Ann. Occup. Hyg. Vol. 13, pp. 7–15. Pergamon Press 1970. Printed in Great Britain

HYGIENE STANDARDS FOR ASBESTOS*

S. A. ROACH

London School of Hygiene and Tropical Medicine, Keppel Street, London W.C.1.

AS LONG as there is any airborne asbestos dust in the work environment there may be some small risk to health. Nevertheless exposure up to certain limits can be tolerated for a lifetime without incurring undue risks.

A hygiene standard for asbestos was published in the U.K. by the Ministry of Labour in 1960 and was taken from the annual list of Threshold Limit Values of the American Conference of Governmental Industrial Hygienists (ACGIH) (Committee on Threshold Limits, Annually).

The British Occupational Hygiene Society formed a Hygiene Standards Committee in 1965 to advise on hygiene standards. This Committee recommends the use of the ACGIH list of standards and supplements this with critical examinations of ACGIH and other standards considered unsatisfactory by British workers. The Hygiene Standards Committee has expert Sub-Committees, each of which is concerned with a specific standard. There is a sub-committee on asbestos dust in air, one on trichloroethylene vapour and its urinary metabolites, one on airborne vegetable dusts in the textile industry, another on noise criteria for hearing conservation and two new ones are coming into being; on cadmium oxide fume and silica dusts in air.

It is important to take into account the economic consequences of any recommendations made as well as the benefits to health, and this is one reason why on each of these Hygiene Standards Sub-committees, scientific and medical experts from industry are included. The value of a standard rises in proportion to the number of people who become protected by it. A particular advantage of direct industrial representation on hygiene standards committees is that the industry more readily identifies itself with the standards recommended.

The Hygiene Standards Sub-committee on Asbestos, under the Chairmanship of Professor Lane, has developed new hygiene standards for airborne chrysotile dust (LANE *et al.*, 1968). These were based on the results from a medical and environmental study at an asbestos textile factory in England, in which investigations were made on 290 of the men employed at this factory in the period of 1933–1966.

The Sub-committee considered that the degree and nature of the risk associated with the standards should be specified and the method of the derivation of the standard from the data presented should be described in detail. It was also considered that the standards should give prominence to the gradually increasing risk in relation to the concentration rather than to the single figure threshold concept. Open recognition should be given to the possibility that people might be adversely affected, even

*This paper was originally presented at a Conference on Exposure to Asbestos during Brake and Clutch Maintenance, held at Brentwood, Essex, March, 1969.