Asbestos related occupational health threats and prospects for abolishing all existing asbestos

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The Committee on Employment and Social Affairs adopted the own-initiative report drafted by Stephen HUGHES (S&D, UK) on asbestos related occupational health threats and prospects for abolishing all existing asbestos.

According to WHO estimates, the number of cases of asbestos-related diseases in the EU is 20 000-30 000 per year and has not yet reached its peak. Increased cancer risks have been observed in populations exposed to very low levels of asbestos fibres, including chrysotile fibres. Hence the reason why initiatives are necessary to effectively combat the risk of exposure to asbestos.

Screening and registration of asbestos: Members note that despite the ban on the use of asbestos, it is still found in many ships, trains, machinery, bunkers, tunnels, galleries, pipes in public and private water distribution networks and especially in buildings, including many public and private buildings. They call on the EU to develop, implement and support a model for asbestos screening and registration in accordance with Directive 2009/148/EC and to request owners of public or commercial buildings to:

- screen buildings for the presence of asbestos-containing materials;
- prepare plans to manage the risks they present;
- ensure that such information is available to workers who may disturb such materials;
- in the case of Member States who already implement compulsory screening schemes, to increase the efficiency of such schemes.

Members recommends the EU to **develop models for monitoring existing asbestos** in private and public buildings including residential and non-residential housing as well as **in the air in the workplace**, built-up areas and landfills, and fibres present in drinking water supplied through asbestos cement pipes.

They urge the EU to conduct an impact assessment and cost benefit analysis of the possibility of establishing action plans for the **safe removal of asbestos from public buildings and buildings providing services which require regular public access by 2028**, and to provide information and guidelines to encourage private house owners to effectively audit and risk-assess their premises for asbestos-containing materials (ACMs), following the example of Poland.

The Commission is urged to: (i) integrate the asbestos issue into other policies, such as EU policy on energy efficiency and on waste; (ii) recommend the Member States develop public asbestos registers which would serve to provide relevant information on asbestos risks to workers and employers prior to renovation work being undertaken and complement existing health and safety protections required under EU law; (iii) ensure the effective and unhindered implementation of European asbestos legislation and to step up official inspections; (iv) provide the necessary support to ensure protection for the entire EU workforce, given that SMEs are particularly exposed as regards to the implementation of health and safety legislation; (v) promote the establishment throughout the EU of centres for the treatment and inertisation of waste containing asbestos, combined with phasing out all delivery of such waste to landfills. The EU is urged to make differentiation between friable and non-friable asbestos compulsory.

Ensuring qualifications and training: Members call for a real effort as regards training so as to develop minimum asbestos-specific qualifications for civil engineers, architects and employees of registered asbestos removal companies, etc. Information about existing asbestos legislation should be improved and practical guides should be provided.

Training for anyone involved in work that may involve asbestos should cover the properties of asbestos and its effects on health. Members call on the Commission, in cooperation with the Member States, to propose a **specific directive with minimum requirements for the vocational training of construction and maintenance workers**. Occupational physicians should be properly trained.

Development of removal programmes: Members call for the establishment of national actions plans for the removal of asbestos including:

- proposals for legislation;
- education and information;
- training for public employees;
- national and international training;
- programmes to fund asbestos removal;
- awareness-raising activities relating to the removal of asbestos and products containing asbestos (including during removal from buildings), public amenities and sites of former asbestos factories;
- cleaning premises and building installations for the destruction of asbestos and asbestos-containing debris; monitoring of the effectiveness of existing legal requirements; exposure assessments of at-risk personnel; and health protection.

Member States are called upon to move forward with the **phasing-out of asbestos** in the shortest possible timeframe. Other technical measures are outlined in the report including those to remove asbestos from the workplace, promote studies and research and ensure good management of asbestos waste, notably in landfills.

Recognition of Asbestos-related Diseases: Members deplore the lack of information from several Member States that impedes a reliable prediction of **mesothelioma mortality in Europe**.

Stressing that all types of asbestos-related diseases such as lung cancer and pleural mesothelioma have been recognised as a health hazard and can take several decades, and in some cases more than 40 years, to become apparent, Members urge the Member States to ensure that all cases of asbestosis, mesothelioma and related diseases are **registered** by means of systematic data collection on **occupational and non-occupational asbestos diseases**.

Members call on insurance and compensation entities to adopt a **common approach to recognition and compensation of asbestos-related occupational diseases**.

Further measures include:

- putting forward a proposal to amend Directive 2004/37/EC on the protection of workers from the risks related to carcinogens and mutagens at work, ensuring that the health of workers at risk of being exposed to carcinogens be protected and safeguarded through the promotion and exchange of best practices in prevention and diagnosis;
- not to place the burden of proof on asbestos victims but to establish wider rights to claim compensation;
- support an EU network of asbestos victims.

Strategies for a global ban of asbestos: for Members, regardless of the source of exposure or the employment status of the person exposed, **all EU asbestos victims and their relatives deserve the right to receive swift and appropriate medical treatment and adequate financial support** from their national health schemes. More generally, they call for the concept of health and safety of employees to be taken into account by national law and to constitute a performance obligation for employers with reference to Framework Directive 89/931/EC.

The report calls on the EU to make the **listing of chrysotile in Annex III of the Rotterdam Convention a top priority**.

It is also necessary to: (i) address the unacceptable dumping of asbestos on developing countries at forums where trade agreements are being discussed, in particular at the WTO; (ii) promote worldwide high levels of health and safety at the workplace; (iii) support the export of non-asbestos technologies to developing countries; (iv) ensure that vessels carrying asbestos as cargo in transit can neither dock nor use port facilities or temporary storage within the EU.

Lastly, Members condemn European financial investment in global asbestos industries.