Control of Lead at Work blood-exposure levels consultation
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RE: Consultation on the Control of Lead at Work Regulations 2002 exposure values and associated guidance

The Institute of Historic Building Conservation (IHBC) is the professional body of the United Kingdom representing conservation specialists and historic environment practitioners in the public and private sectors. The Institute exists to establish the highest standards of conservation practice, to support the effective protection and enhancement of the historic environment, and to promote heritage-led regeneration and access to the historic environment for all.

We are very pleased to have the chance to offer comments on the consultation on the Control of Lead at Work Regulations 2002. The institute’s comments are as follows:

Question 1:
To what extent do you agree or disagree that the blood-lead levels within CLAW 2002 should be reduced?

The IHBC supports the aim of protecting worker health and maintaining high standards of occupational safety for those employed in lead-based trades and crafts. Reducing blood-lead levels may be acceptable if the targets are achievable within an agreed timeframe. As presented in this consultation, the proposed reduction in levels cannot be achieved so this could result in a catastrophic impact for historic and traditional building and those engaged in lead-based trades.

Reductions may well be possible for those working in controlled environments but discussions will be needed with trade bodies representing crafts such as those conserving stained glass windows, casting of lead sheet etc. Reducing levels for some of those working on-site may not be achievable at all. Consultations with the individual trades are needed with consideration given to individual tasks. Practical guidance can then be issued for achieving reduced levels.

Question 2:
To what extent do you agree or disagree with lowering the general employee category blood-lead levels from October 2027? (action level to 20µg/dL and the suspension level to 30µg/dL)

Disagree

The IHBC supports the aim of reducing blood lead levels provided this is done in a proportionate manner. More thought and discussion with representative trade bodies is needed over detailed tasks to agree levels which can be achieved, particularly for those who primarily work on site. The timescales proposed are too tight to allow this to happen.

Question 2a:

If you answered Strongly disagree / Disagree', please briefly explain the reason(s) for your response. In particular, please indicate:

- **Whether it is the new action or the suspension level you disagree with, the time frame for the implementation of these levels (from October 2029)? Or both?**
- **What blood lead levels do you think would be appropriate? And within what time frame?**

Disagree with both.

Before determining levels a proper understanding is needed of lead levels amongst the population and particularly of workers in the regulated sector. Lead contractors and stained glass conservators report newly arrived apprentices nearing the suspension level before they have started any work. The EU also acknowledges that there are differences in workers' ability to reach lower thresholds (even after controls are introduced) and recommends that allowances be made.

The very different nature of many lead-based trades means that exposure will vary (e.g. lead roofing, detailing, drainage goods, statuary, glazing, paint removal, lead battery manufacture, medical and military uses and the scrap industry). A single uniform approach is not appropriate particularly for the heritage sector and a clear distinction is needed. Trades, skills and tasks are very different and need to be individually considered, particularly as much of the work is carried out on-site, often at height and in challenging conditions.

Specialist trades apply regular testing protocols for their staff; by contrast most roofing firms in the UK use lead for flashings, aprons etc but many do not consider lead to be a primary material and do not carry out routine testing. Responsible firms are likely to be disproportionately affected by the proposals, particularly those that employ older workers, or young females.

It is premature to stipulate blood levels until proper consultation has been carried out with representatives from the various heritage trades and crafts. Only then will it be possible to determine reasonable timescales.

Question 3:

To what extent do you agree or disagree with lowering the general employee category blood-lead levels further from October 2029?
(action level to 10 µg/dL and the suspension level to 15 µg/dL)

Strongly disagree

Question 3a:

If you answered 'Don't know / unsure', please go to the next question.
If you answered 'Strongly disagree / Disagree', please briefly explain the reason(s) for your response. In particular, please indicate:

- **Whether it is the new action or the suspension level you disagree with, the time frame for the implementation of these levels (from October 2029)? Or both?**
- **What blood lead levels do you think would be appropriate? And within what time frame?**

Strongly disagree with both. Until an agreed blood lead concentration level has been set against a population reference point, it is premature to further lower the blood levels. There is clearly much residual lead in existing buildings and structures.

The timescale is also unrealistic given the difficulties that some trades will have meeting the 2029 levels. Determining appropriate levels should follow from close consultations with those most affected, including other ways of reducing potential harm to workers.

