

EXPOSURE

The official magazine of

BOHS The Chartered Society for
Worker Health Protection

Issue 5 2017

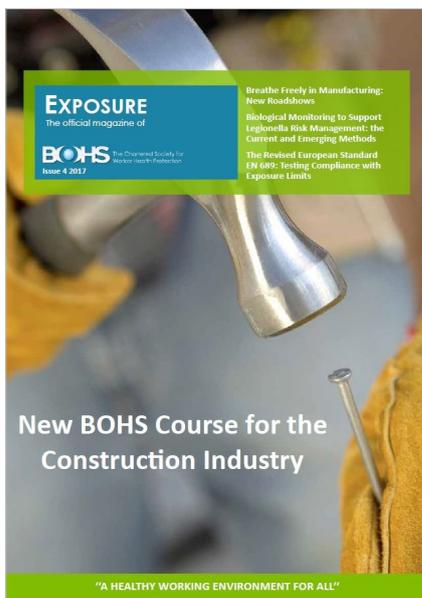
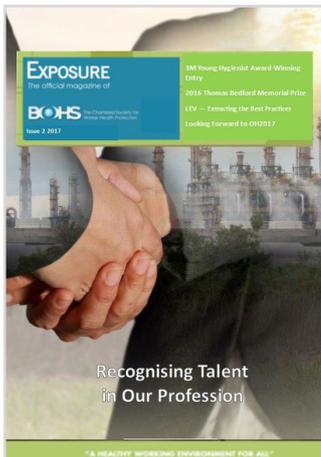
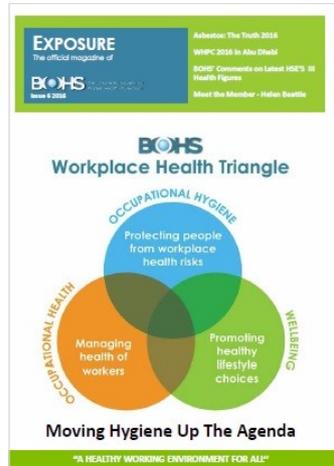
Biological monitoring to support legionella
risk management

Controlling health risks in construction

The death of expertise

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Faculty of Asbestos Assessment and Management (FAAM) now officially launched!



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The views expressed in this issue are not necessarily those of BOHS Council



Cover Story:
FAAM has now launched!
Read more on page 7

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Dear Readers,

We're really excited to have launched our new Faculty, the Faculty of Asbestos Assessment and Management, in October in London! This heralds a new association for professionals within the industry, maintaining standards of competence in asbestos assessment and management practice. Read it all on pages 7 and 8.

We also have articles from BOHS members, Adrian Parris and Past-President Dr Alex Bianchi on biological monitoring to support legionella management (page 10) and the death of expertise (page 16), respectively.

Additionally, we also hear from Steve Perkins on what's happening within the world of BOHS' external affairs with other stakeholders in the industry.

Have you ever thought about volunteering? Why not think about supporting us and giving back to the profession? We are always on the lookout for volunteers to help spread the word about the importance of occupational hygiene. Get in touch with us on admin@bohs.org - we look forward to hearing from you lovely people!

The Exposure Team:

**Caroline Smith, Claire Creed,
Evi Karmou and Michelle Chan**



Read the latest from our scientific journal, *Annals of Work Exposures and Health* at:
academic.oup.com/annweh/issue

Let's keep in touch!

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Cover photo by user KPG_Payless on Shutterstock

From the President | Karen Bufton



It's been a busy time since my last column! The recruitment of the new CEO is progressing to plan and we have received many applications. As of mid-September, there were 114 applications of varying quality. We are now in the final phases of the recruitment process and we'll be letting you know who the next CEO is in due course. The BOHS office, under the management of Shani Jackson, is running well and they continue to progress key priorities with members such as *Breathe Freely* and FAAM.

I attended the first ever annual Health and Safety Executive (HSE) Conference 2017 in September focusing on HSE's strategy to 'Help Great Britain Work Well'. This was an invite-only event and Neil Grace, the President-Elect and I attended the conference representing BOHS, alongside a hundred other organisations and companies from all parts of the British industry.

The aim of the conference was to share the HSE's priorities, understand HSE's and others' role in these, and to attend workshops to discuss potential solutions to some of the issues, such as working better together via initiatives and activities.

There were also a couple of keynote speakers including Penny Mordaunt, The Minister of State for Department for Work and Pensions, who talked about

improving lives and helping Britain work well through collaborative working, partnership, sharing ideas and innovation. Martin Temple, the HSE Chair, spoke about the 'HSE and the years ahead' and emphasised the challenges of improving HSE's effectiveness in reducing illness and injury, the importance of the health strategy and preparing for the changing world of work in the future.

Philip White, the HSE Operational Strategy Director, presented 19 Industry Sector Plans, of which six were highlighted as priority sectors, including construction, manufacturing, agriculture, logistics and transport, public services and wastewater, and recycling. He emphasised HSE's aim to work collaboratively with industry and other organisations as well as conducting proactive workplace inspections in these sectors.

The Breathe Freely Hi-Standard can be found at:
www.breathefreely.org.uk/hi-management-standard

Peter Brown, the HSE Health and Work programme Deputy Director, presented the three Health Priority Plans for occupational lung disease, musculoskeletal disorders (MSDs) and work-related stress. Each plan discusses the current position, priorities and what HSE will do to help Great Britain work well. BOHS is already involved in the occupational health lung disease plan and is a member of the new HSE 'Healthy Lung Partnership' whose aim is to provide direction and coordinate stakeholder activity on occupational lung disease. For more information on 'Help Great Britain Work Well', the 19 sector plans and the Health Priority Plans, please refer to the Strategies and Plans section of the HSE website (within the "About Us" area).

In addition to the plans and discussion, a

new national HSE 'Go Home Healthy' campaign and website was launched. For further information, including videos on raising awareness on respiratory disease, MSDs and stress, see www.hse.gov.uk/gohomehealthy.

During this first HSE conference, there was a significant focus on health and the need to improve performance, both from presenters and the audience. This was music to my ears, as we, of course, have been focusing on worker health protection for years so it was great to hear this.

In other news, I have also been continuing to work with the *Breathe Freely* Audit Working Group to develop a tool that can be used by BOHS consultants to audit the implementation of the Breathe Freely HI Standard on construction sites/companies. The HI Standard (<http://www.breathefreely.org.uk/hi-management-standard>) was developed specifically for the construction industry to assess how well their sites/companies are preventing and controlling employee's exposures to the construction work risks that can cause ill health and disease. Currently we are improving the audit tool following three phase one pilots and we plan to conduct further pilots.

Well, that's it for now. There continues to be a busy few months ahead and I look forward to updating you again in the next issue.

If you are a BOHS consultant and would like to get involved in the development of the *Breathe Freely* Audit Scheme, for example, by reviewing the tool or taking part in future pilots, then please contact me at president@bohs.org

BOHS External Affairs | Steve Perkins



As Karen Bufton promised in the last issue, here is the first update on External affairs activity.

So, what on earth is it?

Quite simply External Affairs covers all of our relationships with other bodies and organisations at senior level - everything from the regulator to large corporations and other professional bodies and trade associations to government departments. My role is limited to UK activity, while the Presidential Trio are handling international external affairs.

Over the last eight years BOHS has not just grown in size and activity, but we have also grown in recognition and influence due to the efforts of many members and staff. We are what you might call a 'player' on the national health and safety scene. Considering the enormity of our vision; "a healthy working environment for everyone", that is entirely appropriate and necessary.

The heart of External Affairs is connecting and relationship building with leaders of other organisations. That involves advocacy, presenting, communicating, networking etc. But ultimately it's about connecting on a personal level with people. As I found quite quickly in my previous role, the job title only gets you the first meeting.

