHSI, she was a Senior Programme Manager for the Health and Safety Authority, served on the Board of the British Occupational Hygiene Society (BOHS) from 2021 to 2023, and as a board member to the International Occupational Hygiene Association (IOHA). In 2021-2022, she had the vision to put the OHSI on the international stage by co-hosting the International Occupational Hygiene Association Conference in Dublin in 2024 with the BOHS.



Throughout her career, Nuala made an enduring contribution to our profession. In 2022, she led the Irish expert team for the EU-OSHA Workers Exposure Survey for cancer risk factors, the results of which have recently been published. She championed high standards of practice, supported research and innovation. Protecting worker health has always been at the heart of her work and she was instrumental in developing and launching the Breathe Freely Ireland campaign.

She mentored many colleagues and council members who benefited from her wisdom and generosity. Her leadership and advocacy ensured that occupational hygiene remains a vital focus both in Ireland and abroad, and her legacy will continue to influence our field for many years to come. IOHA honoured Nuala with the IOHA Dedication Award in 2024.

Her presence will be deeply missed, both professionally and personally, and our thoughts are with Nuala's family, loved ones, and past colleagues during this time.

The Occupational Hygiene Society of Ireland will make a donation to Marymount Hospice, Co. Cork.

Codladh sámh, a Nuala.

**With sympathy,
OHSI Council**



X



**Occupational Hygiene Poster
Competition 2025**

Of all the questions posed by and to occupational hygienists, one that we in the BOHS head Office often find ourselves tackling is how to introduce the industry to a new generation of science enthusiasts.

We considered it very fortunate, then, when Carlton Academy, in Carlton, Nottingham, got in touch with a sponsorship opportunity.

The science department were planning to run a poster competition during their summer term, and they enquired about BOHS providing both topics for the competition and assistance with the funding of the prizes for this year.

The competition was eligible for all students (ages 11-18) to enter, and, in the end among the entries, we received some from EAL (English as an additional language) students, who picked the poster competition as their vocabulary improvement task for the month to try and learn some new scientific language.

The following brief was then sent out: Occupational Hygienists are hired to keep workers safe in their workplaces. The British Occupational Hygiene Society wants you to help them create posters to educate young people about the risks that industrial workers face while they're working.

You can make a poster about one of these risks:

- Dangerous Chemical Substances!
- Perilous Physical Risks!
- Deadly Biological Agents!
- Alarming Ergonomic Problems!

We contributed £200 towards a £100 Amazon voucher, which was given to the overall winner and 7 mechanical lab kits, which were handed out to the winners of each house.

Naomi Kelly-Burkett, science teacher at Carlton Academy, and the one who reached out to BOHS, was incredibly pleased with the volume of entries from the students and the quick understanding of occupational hygiene as a profession.

"We've been running yearly poster competitions for at least 8 years now, and working with BOHS to produce this year's task gave us a unique angle we wouldn't have thought of otherwise."

"The students took to it fast and our pupils really appreciated the opportunity to get creative with some scientific content, and the science department were really impressed with the effort some of our student put into their work."

Moving forward, we'd be keen to work alongside Carlton and other schools within their trust to run similar competitions and discover new ways to engage students about the role of occupational hygienists in protecting worker health.

This initiative highlighted the potential for early engagement in science to lead to future careers within the industry.

We'd like to extend our sincere thanks to the staff and students of Carlton Academy for their enthusiasm, hard work, and thoughtful contributions.

Winner for Cavendish House Year 7

Dangerous Chemical Substances!



This sign appears on containers or equipment to tell us about the hazards.



This sign shows us that this chemical is toxic. It could cause death if swallowed or inhaled.



This sign shows us that this chemical is corrosive. These chemicals attack and destroy materials, such as wood, metal and skin.



This sign shows us that this chemical will cause breathing difficulties.



This sign shows us that this chemical is flammable. It could easily catch fire.

Hazard - Something that can cause harm like burning yourself on a bunsen burner
Risk - How likely a hazard can cause harm

Have fun, be safe!!!