Question 4:

To what extent do you agree or disagree with aligning the 'young persons' action and suspension levels to those of the general employee category within CLAW 2002?
[Please note: CLAW Schedule 1 protections will remain, with 'young people' prohibited from lead smelting and refining processes and lead-acid battery manufacturing processes].

This may be acceptable if it can be shown that the revised levels are achievable and enforceable particularly on site work. This is lkely to be very difficult or impossible to achieve consistently.

Question 4a:

If you answered 'Don't know / unsure', please go to the next question.
If you answered 'Strongly disagree / Disagree', please briefly explain the reason(s) for your response.

Young people are recognised as being at particular risk from lead exposure owing to their inexperience, lack of awareness and unfamiliarity with health and safety protocols. There is a danger that too onerous levels will deter employers from taking on new apprentices in a sector where skills are already in a shortage. HSE needs to meet with the different trades and discuss specific tasks in different site and workshop conditions so that sensible guidance can be produced.

Question 5:

To what extent do you agree or disagree with lowering the blood-lead action and suspension levels for women of reproductive capacity within CLAW 2002 from October 2027?
(action level to 5 µg/dL and the suspension level to 7.5 µg/dL)

Disagree. IHBC supports the aim of reducing blood lead levels and appreciates the special concerns for young women. However, any change must improve outcomes in a legal way that does not deter young women or employers from working in this sector. This is particularly important in the craft of stained-glass window repair and conservation where many of the most skilled workers are women of reproductive capacity.

Question 5a:

If you answered 'Don't know / unsure', please go to the next question.

If you answered 'Strongly disagree / Disagree', please briefly explain the reason(s) for your response. In particular, please indicate:

- **Whether it is the new action or the suspension level you disagree with (5 µg/dL [action level] / 7.5 µg/dL [suspension level])? Or the time frame for the implementation of these levels (from October 2027)? Or both?**
- **What blood lead levels do you think would be appropriate? And within what time frame?**

Strongly disagree with the proposed action level, suspension level and timeframe for implementation. The proposals would cause drastic harm to stained glass sector where a high proportion are young women. The EU recognises the use of biological guidance values to trigger surveillance and targeted risk management and stresses that protections should not create unfavourable treatment in the labour market. Guidance should set out practical methods of compliance, by for example, medical reviews, task-based controls and adjustments rather than repeated suspensions or exclusions.

Firms report the current proposals are creating uncertainty and affecting recruitment.

It is premature to propose alternative levels and timescales until specific task-based guidance and risk-based management is produced which enables firms and individuals to comply.

Question 7:

Do you agree or disagree that the long-service employee concession level should be ended by 1st October 2034?

Strongly disagree

Question 7a:

- **If you answered 'Strongly agree / Agree', please briefly explain the reason(s) for your response. In particular, please indicate when should the concession be removed as**

proposed in para 5.19 e.g. 'from 1st October 2034 the long-service employee non-regulatory concession should no longer be used, and workers would then have to be suspended if they hit the new threshold levels')?

- **If you Disagree/Strongly please briefly explain reason for this response?**

We strongly disagree with the removal of the long-service concession and the proposed end date of October 2034. This would have a severe impact on long-standing practitioners in heritage trades, many of whom have considerable expertise and play an essential role in maintaining and training specialist craft skills.

In lead-related occupations, elevated body burdens frequently reflect historic exposure accumulated over decades of lawful work under earlier regulatory regimes rather than current working practices. Given the slow biological clearance of lead stored in bone, it is unlikely that many affected individuals could reduce blood lead levels to the proposed thresholds within a reasonable timeframe, even where modern controls and established safe working practices are fully implemented. This is recognised by the EU who accept that 'if a declining trend towards the biological limit in force is established, it should be possible for those workers to be allowed to continue performing tasks that involve exposure to lead and its inorganic compounds'. HSE is urged to adopt a similar pragmatic approach.

Otherwise there could be the loss of highly skilled and experienced practitioners from active work, despite continued compliance with current safety standards. This would disproportionately affect small specialist sectors such as stained glass conservation, roofing leadwork and drainage goods, where the workforce is already limited and difficult to replace.

A flexible approach is needed for long-service workers which explicitly recognises cumulative historic exposure. Decisions should be informed by occupational health advice and individual risk assessment rather than reliance on fixed thresholds alone. A proportionate framework would better protect both health outcomes and the continued viability of essential heritage skills.

<u>Question 8:</u>
Are there any unintended consequences which you think may result from reducing the blood-lead levels in CLAW 2002

Yes

Question 8a:

If 'yes', please briefly explain what these unintended consequences might be.