One of my goals over the six months of

this role is to ensure that in the absence of a CEO, Evi Karmou, our Head of Marketing and Communications, is introduced and connected to as many of my key connections as possible, in order to ensure a smooth transition. I'm pleased to report this is progressing well and Evi makes an excellent representative for the Society. Enough of the preamble, here's an overview of what's been happening since June.

UK Professional Bodies

I've met a number of CEO's from other sector bodies including IOSH (their new CEO is Bev Messenger), IIRSM, NEBOSH, APS, BSC and CIEHF. Overall our colleagues remain impressed by the progress and profile of BOHS. They appreciate what's involved with our leadership transition, as most have experienced similar times in their own organisations previously.

I have been encouraged that there is an openness to cooperate bi-laterally and continue to support one another's initiatives in the sector. Although the formal POOSH meetings outside of Scotland have now finished, bi-lateral connections remain strong and in reality usually achieve more on the ground.

We are hopeful [CCHRC] will come to be seen as the industry standard

Construction Industry

Our *Breath Freely* initiative continues to gather momentum in construction with nearly 100 supporting organisations now signed up. We have worked closely with the Health in Construction Leadership Group (HCLG) over the last few years. Recently I presented an update to them and introduced Evi as our new representative.

Although HCLG doesn't officially endorse specific products they are highly supportive of *Breathe Freely* and our new Certificate in Controlling Health Risks in Construction course (CCHRC) in particular. This course is now beginning to take off and we are hopeful it will

come to be seen as the industry standard. It was also encouraging at the meeting to hear that more employed positions are being planned for occupational hygiene professionals with BOHS qualifications within large construction organisations.

I also recently attended another grouping aiming to improve health in construction, this time at the SME end of the industry. It's in its early days, but senior representatives from APS, BOHS, IOSH and IIRSM have joined together with insurance industry leaders to look at constructing an initiative to reach and educate construction SME owners on controlling health risks. Initial work focuses around developing a business case that includes a potential reduction in premiums for better risk management.

HSE

The regulator is ramping up its focus on health in line with the aims of its new #HelpGBWorkWell strategy. BOHS representatives attended the first HSE Annual Conference (invitation only) in September, and HSL are hosting various events and courses focussed on the health strategic objective to 'Tackle the costs of occupational ill-health'.

In November, I met with Karen Clayton (Divisional Director) and Chris Snaith (Hygiene and Noise unit) in October and then with Richard Judge (CEO) in early November. BOHS also continues to be closely involved in relevant regulatory consultations, now coordinated via Evi.

Northern Ireland

I recently met Richard McIvor Chair IOSH Ireland RCC. It was encouraging to hear of the growth of the Workplace Health Leadership Group over there since my last visit back in January. The group includes BOHS, IOSH, NISG, HSENI, PHNI and Build Health NI. Adele McClelland our NI Regional Organiser represents BOHS on the group. There is significant demand for our new CCHRC course and clear recognition from the start of the key role of occupational hygiene.

BOHS Honorary Fellowship

In addition to the connecting and relationship building activity, I'm also

BOHS External Affairs | continued

pleased to announce the exciting news that BOHS is going to be launching a new BOHS Honorary Fellowship programme in the autumn.

The BOHS Honorary Fellowship will be a prestigious honour given to nationally distinguished/recognised individuals who are not normally BOHS members, but are willing to enhance and support our national awareness raising and influencing objectives. They may or may not have made a direct contribution in the field of worker health protection, but they will be in a position of influence and credibility nationally that is commensurate with a learned and scientific Society such as BOHS. They will also be, and remain in, alignment with BOHS charitable aims and support our vision and mission.

A BOHS Honorary Fellowship will be a distinguished and coveted title and there will only be a limited number of awards made over the coming years. We envisage that it will quite quickly be recognised nationally as a significant honour within the field of Health & Safety and beyond.

These BOHS Honorary Fellows will play an important role in helping the Society to increase its influence for the betterment of worker health protection in the UK.

The work on this project has been undertaken by a Council working group headed up by Karen Bufton, our President. In BOHS we are very familiar with awards, both for members and non-members (e.g. lifetime honorary membership or the Peter Isaac etc.), for their technical achievements and/or their commitment to the Society. We are also very familiar with the Fellow grade in the Faculty of Occupational Hygiene (and soon to be Faculty of Asbestos Assessment and Management), which is only achieved through passing our examinations and the recognition by the Faculty Board of appropriate professional progression and achievement.

The new BOHS Honorary Fellowship is neither an award like these, nor a Faculty grade. Rather it marks an on-going relationship between the individual and the Society, which will entail a reasonably close working relationship with senior BOHS leaders. The BOHS Honorary Fellow will undertake different advocacy activities for the Society at different times. This will enhance (and in no way replace) the representational activity undertaken by the Presidential trio and senior staff and members of the Society.

Any BOHS member will be able to suggest potential BOHS Honorary Fellows, but Council will be the final

arbiter of these decisions using a defined process and set of criteria.

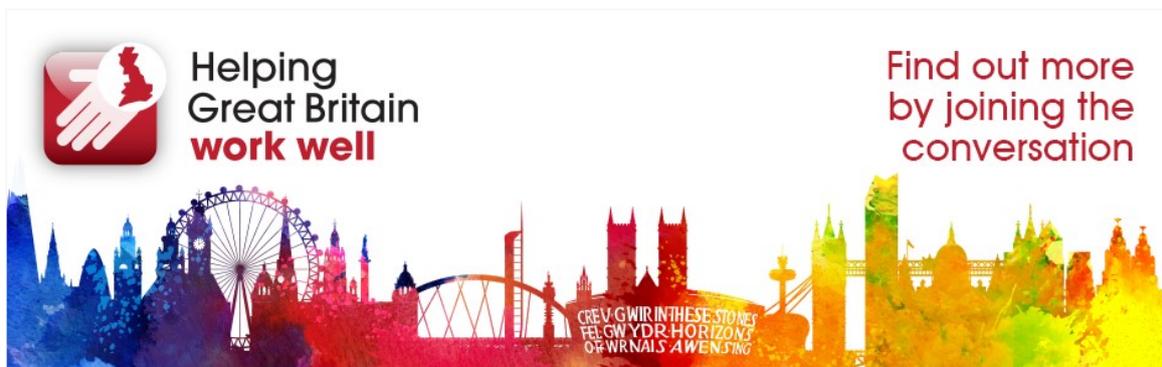
Although this is a new concept for BOHS, many of our peer societies and many professional societies in general have operated such schemes for years, variously known as patrons, honorary fellows, honorary vice-presidents etc.

If you have any questions, please don't hesitate to contact me or the BOHS Head Office. Watch this space for more details later in the year and news of our first BOHS Honorary Fellow appointment.

Personal Note

I would just like to express my thanks to all of you who have contacted me since the announcement regarding me stepping down as CEO after eight and a half years. Your messages and kind words are much appreciated.

It has been an honour and a privilege to serve as BOHS' CEO and I am very proud of all that we have achieved together in that time. Although this is obviously a time of significant transition I'm confident in the strength and vision of both members and staff. I know that BOHS will go on to achieve greater things in the future under new leadership and I shall always be a supporter of the organisation and its bold vision of "a healthy working environment for everyone."



Announcement from BOHS member, Dr Peter J Hewitt FFOH (retired)

After more than sixty years work in occupational hygiene, of late mainly as an Expert Witness, I have decided to "retire". Over the years, I have collected a library of historic documents, including HSE publications, trade associations guides, ACGIH etc which would be invaluable to a BOHS member engaged as an expert witness. I would be pleased to pass these on and if you are interested, I suggest you contact me at pjhvcb@btinternet.com, including your telephone number.