RULES

1. Remember to use safety goggles when instructed to do so.
2. Remember to tie your hair back.
3. Follow instructions from the person in charge.
4. Never run in a lab.
5. Do not eat or drink in a laboratory.
6. Do not taste or sniff chemicals.
7. If any accidents happen, always tell the person in charge.

Winner for Carnarvon House Year 9

DEADLY BIOLOGICAL AGENTS

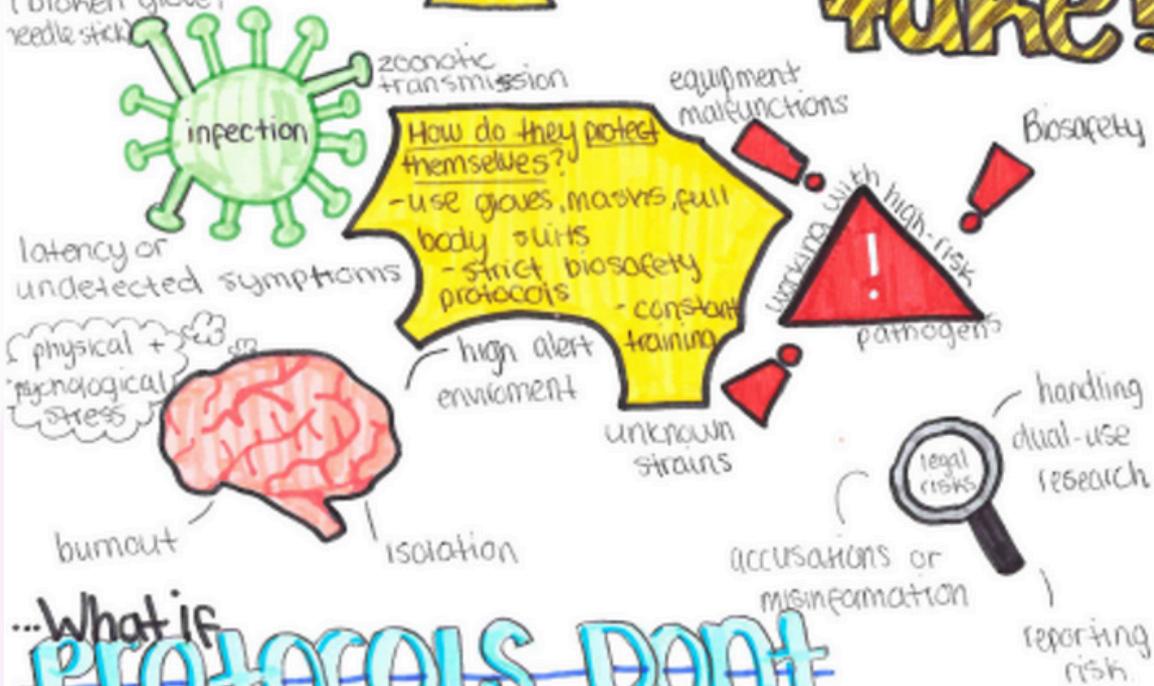
know them. avoid them. stay safe.

"What are biological agents?"

Biological agents are microorganisms like bacteria, viruses, fungi, or toxins that can cause serious illness or death in humans, animals and plants.

accidental exposure (broken glove, needle stick)

