

Workshop risk based limit values France

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French organisation principles

- Separation between the management and the assessment of risks
- Anses makes recommendations
 - of OEL
 - Based on a guidance document publically available
 - With a committee of independent experts "*intuitu personae*"
 - Giving the availability of a measurement techniques at the proposed level
 - of other risk management measures (RMM)
 - for instance REACH authorisation/restriction
- for OEL : The Labour Ministry makes the legal proposal
 - Based on Anses recommendations or EU values
 - After a national consultation of employers, workers, and preventionists representatives.

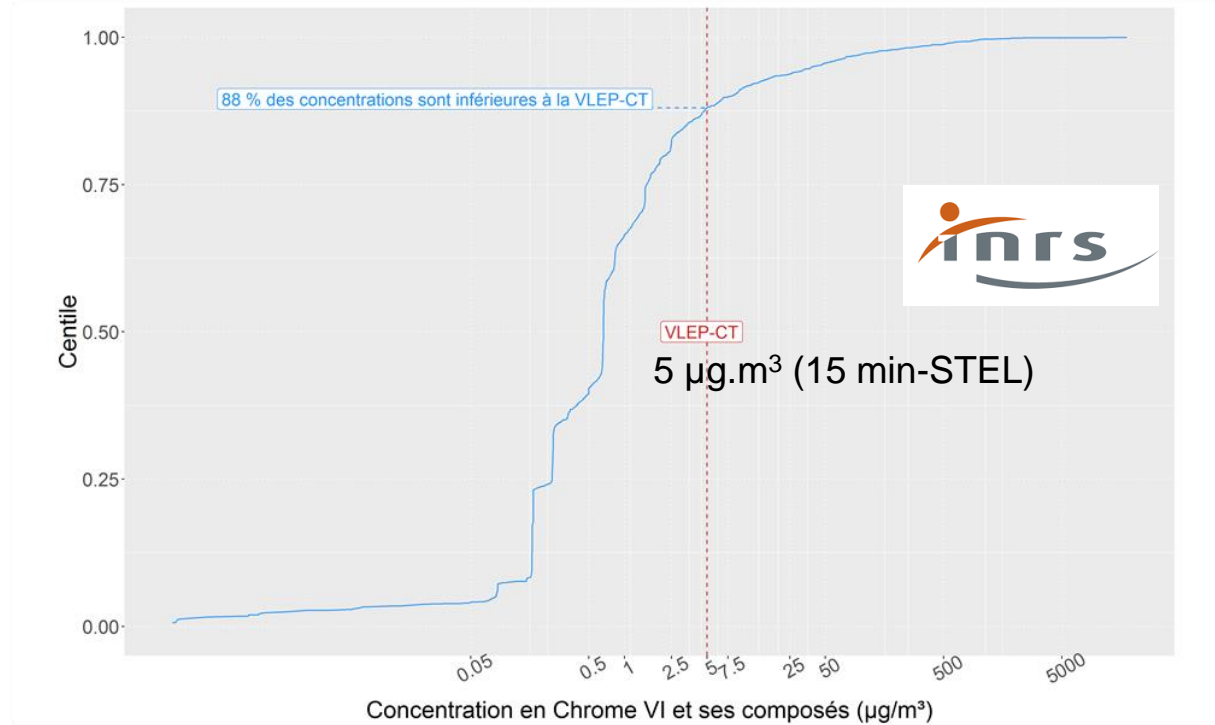


French organisation principles

- Duty of OEL Compliance checked by an accredited lab
 - Analogous to EN 689 standard (previous version)
 - National register of the measurements (SCOLA)

Ex. Chromium VI (learning from OELs)

- 88% < short-term OEL (and without PPE consideration)
- In 5 years of survey
- 2006 points of measures
- *[SMEs < 10 employees and the sector of machinery and equipment maintenance are the most exposed population]*



Concepts associated to risk-based levels

- Setting of OEL depends on
 - The relevant national occupational context
 - The other regulation options (with a residual risk)
 - The availability of a measurement technique
- Scientific risk-baseline starts generally at $1 \cdot 10^{-6}$ (any population)
- But case by case, the final selected value for the OEL depends on
 - Technical limits (measurements and/or prevention techniques)
 - Social dialogue within the consultation process
 - Time to comply/enforce

Some vectors of the decision-making

- Why a residual risk ?
 - Transitional period (immediate technology breakthrough at a big scale is not realistic)
 - Zero risk may not be real (background concentration)
- When residual risk is not acceptable ?
 - It is a previous “*statu quo*” which still constitute a health issue at the population scale
 - It is justified only by current short-term economical reasons
 - It fits the current state (no commitment for improvement)

Some vectors of the decision-making

- Which margins of decision for acceptability of a residual risk ?
 - Absolute necessity for the society
 - The risk-based levels are "virtual"
 - conservative factors
 - conservative scenario
 - Probability rules
 - The involvement/agreement of the concerned actors
 - Regarding the Member-State health policy
 - Regarding the awareness of the workers representatives
 - Regarding the perspectives of improvements

How to harmonise practices in the EU ?

- Which approach ?
 - REACH vs. OSH
 - Common hierarchy of RMM
 - substitution
 - Closed system
 - reducing exposure ALATA
 - Common approach of setting risk-based levels for non-threshold substances
 - With a dedicated risk assessment experts group
 - OSH is based on a "goals setting" approach
 - Employer's duty to protect worker's health
 - REACH is based on "means setting" approach
 - Supplier's/user's duty to be compliant with the procedures (granted authorisation, SDS+ES, etc.)

How to harmonise practices in the EU ?

- Which governance ? (REACH vs. OSH)
 - REACH integrates "technocratic" committees, including socio-economical analysis (SEAC)
 - Stakeholders can comment in public consultations but do not participate directly in the decision-making
 - Procedures can be faster than OSH ones
 - OSH produces tripartite opinions which are the basis of the political proposal
 - The Commission is challenged by the European Council and the European Parliament about its orientations regarding the common interest and the tripartite opinions.
 - Long procedure for carcinogens (but it might be accelerate in the next years)
- Both instruments are useful : It depends on the goals !
 - Stopping the market or uses ?
 - Keeping the uses in the long term even if there is a residual risk ?
- With a baseline ratio ? ($1 \cdot 10^{-6}$; $1 \cdot 10^{-5}$; ...)
- With transitional step(s) ? (Time ; Level ; Sector(s)/use(s))

Thank you
for your
attention!

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