FAAM Launch



The official launch of BOHS’ new Faculty of Asbestos Assessment and Management (FAAM) took place on 11 October in Westminster, London. The event was very well attended, and the invited audience was able to learn more about this new association for professionals in the asbestos industry, and also hear from a panel of prestigious speakers including: Karen Bufton (President of BOHS), Craig Barker (Asbestos Manager for Marks & Spencer Property), Martin Stear (Chartered Occupational Hygienist and Registrar of FAAM) and Mavis Nye (President of the Mavis Nye Foundation).

Following the launch event, membership of FAAM is now open – we’re already busy processing applications. **You can find out more about how to join FAAM by heading to iamfaam.org**

“There is wide acceptance that there remains a compelling need to improve standards of professional competence in many areas of the asbestos industry, which is why FAAM’s vision is so critical.”

Karen Bufton

“FAAM’s vision is to establish, develop and maintain standards of competence in asbestos assessment and management practice for its members, and act as the guardian of professional standards and ethics in the profession.”

Martin Stear

FAAM Updates | Caroline Smith

We are immensely proud to have delivered a new BOHS Faculty

By the time this edition of Exposure is published, the FAAM (Faculty of Asbestos Assessment and Management) launch event will have happened – months and months of planning and preparation by a significant team of people (or should that be a ‘team of significant people?!), all gone in a flash! And you will have seen the reports and updates on social media and the BOHS website, so you’ll be fully informed about what the launch achieved, and aware of exactly what FAAM is.

As an organisation, we are immensely proud to have delivered the new Faculty. To summarise FAAM’s vision, its overarching aim is to provide a professional community for the asbestos industry, by meeting key objectives within the profession. FAAM aims to:

- Pursue excellence for all those who practise in the asbestos assessment and management profession
- Establish, develop and maintain standards of competence in asbestos assessment and management practice for those who are members of FAAM
- Act as the guardian of professional standards and ethics in the profession of asbestos assessment and management

Further information about FAAM and its membership levels/criteria can be found at www.bohs.org/faculty-for-asbestos-assessment-and-management-faam/.

FAAM, along with the other major initiatives delivered in 2017, represent substantial investment for BOHS

The new Faculty heralds the delivery of the final, critical ‘project’ for BOHS in 2017 – others being a new and unique course for the construction sector – the Certificate in Controlling Health Risks in Construction (CCHRC); and the second phase of the Breathe Freely campaign – Breathe Freely in Manufacturing. The aims of these initiatives are both pivotal and unique: all represent significant contributions by BOHS to promoting worker health protection in specific sectors. Moreover, these are sectors where levels of competency are critical, and have been identified as needing attention and support i.e. controlling health risks in construction and manufacturing; helping establish and maintain standards of competency in the asbestos industry.

We actively encourage any members who may wish to be involved in future projects/initiatives, to get in touch!

FAAM, along with these other initiatives, represent substantial investment for BOHS, both in terms of resource as well

as money. As an organisation, we are also immensely grateful to our valued volunteers who have generously contributed their time and expertise, to help bring these initiatives to fruition. On that note, we also warmly invite interest from any members who may wish to be involved in future projects/initiatives, or any other aspect of volunteering for BOHS (further information on volunteering can be accessed here www.bohs.org/membership/volunteering/)

FAAM’s vision is to provide a professional home for the asbestos industry

We look forward to an exciting time for FAAM: substantial interest in membership has gathered pace since the faculty was first mooted, and we expect interest and growth to continue. We invite you to keep up to date with FAAM via our website, LinkedIn page and Twitter. If you have specific queries about membership of FAAM, then please contact membership@bohs.org.





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ASSESSMENT AND
MANAGEMENT

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Volunteering is a great way to develop new skills, raise your professional profile and widen your network of contacts whilst at the same time, adding real value by giving something back to the profession

Another benefit of volunteering is that these activities can qualify for CPD points

How can YOU help us?

- Mentoring
- Being on a committee
- Supporting regional organisers
- BOHS representation
- Council/Faculty members

Email us for more details at membership@bohs.org

Biological Monitoring to Support Legionella Risk Management: the Current and Emerging Methods—Part 2 | Adrian Parris, BOHS Chartered Member

In my article in issue 4, I highlighted a number of negative aspects associated with using the legionella culture method to analyse for the presence of legionella bacteria within susceptible water systems. The standard method ISO 11731 has recently been reviewed and changes made which should see more consistency in analysis between different laboratories with the methodology being made more prescriptive. It defines more clearly the sample preparation stages which must be adopted based on the sample matrix and water quality. It is common practice for a lab to default to a preferred method, the most common being filtration reducing the filter volume for samples with heavy solids instead of the defined method of centrifuging. The reviewed method is also prescriptive regarding the agar media to be used. It will make compliance with the standard a lot more difficult for labs and importantly for us the customers, we are likely to see an increase in costs as understanding the water quality of each sample matrix and selecting the correct method takes time. This may make the newer rapid tests such as Polymerase Chain Reaction (PCR) a more appealing option, discussed later.

Another interesting development for the culture method is the introduction of the MALDI-ToF (Matrix Assisted Laser Desorption and Ionisation by Time of Flight); a significant step forward in the rapid speciation of legionella which shaves two days off the 12 day analysis period. It also has the benefit of being able to speciate legionella bacteria at the presumptive stage. Presumptive results can be unreliable and taking action on them can cause unnecessary alarm and disruption, additionally legionella with a slow growth rate may only appear toward the end of the 10 day incubation period so may not be shown on a presumptive result. The use of the MALDI-ToF has improved the reliability

of interim reading such that there is a level of confidence to no longer call them presumptive. One of the added benefits of this technique is the identification of the type of legionella bacteria in your system on the final result, knowing this helps to assess the likely impact to health. Statistics suggests that 90% of legionnaire's disease cases are associated with legionella pneumophila, Sr Grp 1. There may be issues with these statistics as the screening test undertaken by hospitals has a high sensitivity for Sr Grp 1 bacteria and less for other species. Even so 10% of cases of legionnaire's disease are associated with other non pneumophila legionella bacteria, for example Legionella Anisa has been associated with a case of legionnaire's disease in Spain. So knowing the species of bacteria in your system will allow you to know if it is associated with human infections. But don't take too much comfort from this, having conditions in your system to promote legionella growth means it is a bit of a lottery which one proliferates.

Another interesting development for the culture method is the introduction of the MALDI-ToF

There are a wide number of rapid legionella tests which have been developed over the years, the two which seem to be attracting the greatest attention are Polymerase Chain Reaction (PCR) and Legipid. However, there is still a degree of confusion over the results that have been obtained from these tests, especially PCR and when trying to correlate them directly to the culture method. This along with the costs charged by the contract laboratories hasn't seen these methods widely used to date. However, the time to obtain the

results has a huge benefit over culture method meaning it could be a very valuable tool in risk management.

Polymerase Chain Reaction (PCR) is a method for amplifying DNA so there is enough to allow detection and hence quantification. It is a highly sensitive technique detecting down to a single strand of DNA, and it also has a high level of reproducibility especially as it doesn't rely on having to culture bacteria. It reports in unfamiliar units of Genomic Units (gu/l) which can be confusing when trying to interpret the results. The method has the potential to differentiate between legionella pneumophila and other species.

The analysis doesn't differentiate between non-viable and viable, or culturable and non culturable legionella bacteria. Non-viable (simplistically dead) bacteria can be present for a range of reasons including as a by-product of biocidal action. The filtration step in the sample preparation is important in minimising the level of non-viable cells as they should pass through the filter. However it is common to get some high unexplained results so it is important to baseline your system and look at trends rather than single data points.

There are no action levels or limits associated with results obtained from this method, current guidance works around the probability that a sample will return a positive result on a culture method. The guidance values are seen below.