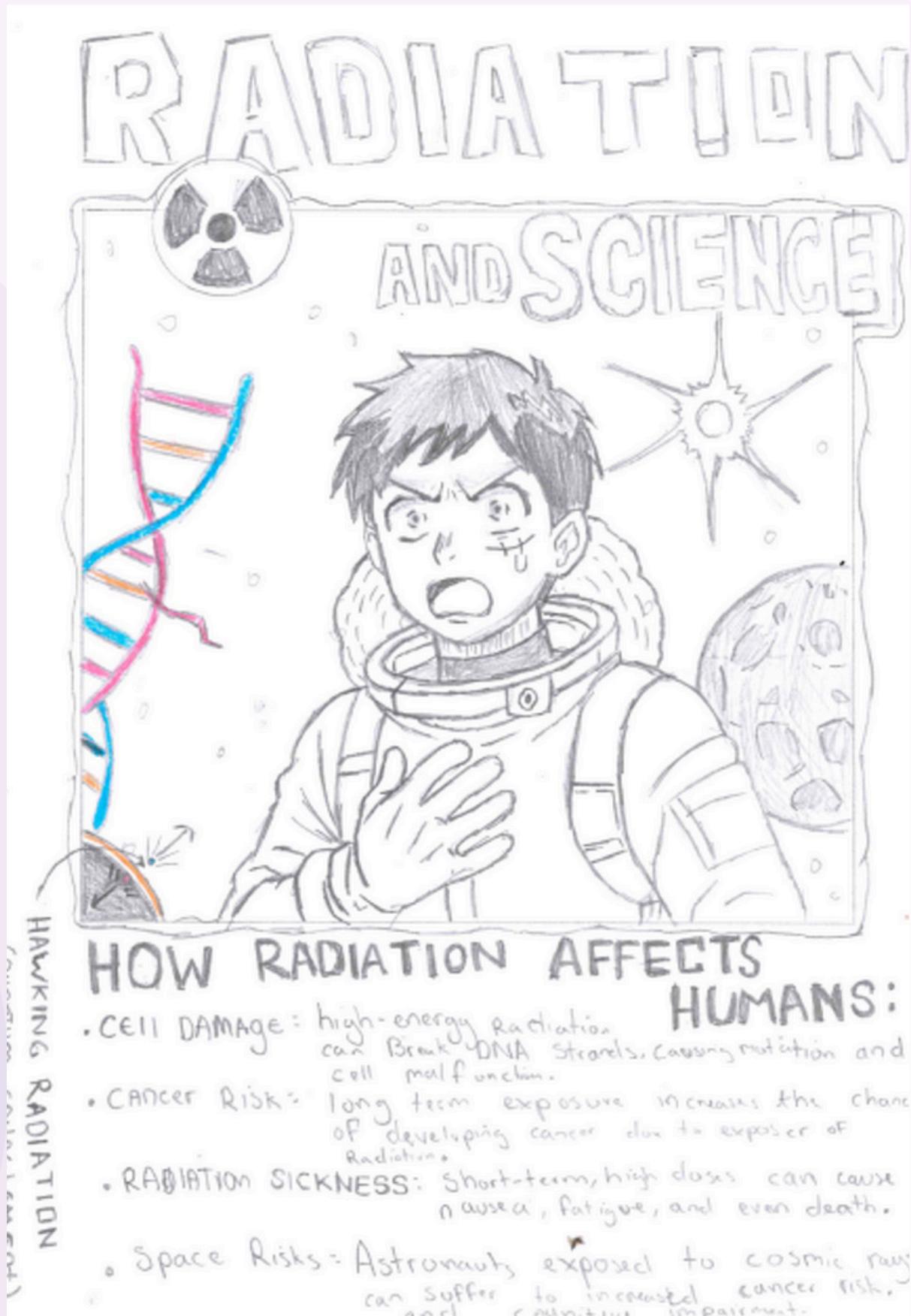
What risks do scientists take?



...What if PROTOCOLS DON'T WORK?

1. Accidental infection
2. Laboratory outbreak
3. Community or global spread.
4. Environmental contamination
5. legal and ethical consequences
6. loss of scientific credibility

Winner for the Sixth Form Year 12



Winner for Grove House Year 8

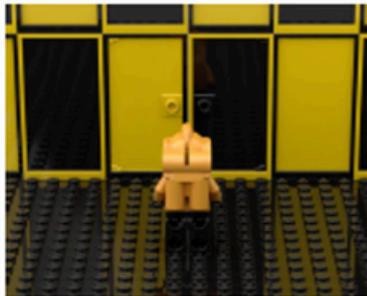
Occupational hygiene: Perilous Physical Risks!

Radiation

Some scientists work with dangerous levels of radiation in their jobs. So what measures are there to protect them against the risks of skin and blood damage, cataract, infertility, birth defects and cancer?