1) Lead is the premier roofing material in the UK. It was used by the Romans and more widely in the last thousand years to cover the most important and prestigious buildings. Lead roofs have lasted for over 400 years before needing replacement but when needed, this is carried out using recycled lead. It is thus very sustainable. Lead is very malleable so can be shaped to cover all manner of difficult details. It is widely used for flashings, valleys, aprons and drainage including downpipes, hoppers and gutters. All of this work is carried out on site, often at high level in challenging conditions. Strict adherence to blood lead levels which cannot be met could well encourage owners to change their roofing material altogether. This would have a grievous effect on the appearance and conservation of a great range of buildings as well as losing precious and valuable skills.
2) Lead is also used on many traditional and modern buildings, either as valleys, weatherings, flashings etc. Changing to alternative materials would most likely use synthetic substitutes (usually from oil-based materials) or hard metals such as zinc, copper or stainless steel. This would add to the loss of skills and cause demonstrable harm to many buildings.
3) Tighter levels are likely to result in a reduction in the numbers of skilled tradesmen working on lead roofs. Most firms are small and reductions in the number of skilled workers would reduce the capacity to maintain and repair. This would add to delays and costs.
4) Tightening levels for young women and youngsters coming into lead glazing or roofing could well deter prospective applicants. The small firms themselves would suffer if they lost their already trained workforce and future investment in the businesses could be severely compromised.
5) Responsible firms who implement proper H&S standards could well suffer unfair competition from less scrupulous firms or individuals. HSE is likely to inspect bona fide specialists but far less likely to have the resources to chase the many thousands of roofing and building companies who use lead, but don't necessarily specialise in its use.
6) Tighter levels will mean more appointed doctors being needed. Current workloads for GPs suggest that this may not be possible, or at least to get an appointment within a reasonable length of time. For the workers this means more time away from work and additional costs for small businesses, some of which might find it unsustainable.
7) International comparisons are not appropriate. The UK is unique in its use of leadwork. Most continental countries use hard metals for roofing, with leadwork confined to details. The potential harm to

their historic environment is far less. If the UK was forced to reduce the amount of lead being used, no doubt continental producers of zinc and stainless steel would be delighted to step in, now that the UK no longer produces these.

Question 9:
Are there any workers with particular characteristics (age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, etc.) you believe will be disproportionately impacted by the proposed changes in CLAW 2002?

Yes.

Question 9a:
If 'yes', please briefly explain who will be disproportionately impacted by the CLAW 2002 changes? And why?

The proposed CLAW 2002 changes are likely to disproportionately impact several groups within the heritage and traditional building sectors.

- Women, particularly women of reproductive capacity**,** are expected to be most affected, as lower proposed exposure thresholds may be difficult to achieve in lead-based conservation work where exposure cannot be fully eliminated. This could result in exclusion from hands-on roles despite adherence to established good practice, reducing access to parts of the profession and limiting career progression and workforce diversity.

- Older and long-serving workers are also likely to be disproportionately affected due to accumulated body burden of lead. Under lower thresholds, experienced practitioners may face repeated suspension from work, potentially leading to early exit from the trade and loss of highly skilled expertise that is difficult to replace.

- Workers in small businesses may be particularly impacted due to limited capacity to implement enhanced monitoring, controls, and administrative requirements. This could reduce their ability to compete or continue operating effectively under stricter compliance regimes.

Overall, there is concern that the cumulative effect of the proposals may unintentionally restrict participation in the sector and reduce the available skilled workforce, even where individuals are working within accepted safe practice.

Question 10:
Provide any further final comments on the CLAW 2002 proposals below – many thanks.

The IHBC welcomes attempts to improve the health of employees within the lead-based sector. HSE is urged to adopt a proportionate approach which include close consultation with trade representatives and cover individual tasks. Until these are resolved it is premature to set dates for implementation which are far too soon.

HSE has in the past devised methods of ameliorating harm caused by tightening standards. For example, derogations for using lead paint meant that it could still be used on the most important historic buildings. Extra on-line training for specialist decorators allowed them to continue using dichloromethane after it was banned. HSE is urged to devise conciliatory measures in consultation with the different trades that protect workers' health but do not threaten the viability of the many firms and individuals involved. Otherwise, drastic harm to the historic environment is likely to result.

Yours sincerely

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