A study by Public Health England (PHE) compared the culture method and PCR results on a range of samples from different system types. It was confirmed that there was no direct correlation between the culture method and PCR results when there were positive/ high counts measured. PCR indicated a higher

Samples with a GU/L count of <2500 are comparable to a "not detectable" result on a regular legionella 10-day test
 Samples with a GU/L count of <25000 are determined to have a low risk of a positive legionella result on the regular 10-day test
 Samples with a GU/L count of >25000 are determined to have a high risk of a positive legionella result on the regular 10-day test

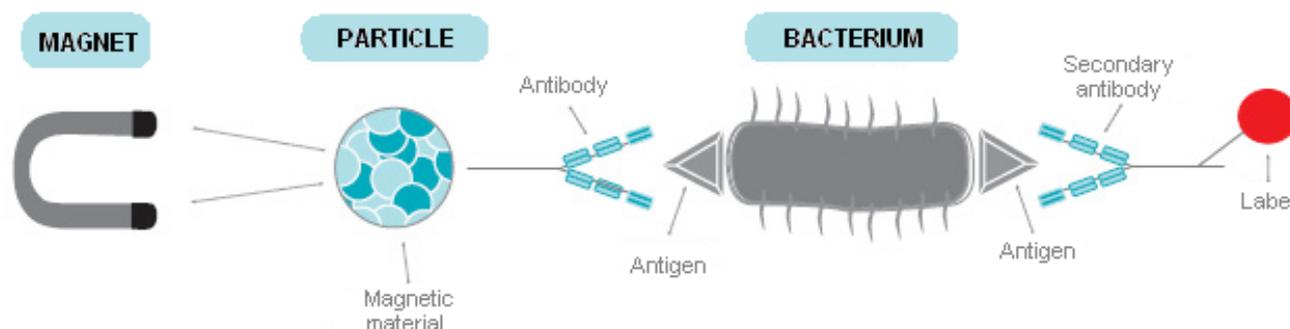


Figure 1: Immunomagnetic separation process utilised in Legipid

level of positivity, which is in line with it being a more sensitive technique. There was a good correlation between low PCR results and negative culture samples such that confidence can be gained that samples with <1000 gu/l are free from legionella bacteria.

From the studies undertaken and the data available there are clear benefits for this technique. The rapid turnaround of results makes this the chosen method for investigations following an outbreak or high count on a system. PCR can detect Legionella that traditional culture methods do not identify, such as those that are contained within amoebae or biofilms, or are non culturable. The sensitivity is much greater and therefore it has a lower limit of detection. The Health and Safety Executive recognise three key areas of use which are published at <http://www.hse.gov.uk/legionnaires/faqs.htm>.

- The rapid detection of legionella bacteria with the high negative predictive value (NPV) of qPCR meaning that it is suitable for use as a negative screening tool in investigating sources
- As an indication of the effectiveness of cleaning, disinfection and remedial actions giving a degree of confidence if the result returns negative
- As a complementary tool for the rapid routine monitoring of legionella trends at duty holder sites, but recognising that the results need proper interpretation.

The second test method, Legipid, utilises microscopic magnetic particles which are coated with antibodies specific to

legionella bacteria, a process called immunomagnetic separation (IMS). The antibodies bind to the legionella cell surface antigen and a magnetic separator is used to attract the beads and capture the cells into a concentrated solution (figure 1). With this method there is less likelihood of false positives as the dead cells within the solution do not bind to the antibodies. A colour marker is then added to the concentrate and the degree of colour change measured with a photometer to give quantification of the legionella bacteria present. The test method can be completed within an hour which is a significant advantage over the culture method (figure 2). Immunomagnetic separation (IMS) has been used in combination with PCR to give a greater degree of speciation. Research has shown this test to have a greater degree of correlation to the culture method than PCR. The results are easier to understand and use common microbiological units.

There are a wide number of rapid legionella tests which have been developed over the years, the two which seem to be attracting the greatest attention are Polymerase Chain Reaction (PCR) and Legipid

With contract labs charging around £300 per sample for rapid tests this has

discouraged use of these methods. There have been some recent developments in the PCR analysis equipment with Genesig releasing an instrument that is moving towards a more field based application. This will allow the method to be deployed on site at a fraction of the cost, around £40 per sample including consumables and labour. This can only be described as step in the right direction, as these tests are used more there will be a better understanding of their application and how the results correlate with system risk and we could even see the end of the culture method.

Adenosine triphosphate (ATP) is another technique that has become popular within the water industry. It doesn't measure legionella bacteria direct but enables the instantaneous measurement of microbiological activity in water systems which is a benefit over conventional plated methods and dipslides which take 2 to 3 days. ATP is present in all organic material and is a measure of cell energy. A chemical is added to the sample and the ATP fluoresces, the strength is measured and displayed as relative light units. This technique is not deemed accurate at low levels and my experience has shown that it doesn't correlate well with conventional techniques. Reasons for this include varying levels of ATP present depending on the stage in the growth cycles and different quantities of ATP present depending on the microorganisms present. Specific chemicals used in water treatment can interfere with the test and give a low result and ATP can be present through water contamination which is not associated with microbiological activity.

Biological Monitoring to Support Legionella Risk Management: the Current and Emerging Methods Part 2 | continued

However, an extra test is available to screen this out. Again, this method has its applications, especially as an investigation tool, and if rapid results are required, for instance on start-up of a physical treatment system to confirm performance, but is not a substitute for conventional techniques.

The important message in all of this is whatever test you choose make sure you undergo a period of validation against the sample matrix you are monitoring and think carefully about your sampling how, what, where when, purpose of testing and what supporting information needs to be collected to successfully interpret the results; ensure you document it all down in a sampling plan.

Whilst writing this article, I notice the call for abstracts for the annual conference has just gone out. I'm looking forward to going back to my roots this year with the conference being in Stratford-upon-Avon. Next job then is to submit my abstract and I have a few ideas around case studies where enhanced microbiological analysis has been used to aid understanding of Legionella risks.