There are many ways that these can be prevented, including:

- Keeping the source of radioactivity in a lead-lined box when not in use
- Wearing the correct PPE, like a lead apron
- Minimizing the amount of time the scientist has to spend near radioactive materials



PPE

PPE stands for Personal Protective Equipment. This is protective clothing that helps protect people doing possibly dangerous jobs.

Common PPE items include:

- Face masks for protection against dangerous fumes
- Helmets for protection against falling objects or debris
- Heat resistant gloves for protection against extreme heat and for protection of the hands



Machine safety

People who work with machines need protection and safety precautions to prevent them from being harmed.

These include:

- Not wearing jewelry
- Wearing the correct PPE
- Having guards on machines
- Tying back long hair
- Having regular maintenance checks on machines



Winner for Hollinsclough House Year 9

DEADLY BIOLOGICAL AGENTS

PPE: GOGGLES  GLOVES  MASK  wear these to stay safe.
HAZARD SUIT 

WHY PROTECTION IS USED:

- prevents the transmission of microbes.
- Prevents microbial transmission.
- Protects eyes which are very sensitive.

BEWARE

WHAT IS MICROBAL COLLECTION?

collections are a way to keep track of variables. It is due to the purpose of the collection, which is the interest. The microbial collection is repository of microbes for research purposes. The intention behind this repository is to study microbial life. It involves three basic steps, namely deposition, storage and removal!

PPE: what is it?

PPE stands for personal protective equipment. It is used in scientific labs all across the globe. PPE helps in protecting the workforce from industrial hazards. The more the risk level, the more PPE needed.

★FUN FACT:

while there is no specific need for any PPE or protection it is recommended to wear earbuds. transmission may even happen through ears!!

Winner for Hutchinson House Year 7 (EAL Student)

Occupational Hygiene: How to be Safe from Dangerous Chemicals!

Occupational hygiene is what everyone should learn and understand. It matters to employees, employers, employers, public and how in workplace.

Occupational hygiene is about preventing these deaths and illnesses such as chemical, dust, fumes, extreme temperatures, stress, ergonomics and more. This country cost the country more than 13 billion pounds per year. Without occupational hygiene, these number and cost would be more higher. Here is a list about Occupational Hygiene from chemicals.



Wear correct personal protective Equipments (PPE)

When entering a lab wear full sleeved labcoat, eye protection (safety goggles or face shield) and close fit shoes. Tie long hair back and remove jewelry such as watches, rings, bracelets and more. Some specific work might require to wear other protective apparel. The benefit of these equipment is to protect them from getting contamination on eyes which are short term and can be cured but for long term inhaled such as cancer or respiratory problems can be hard to cure from these chemicals and can be fatal.

In 2009, a young scientist lost her life in a laboratory. A chemical got mixed with air. She was using a fume hood to protect the chemical but it failed. Her clothes caught fire and she did not wear a lab coat and had to experience burns.



No foods and drink over lab

Don't get distracted by food or drink. Even a small bit of a sandwich and a sip of tea can be contaminated your work and can have chemicals. Always wash your hand with soap to prevent eating chemicals (which are invisible) and get sick.



Warning labels

Put warning signs on a glass of chemicals or a bottle of chemicals. The risk, for example the skull and cross bones means it is toxic and can be fatal. The sign with a flame means it is flammable and can catch fire easily.

Dispose of lab waste

When putting a waste in the rubbish remember to put in the right category, don't rush or run because you can get caught, tangled or burned. Something like putting to other person or leaving on others table. If a glass tube is broken, don't put it on a regular bin or else it could hurt people. The one that contain the bin put in a separate bin.



It better to have a lab partner in an experiment so that if one get injured the other could help or if one needs support then the other one can support. Remember: know your emergency properly and never ignore someone's safety. Your future health depends on taking precautions.



Winner for Messent House Year 9 (EAL Student)

OCCUPATIONAL HYGIENE

Occupational Hygiene is about people. Taking care of them, keeping them healthy and safe at work no matter what they do. It includes two main things: Risk and Hazard.

DANGEROUS CHEMICAL SUBSTANCES!