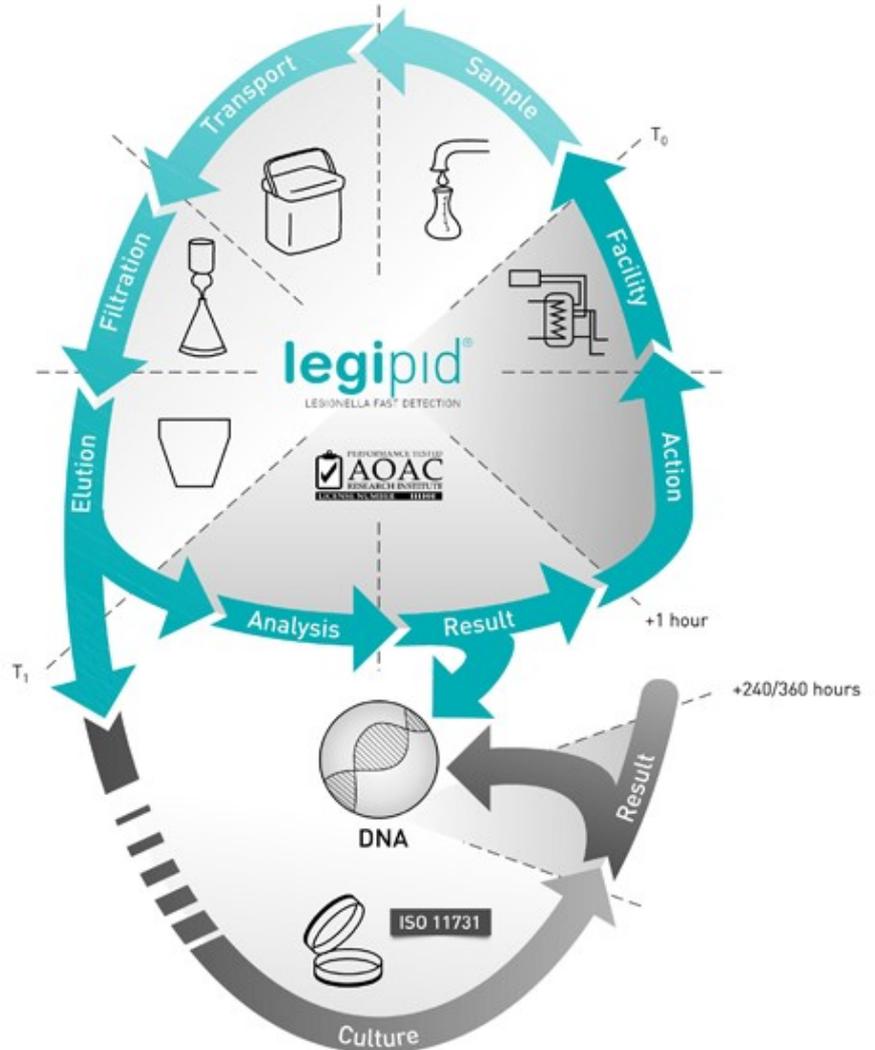


Figure 2: Legipid analysis time compared to culture method



COMING SOON IN 2018

P408 Advanced Proficiency Qualification: Identification and Quantification of Asbestos in Soils using PLM and PCM

This course provides candidates with the knowledge and skills required to safely identify and quantify asbestos in soils

What are the main subject areas?

- Controlling the health risks of asbestos
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- Analysis of soils - practical application

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Upcoming FREE Regional Meetings

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Queen's University, Belfast

Confined Space and Gas Detection

12 Dec: South Wales and South West

Government Buildings, Cardiff

President Elect and Welding

16 Jan 2018: Northern Ireland

Queen's University, Belfast

President-Elect Visit

31 Jan: London, South and South East

Society of Chemical Industry, London

President-Elect Visit

Why not sponsor a regional meeting?

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- A launch platform for new products and services**
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- Networking opportunities**

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OH 2018

16-19 April 2018

Crowne Plaza
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STRATFORD- UPON-AVON

The Premier Conference for
Occupational Hygiene in the UK



EXHIBITION PROSPECTUS

Occupational Hygiene 2018 (OH2018) is the leading international conference in the field of worker health protection in the UK, focusing on occupational hygiene and the prevention of occupational ill-health and disease. This year we will be in Stratford-upon-Avon, a historic town in the heart of England, and the birthplace of William Shakespeare.

Following on from the success of OH2017 which brought together a global audience of over 330 delegates, BOHS will once again be delivering an exciting programme which will bring together researchers, practitioners, regulators and other experts from around the world to discuss the very latest issues that affect health at work.

As in previous years, running alongside the conference there will be an exhibition presenting a unique opportunity for suppliers to showcase products and services directly to a global audience.

The exhibition will open on the morning of Tuesday 17 April and will continue throughout the three day conference with plenty of opportunity for delegates to browse and network. There will be a welcome drinks reception held within the exhibition area for all delegates at the end of the first day which will include the announcement of the winning conference poster.

See overleaf for more details.



Don't miss out on this opportunity to network with potential new buyers and existing customers as well as increasing brand awareness

For further information visit www.oh-2018.com or email conferences@bohs.org



16-19 April 2018

Crowne Plaza
Stratford-upon-Avon

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EXHIBITION PROSPECTUS

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- Logo and link from the OH2018 website to your website
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- Logo on holding slides throughout conference



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- Listing in all email campaigns and social media posts
- Logo on holding slides throughout conference

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Book Review: The Death of Expertise (The Campaign Against Established Knowledge and Why It Matters) by Tom Nichols—Part 1 | Dr Alex Bianchi

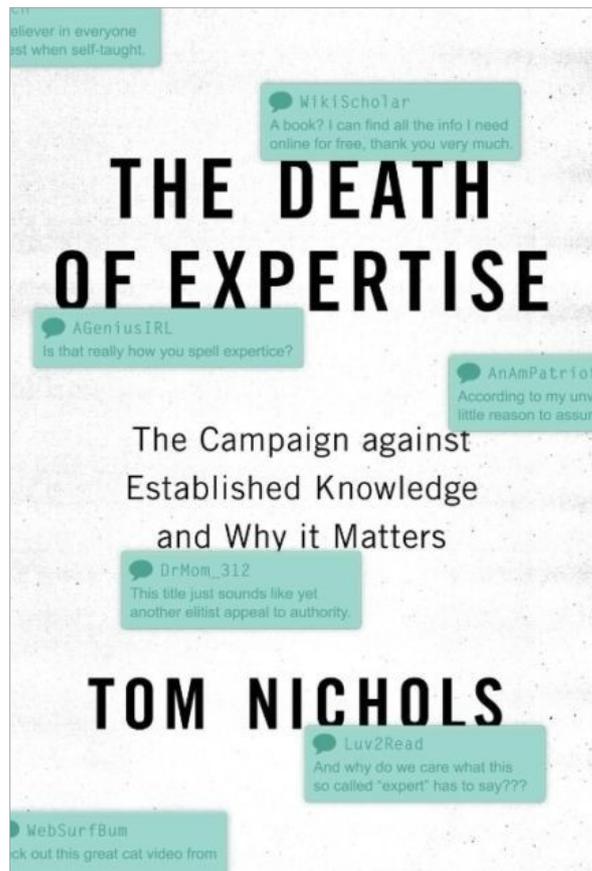
This April, a book was published in the USA which created a good degree of interest, comment and arguably, agitation - a book which caught a glimmer of attention in the UK media and was perhaps less reviewed and even less discussed here, despite its significance to us all. The book was entitled *The Death of Expertise – The Campaign Against Established Knowledge and Why it Matters* and was authored by an American professor called Tom Nichols.

Nichols, a Professor of National Security Affairs at the U.S. Naval War College and an adjunct professor at the Harvard Extension School, opened up on a topic that has potential ramifications not only for the USA but for anyone, anywhere who conducts their business or profession on the basis of providing 'expertise', however defined. Because according to Nichols, there is a growing mood of public suspicion and rejection of traditional 'experts', the notion of 'expertise' and the entire gamut of authority-based guidance, direction and recommendations that 'experts' make.

Now, a complete analysis of this book goes well beyond what could reasonably be shared within the pages of *Exposure* magazine, so it's only fair to warn the interested reader that what follows is a broad review of the book and its core messages from the perspective of the reviewer. In fact, Nichols' book contains a great deal of detail, supporting evidence and analysis that warrants reading in full. Once it has been read, you may recognise and align with its findings or alternatively, you may take a very different view. Whatever stance you take, I would recommend that anyone interested in finding out more about the 'challenge to experts' issue accesses the book and is able to read and examine for oneself. Although much of his target area is based on the USA, it would be a

fair stretch to say that much of it does not apply elsewhere.

Although the concept is simple enough, the issue itself turns out to be rather complicated. Nichols is clear enough about an assemblage of inter-related causes all of which are coalescing right now to create a 'perfect storm' not only for the role and status of the 'expert',



but potentially for the concept and continuing effectiveness of representative democracy itself.

What has been happening?

Nichols begins by postulating that an increasing number of people in society (i.e. the so-called 'Everyman' or 'Man on the Clapham Omnibus' to take common concepts from the past) perceive that they now have more information at their fingertips than ever before. Whether it's via the ever growing internet (e.g. the eponymous Google search), social media, 'instant news', or whatever one's *source of choice*, there is a new and

growing swathe of individuals who feel newly empowered by an explosion of access to *information*. And this sense of being able to access and conduct medical diagnosis online, research historical, scientific and political material all at the click of a computer button and then being able to bask in the sheer richness of knowledge obtained from one's own personal 21st Century Aladdin's Lamp is itself gratifying and empowering. We have found the magic keys to salvation and independence.