Did you know that 12,000 people die every year in the UK as a result in illness. Cancer and asthma affect them. Occupational Hygiene is about preventing more deaths and illnesses. They suffer Anxiety and stress.

HEALTH HAZZARDS



-  - GHS01 - Explosive
-  - GHS02 - Flammable
-  - GHS04 - Gas under pressure (hydrogen, oxygen)
-  - GHS07 - moderate Hazard (dilute acids or Alkalis)

A hazard is something that causes harm. An example is burning yourself with a bunsen burner or dropping glass on the floor.

A risk is a situation involving exposure to danger. An example is accidentally spilling a chemical.

Being responsible in a science lab   Messing around in a science lab

SAFTY RULES IN A LAB



- Handle lab equipment properly and carefully
- Wear a lab coat when doing experiments
- Wear goggles while working with chemicals
- Tie your shoes up and hair up
- Remove all Jewly and Watchers while doing experiments.
- No food or drink
- Keep all experiments in the lab



SCIENCE

Overall winner for the school Year 10

DANGEROUS chemical SUBSTANCES

you cannot underestimate the importance of laboratory safety. chemical agents along with other hazards could all potentially pose a threat to lab workers.

LONG & SHORT TERM

RISKS OF WORKING WITH CHEMICALS
 chemical hazards can lead to short term injuries like burns, irritation, eye damage and dizziness. However there are many severe long term risks that include:
 A cancer A reproductive issues A organ damage A asthma+tremors

PERSONAL PROTECTIVE EQUIPMENT
 GOGGLES
 MASK
 GLOVES
 LONG SLEEVES

UNSAFE

WORK WITH SOMEONE
 WEAR PERSONAL PROTECTIVE EQUIPMENT
 FOOD & DRINK HAVE NO PLACE IN THE LAB
 DISPOSE OF LAB WASTE APPROPRIATELY
 ACT RESPONSIBLY TO AVOID ACCIDENTS
 PRIORITYSE ALL SPILLAGES
 HAND ALL LAB EQUIPMENT CAREFULLY
 KEEP ALL EXPERIMENTS IN THE LAB

SYMBOLS & HAZARDS

GAS UNDER PRESSURE GHS04	FLAMMABLE GHS02
(ACUTELY) TOXIC GHS06	HEALTH HAZARD GHS08
OXIDISING GHS03	MODERATE HAZARD GHS07

these following symbols act as a universal language to alert people of potential hazards & take precaution

IOM Interview

For this issue of Exposure, we spoke to Matt Williams, Operations Team Leader and Quality Assurance at the Institute of Occupational Medicine about the goals both BOHS and IOM share, the importance of collaborative working within occupational hygiene, and how event exhibition and sponsorship opportunities should be a key part of any business' development strategy.

[Click here](#) or on the play button below to listen to the conversation.

Lee Kelly-
Burkett, BOHS



IN CONVERSATION WITH IOM

Matt Williams,
IOM



O.e.e.s.c

MANCHESTER

2026

The Occupational and Environmental Exposure of Skin to Chemicals (OEESC) conference is the leading international conference on skin exposure bringing together experts from wide ranging fields including occupational hygiene, health and safety, dermatology, skin research and consumer fields.

Building on previous successful conferences we will again be delivering an exciting programme which combines plenary sessions that will be inspiring and thought-provoking, scientific and technical sessions, and more practical aspects that will be useful for those concerned with reducing ill health due to skin exposure both in and out of the workplace.

The conference will bring together researchers, practitioners, regulators, dermatologists, health and safety professionals, occupational health advisers, occupational hygienists, toxicologists, product formulators and other experts from around the world to discuss the very latest issues that affect skin exposure management.

ABSTRACTS SUBMISSIONS ARE NOW OPEN

Abstract submissions through Oxford Abstracts are now open. [Click here to submit.](#)

If you haven't used Oxford Abstracts previously, you will need to set up a free account to submit your abstract.

Please use an active email account that you check regularly, as we will use this email address to inform you of the progress of your submission and the next steps prior to the conference.

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