This new found experience of info-power, coupled with what Nichols identifies as a rising attitude of narcissistic self-entitlement and individualism is combining to concoct a witches brew of opinions, perspectives and ultimately judgements on just about everything from the safety of medicines and the use of GMOs through to a populist redefinition of classical history. Indeed, we have the amazing new capacity for anyone off the street to be an authority on international nuclear policy! It doesn't end there. You can create your own worldview of interpretation for any topic you like the look of, irrespective of any of the more authoritative classical interpretations.

What are the risks?

Nichols argues that this is not harmless any longer; indeed he feels it is potentially dangerous as public opinion surveys repeatedly show that there is a simultaneous growing distrust of those charged with the responsibility to be the true 'experts'. By this he means governments, formal institutions, classically educated 'elites' and all the 'validated' experts that currently inform and guide public policy, science, medicine and many related areas of traditional expertise. In other words, 'old fashioned' expertise with real provenance and systems of verification and validation.

Moreover, Nichols suggests that this new found proletariat-led 'intellectual

egalitarianism' creates a breeding ground for new (and often 'wrongheaded') ideas which can be shared and circulated via the 'instancy', penetration and saturation of an increasingly partisan media, whether in the mainstream media (i.e. "journalism") or via 24/7 social media sites. Long established wisdoms and facts become just another set of 'variables' in this new reality, and the concept of '*my expertise is as good as your expertise*' takes on a new prominence whether or not you are an emeritus professor of medicine or a tree surgeon with a free evening on 'Wikipedia'.

Challenge everything, believe nothing?

In the USA, one extended branch of this phenomena has been linked to the rise in populism and a parallel distrust of both traditional and libertarian politics. Also to a new form of suspicion of the mainstream and peripheral media (e.g. so called "fake news" issue) and eroded trust in traditional sources of expert knowledge.

In many recent examples, this distrust has entered the medical and health arena accompanied by a loss of faith and trust in diagnostics, factors related to causation of illness, treatments and even the standards established to manage and control health. And above all, health professionals find themselves in the dock of public opinion more than ever. Nichols claims that based on *bad* information or a *poor interpretation* of that information, more people than ever will challenge medical diagnoses, follow unregulated and untested 'self-treatment' paths and subsequently reject contemporary professional health management advice. He also lays blame on populist 'medical nonsense' advice given in glossy magazine articles, by 'fad celebrities' and self-appointed 'health gurus'.

Nichols finger is pointed in many other directions too, not the least being mainstream educational establishments some of whom he suggests are behaving more like 'client focused businesses' and less like academic institutions. Nichols suggests that many pander to trends which focus overly on meeting financial business goals, seek 'customer

satisfaction feedback' from 'customer students' and yet fail to provide a genuine home for the dissemination of knowledge. Nichols feels that by adopting a customer orientated approach they risk diluting the exploration of constructive new ideas and processes for stretching and developing classic learning skills for their students. This, combined with the growth in '*low value*' degree subjects and an "*everyone must pass, no-one can fail*" approach undermines academic performance and competitiveness required to develop true 'experts'. Nichols also postulates that in other universities, questionable academic research designed to obtain maximised publicity (e.g. "*a bottle of red wine per day makes you live longer*") in the sensationalist media combined with the growing fickleness and politicisation of students are just adding to further undermine basic academic excellence foundations and principles.

Nichols...feels it is potentially dangerous as public opinion surveys repeatedly show that there is a simultaneous growing distrust of those charged with the responsibility to be the true 'experts'

What about the UK?

For a British audience, there may be those who do indeed see echoes of the situation Nichols describes. In the UK, it may be home grown debates about the protective value of vaccinating children and the resistance to such programmes by parents who believe immunisation is harmful. Or the huge growth of medical malpractice compensation claims. More recently about the provision of factual information during the Brexit debate or even more recently, the integrity of the safety measures required to have prevented the Grenfell tragedy in London. Even politicians entered the field against the 'experts'. For example, the pre-Brexit quotation from Michael Gove MP who backed Britain's exit from the European Union statement that "*.....people in this country have had enough of experts*". It was both controversial and unexpected, but was

met by an almost equal mix of supporters and detractors.

Experts all?

It was Bertrand Russell who said that "*Even when the experts all agree, they may well be mistaken*".

Undoubtedly, a growing view in some quarters is that the experts "...have let us down". Or worse still, "...experts can be bought if the price is right". In courtrooms all over the UK (and elsewhere of course), the battle of "my experts opinion versus your experts opinion" goes endlessly on. So who do we believe, especially if "the public" and we haven't much in the way of personal expertise or yardsticks from which to assess who is right and who is wrong ?

And it is true that there have been many cases where experts have got it wrong. Whether in the field of public policy, medicine, pharmaceuticals, or even the sciences that support occupational hygiene, we all know of many examples where the diagnosis, risk assessment, regulatory standard or control measures were simply inadequate or just plain wrong. Worse still, many experts have failed to address gaps in *implementation* of guidance or advocate better practices that help people in everyday life.

But though it may be correct and justified to criticise experts and hold them to account, Nichols argues that the right response is not to jettison expertise as an ideal. The response he says is to improve and build upon our expertise. And to be fair, Nichols isn't opposed to the democratisation of information, but rather the false perception of enlightenment people *believe* they've attained after conducting a superficial internet search. He gives examples as to ways in which this impulse is leaching through our culture and body politic, but maintains that the bigger goal is to explain the real benefits that expertise offers and to court genuine respect for learning and knowledge.

Part 2 of this article will appear in the next issue of *Exposure*.

HSE News



Council fined after worker diagnosed with HAVS

Wrexham County Borough Council has been fined after a 57-year old man was diagnosed with Hand Arm Vibration Syndrome (HAVS).

Mold Magistrates' Court heard how the employee of the council's StreetScene department had been diagnosed with HAVS in September 2015.

An investigation by the Health and Safety Executive (HSE) found the council failed to address the issue of HAVS following an audit in February 2011 which identified a failure to assess the risk to employees from vibration. The council had developed a number of policies dating back to 2004 to tackle the risk of HAVS, however it was found these policies were not implemented.

Following the introduction of HAVS occupational health surveillance for users of vibrating tools a further eleven diagnoses of HAVS or Carpal tunnel syndrome have been reported.

Wrexham County Borough Council of the Guildhall, Wrexham pleaded guilty to breaching Section 2 (1) of the Health and Safety at Work Act 1974.

The council has been fined £150,000 and ordered to pay costs of £10,901.35.

HSE launches second phase of construction inspection campaign

Construction projects across Britain are being urged to act now to ensure the health and safety of their workers is protected as the second phase of a targeted inspection initiative went underway in October.

The Health and Safety Executive (HSE) says 43 workers were fatally injured in 2015/16, and an estimated ten times that number died from construction related ill-health, with a further 65,000 self-reported non-fatal injuries.

HSE is asking every construction contractor, client and designer to ensure they are not adding to this toll of harm by failing to manage well-known risks.

In addition to things such as falls from height, the campaign will focus on control of harmful dusts including respirable silica from concrete, brick and stone, asbestos and wood dust, as well as work at height, structural safety, materials handling, good order and welfare provision.

HSE points to the mis-conception that health issues cannot be controlled in construction. It says harmful dust, whether silica or wood, is a serious issue and can be managed effectively with the right design, equipment and training. Health effects may not be immediate, but the ultimate impact on workers and their families can be devastating.

HSE carried out over 2000 inspections during the first phase of the initiative earlier this year with action being taken to address these issues in almost half of visits.

HSE's Chief Inspector of Construction and Director of Construction Division Peter Baker commented: "In phase 1 of this campaign HSE's inspectors found lots of good examples of small sites working safely and protecting workers health from exposure to harmful dusts, proving it can be done. My message to smaller businesses is don't wait for an accident or a visit from an HSE inspector – learn from the success of others and act now.

"Nearly half of construction fatal accidents and injuries reported to HSE involved refurbishment work.

"Some small refurbishment sites continue to cut corners and not properly protect their workers resulting in an unacceptable number of deaths and injuries each year."

We're on social media!



LinkedIn: BOHS -
The Chartered Society for
Worker Health Protection
Twitter: @BOHSworld
YouTube: BOHS Video
Facebook: BOHSWorld

Did you know...

that the BOHS Council meets four times a year with the aim of helping the Society's growth?



BOHS Council Members at the recent meeting in September

Back row: Kate Jones, Adrian Hirst (Past-President), Dougie Collins, Amanda Pearson, Neil Pickering (Registrar of the Faculty of Occupational Hygiene), Karen Buffon (President), Tracey Boyle (Immediate-Past President) and Kelvin Williams

*Front row: Alex Wilson (Honorary Secretary), Neil Grace (President-Elect), Marian Molloy and Amanda Parker (Honorary Treasurer)
John Cocker (not pictured) was unable to attend*

Registrar's Column | Neil Pickering



Recruitment, professional progression and housekeeping

Recruitment: unfortunately, Paul Johnson, our Qualifications Manager, left us in the middle of August to pursue new opportunities. I wish to take this opportunity to thank him for his hard work in making our qualifications processes much more efficient as we were then able to cope with increasing demands and extension to global audiences. We all wish him success in his new endeavours.

Of course, this means we now have a vacancy and a new head of qualifications is in the final stages of recruitment. Hopefully, these will identify a suitable candidate to meet our next set of challenges, further improving the qualifications systems, growing our global reach and developing commercial opportunities for training for those wanting to learn more about occupational hygiene. In the next issue, we will be provide more details.

Professional progression: I am pleased to say that we spoke to many Faculty Members at the Annual Conference in Harrogate who wanted to progress, but were not sure if they had the necessary qualifications, experience, evidence or time to do so (just in case you wondered how we knew who you were, it helped that we had colour coded the badges to

have a red stripe for Faculty Members). For everyone we spoke to, we explored the perceived barriers and offered advice to overcome them. We surprised a few Members into thinking about applying to become a Fellow too, and one person has just applied. We will be contacting you all again in the coming few months to see if we can help further and, of course, encourage you to continue with (or start) the application processes and any further qualification steps you need.

If you were not one of the lucky ones we spoke to, you are very welcome to get in touch with me, or any other member of the Faculty Board to discuss how we can help. You can do that through our membership services team, who can also arrange for you to have a mentor if you need someone to support your development and professional progression.

Finally, on the actions I spoke of in March, we will be launching a series of webinars to a cohort of Licentiatees to provide advice, a chance to ask questions (but not exactly what questions the exams will contain) and to encourage the group to help each other through the process of becoming Chartered Occupational Hygienists. These events will start later this year or early next. If you are interested in taking part, please let us know. You will remember from my earlier article that the trial will be free but if successful, subsequent events will have a fee.

We do hope these interventions will enable even more of you to progress through the membership grades. We will keep them under review and amend them as necessary to provide more support to you.

Housekeeping: Finally, and perhaps not the most exciting bit of news. I thought I should confirm that the Faculty of Occupational Hygiene (FOH) Terms of Reference, our Code of Ethics and the processes behind the Code have all been updated to accommodate and facilitate the addition of new faculties within BOHS. Clearly, this was ahead of the launch of FAAM. The Terms of Reference

for FOH Faculty Board sets up the delegation of responsibilities to other faculties within BOHS. The Code of Ethics and related procedures have been updated so that they are common to all faculties. The Code of Ethics recognise the wide range of professional experience and standing in the respective faculties and expectations are set accordingly.



Stay informed about BOHS news as it happens!

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Qualifications Updates | Natalie Horton, Qualifications Project Manager



suite of international asbestos Proficiency qualifications.

Another exciting opportunity for us overseas is the development of BOHS' first international LEV qualification, *IP601 – Thorough Examination and Testing of Local Exhaust Ventilation Systems*. Like P601, this qualification is suitable for professional LEV system testers and engineers to carry out thorough examination and performance testing, but focuses on promoting best practice for the country of delivery instead of UK legislation.

IP601 was piloted in South Africa in October, with a view to launching late 2017/early 2018. With expressions of interest already coming in from New Zealand and Africa, this could be the beginning of another international qualifications series, to help promote best working practice and protect worker health across the globe.

training providers set up ready to go.

Our Qualifications Manager, Rose Holden, and the BOHS Marketing team have been working hard to promote the course, liaising with interested parties and putting everything in place for construction companies to deliver CCHRC to their own staff. We have had interest from all around the UK (and even as far overseas as New Zealand!), so we expect to see a lot more training dates on the BOHS website very soon.

With the launch of FAAM only a few short weeks away at the time of writing, we continue to focus on reviewing and developing our asbestos Proficiency qualifications. Asbestos in soils is still at the forefront of our minds, and work is well underway on developing *P408 – Identification and Quantification of Asbestos in Soils using PLM and PCM*, with a potential launch planned for later this year.

I'll start this issue by looking outside of the UK; something which we will all have been doing this summer, being keen to escape to a warmer climate!

International Proficiency qualifications are really starting to take off, with candidate numbers continually on the rise. Since Issue 4 2017, we have now launched *IP403 – Asbestos Fibre Counting (PCM)*, a specialist qualification for the asbestos laboratory analyst role overseas. We have received high levels of interest, particularly in South Africa where the course was piloted back in August. There has also been demand for an international version of the P401 qualification, suitable for the role of the bulk analyst, which could be a potential future development to complete our

We're pleased to report that the *Certificate in Controlling Health Risks in Construction* course is being well received by the construction industry, with new training provider application forms coming in thick and fast! The most time-consuming step after a new qualifications launch is getting new training providers registered, and for the training providers to then compile teaching materials so that they can deliver a course. This process has been significantly quicker due to BOHS providing the teaching materials for the course, and we already have a number of

While BOHS is recruiting for a new Head of Qualifications, we're pleased to inform you that David Proctor has been appointed as Interim Head of Qualifications, and is doing an excellent job managing the day-to-day running of the BOHS qualifications services. Most of you will know David already from his role as Systems and Quality Officer overseeing the Calibrand examinations system, the asbestos qualifications inspection scheme and endorsed course scheme, and he will continue these roles alongside his new post.

BOHS Contacts		
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Shawcity provides a range of instruments to monitor and measure hand-arm, whole-body and building vibration



LIFE-SAVING SOLUTIONS



Our vibration offer includes hire or buy options. Discounts are available for multiple hires or longer duration of hire. Here are four of our most popular monitors. Contact us to discuss our full range and their applications.



SV103



SV106



SV258



SVAN 958A

	Function	Details	Analysis	Meter Modes	Channels	Memory	Operational time*	Standards	Hire	Buy
SV103	Personal Hand-Arm Vibration Monitor	Triaxial MEMS accelerometer transducer technology. Worn on the arm, does not interfere with work activity. Compact, lightweight and easy to use.	1/1 or 1/3 octave real-time analysis	RMS, Max, Peak, Peak-Peak, Vector, A(8), Dose, ELV, EAV	3	8Gb	>24 hours	ISO 8041:2005; ISO 53491:2001; ISO 5349-2	Yes	Yes
SV106	Personal Human Vibration Multi Channel Meter & Analyser	Hand-Arm and Whole-Body measurement options. Pocket-sized and light weight.	1/1 or 1/3 octave real-time analysis	ahw, ahv, av, awmax, VDV, awv, A(8), ELV time, EAV time, MTVV, Max, Peak, Peak-peak.	6 for acceleration, 2 for static force	16Mb	>12-16 hours	ISO 8041:2005; ISO 2631-1, 2 & 5; ISO 5349	Yes	Yes
SV258	Building Vibration and Noise Monitoring Station	Use with SVAN 958A and SV 207B. Indoor and outdoor use.	1/1 or 1/3 octave real-time analysis. Weighting filters: A, C, Z and G.	RMS, VDV, MTVV or Max, Peak, Peak-Peak, Vector, A(8), Dose, ELV, EAV, PPV, PPV Vector Sum and VDV.	3 plus Class 1 noise	Modem	3 days (continuous modem), 7 days (no modem) solar panel or DC power	ISO 2631-1 BS 6472 DIN 4150-2	No	Yes
SVAN 958A	Sound and Vibration Analyser	Simultaneous sound and triaxial vibration measurement. Handheld, lightweight and robust. Class 1 sound level meter with spectral analysis.	1/1 or 1/3 octave real-time analysis. Weighting filters: A, C, Z and G.	RMS, VDV, MTVV or Max, Peak, Peak-Peak, Vector, A(8), Dose, ELV, EAV.	4	32Mb	>10-24 hours	ISO 8041:2005; ISO 10816-1	No	Yes

*Performance dependent on power supply selected

Controlling Health Risks in Construction (CCHRC)

Faculty of
Occupational
Hygiene



CCHRC

Certificate in Controlling Health Risks Construction

Book your place now on the Certificate in Controlling Health Risks in Construction course!

We're delighted to inform you that training course dates are now available for CCHRC – Certificate in Controlling Health Risks in Construction for booking on our website! This one day course will teach your site managers and site supervisors about the most common health hazards on construction sites, their ill health effects and how they can be suitably controlled to protect worker health.

How do I book?

To book onto a course, please go to: www.bohs.org/qualifications-training/find-a-course and select Search for a course here at the bottom of the page. Select CCHRC from the Qualification Code dropdown list and use the Search icon to view all upcoming training course dates, locations and training providers.

When you have found a course date that suits you, you can then contact the training provider directly to book your place.

Can't find a suitable date or location?

Training providers are adding new course dates around the UK all the time, so please keep checking back to see the locations available. If you have a lot of staff to train, you can also contact one of the listed training providers to ask for a quote to deliver the course in-house at your premises.

Spaces are limited, with a maximum of 20 people per course – book now to make sure you don't miss out on this exciting opportunity!

Here's what our tutors and participants had to say about the course:

"I thought [the course] was very effective at raising awareness of the long term health risks in construction. In particular, it was quite an eye opener to see how much greater these risks are compared to the more immediate and visible safety risks." – Dominic Sugrue, Site Manager, Balfour Beatty

"Participants won't just be sitting in a classroom staring at Powerpoint slides. The course has been designed to be

interactive, through case studies based on common construction activities that present health risks, and by encouraging discussion. The best way to learn is by getting involved." – Mike Slater, Director, Diamond Environmental Ltd.

"There are some good strong messages particularly the concept of prevention, which is often overlooked. The level of detail is about right, enough for those less familiar with the topic to understand, but with sufficient information to keep those with prior knowledge engaged. It is sufficiently different from material in the SSSTS and SMSTS." -

Karen Parkinson, Occupational Hygienist, Balfour Beatty

Interested? Head on over to the Qualifications and Training section of the BOHS website for more details



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This role offers a fantastic opportunity to work with a growing business in a leading occupational health provider in the UK.

Visit www.iqarus.com/careers for the full job description and how to apply or contact stephanie.collins@iqarus.com



OH2017 Award Winners



Mike Slater with
BOHS President, Karen Buffon



Erik Van Deurssen



Robert Williams



John Cocker accepting
on behalf of Kate Jones



Lee Heffernan



Dougie Collins accepting
on behalf of Kieron Collins

To demonstrate its continuing commitment to the occupational hygiene profession, BOHS is proud to make a number of annual awards. Congratulations to all our winners who had their certificates presented at our annual conference in Harrogate, OH2017. The following awards are detailed below.

The Peter Isaac Award

Initiated in recognition of BOHS' Golden Jubilee in 2003, the Peter Isaac Award is made annually in recognition of an outstanding contribution to the reduction of ill-health at work.

Mike Slater *Diamond Environmental Ltd*

The Thomas Bedford Memorial Award Winner

Launched in 1967 and named after the first President of BOHS, Thomas Bedford CBE, this prize is awarded to the author or authors of the most outstanding paper published in the Annals of Occupational Hygiene.

Erik van Deurssen *RPS Analyse BV*

The BOHS/3M Young Hygienist Award

The 3M Young Hygienist Award is an award by the British Occupational Hygiene Society sponsored by 3M UK. The award aims to recognise talent and stimulate professional development in young hygienists.

Robert Williams *Health & Safety Executive*

The BOHS Trevor Ogden Award

The Trevor Ogden award was created as part of BOHS' 60th year anniversary activities. It is an annual award, nominated by BOHS staff, which goes to a BOHS member to recognize and reward outstanding voluntary contribution to the Society.

Kate Jones *Health & Safety Laboratory*

The BOHS David Hickish Award

Awarded annually to the best candidate in the Diploma of Professional Competence in Occupational Hygiene Examinations.

Lee Heffernan *BP Shipping*

The BOHS Ted King Award

Awarded annually to the best candidate in the Certificate of Operational Competence in Occupational Hygiene Examinations.

Kieran Collin *Iqarus*

COMING UP

in the next issue of *Exposure*

Book Review: The Death of Expertise
(The Campaign Against Established Knowledge
and Why It Matters) by Tom Nichols (Part 2)

The role of occupational hygienists in emergency responses

Updates on our *Breathe Freely* campaigns

BOHS external affairs

...and more!



The Chartered Society for
Worker Health Protection



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Delegate Type	Full Conference	Early Bird*	Day Rate
BOHS Member	£630	£520	£305
Speaker**	£550	£465	£275
Non Member	£775	£720	£385
BOHS Student Member	£245	£245	£125

Cancellations received before 31 January 2018 will be entitled to a full refund, minus a £100 administrative fee. Any cancellations received after this date will **NOT** be entitled to a refund but substitutions will be accepted.

Early Bird*
Early Bird rates available until 28 February 2018.

Speaker Concessions**
One free day for those presenting on one or more days at conference. If your submission is successful, you will be entitled to the following:

- Free attendance on the day you are presenting or;
- If you wish to attend the full conference we have a discounted rate for speakers, bookable from November via the website.

If you are a retired BOHS member, please contact conferences@bohs.org

Professional Development Courses (PDC's) Monday 16 April 2018

For full details of the PDCs available please visit
www.oh-2018.com/professional-development/

PDC courses available **£200 + VAT per PDC**

All rates above are subject to UK VAT at the appropriate rate, currently 20%.

EARLY BIRD BOOKINGS ARE NOW OPEN

Early Bird bookings are now open for what we anticipate to be a fantastic conference.

Book now and take advantage of our discounted **Early Bird rates** which are available until **28 February 2018**.

The three day conference will bring together researchers, practitioners, regulators and other experts from around the world to discuss the very latest in issues that affect health at work.

Professional development courses will take place on Monday 16 April.

Sponsorship and Exhibition Opportunities

See the middle pages for the Exhibition Prospectus.

Accommodation

Book your accommodation at
www.oh-2018.com/accommodation/

Book now by visiting www.oh-2018.com/registration/