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COUNCIL DIRECTIVE

of 28 July 1982

on the protection of workers from the risks related to exposure to metallic lead and its ionic compounds at work (first individual Directive within the meaning of Article 8 of Directive 80/1107/EEC)

(82/605/EEC)

(OJ L 247, 23.8.1982, p. 12)

Corrected by:

►**C1** Corrigendum, OJ L 283, 6.10.1982, p. 24 (82/605)

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on the protection of workers from the risks related to exposure to metallic lead and its ionic compounds at work (first individual Directive within the meaning of Article 8 of Directive 80/1107/EEC)

(82/605/EEC)

THE COUNCIL OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Economic Community, and in particular Article 100 thereof,

Having regard to the proposal from the Commission [1],

Having regard to the opinion of the European Parliament [2],

Having regard to the opinion of the Economic and Social Committee [3],

Whereas the Council resolution of 29 June 1978 on an action programme of the European Communities on safety and health at work [4], provides for the establishment of specific harmonized procedures regarding the protection of workers with respect to lead;

Whereas Council Directive 80/1107/EEC of 27 November 1980 on the protection of workers from the risks related to exposure to chemical, physical and biological agents at work [5], lays down certain provisions which have to be taken into account for this protection; whereas that Directive provides for the laying down in individual Directives of limit values and specific requirements for those agents listed in Annex I, which include lead;

Whereas metallic lead and its ionic compounds are toxic agents found in a large number of circumstances at work; whereas many workers are therefore exposed to a potential health risk;

Whereas, therefore, preventive measures for the protection of the health of workers exposed to lead and the commitment envisaged for Member States with regard to the surveillance of their health are important;

Whereas workers exposed to lead in the extractive industries must enjoy a level of health protection similar to that laid down in this Directive; whereas, given the specific nature of such activities, the implementation of such protection will need to be covered by special provisions embodied in a subsequent Directive;

Whereas this Directive includes minimum requirements which will be reviewed on the basis of experience acquired and of developments in technology and medical knowledge in this area, the objective being to attain greater protection of workers,

HAS ADOPTED THIS DIRECTIVE:

Article 1

1. This Directive, which is the first individual Directive within the meaning of Article 8 of Directive 80/1107/EEC has as its aim the protection of workers against risks to their health, including the prevention of such risks, arising or likely to arise at work from exposure to metallic lead and its ionic compounds; it shall not apply to alkylated lead compounds. It shall lay down limit values and other specific requirements.

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[1] OJ No C 324, 28. 12. 1979, p. 3.
[2] OJ No C 101, 4. 5. 1981, p. 14.
[3] OJ No C 300, 18. 11. 1980, p. 22.
[4] OJ No C 165, 11. 7. 1978, p. 1.
[5] OJ No L 327, 3. 12. 1980, p. 8.

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2. This Directive shall not apply to:

— sea transport,

— air transport,

— mining and quarrying of lead-containing ores and the preparation of lead-ore concentrate at the site of the mine or quarry.

3. This Directive shall not prejudice the right of Member States to apply or introduce laws, regulations or administrative provisions ensuring greater protection for workers or for a particular category of workers.

Article 2

1. Any work likely to involve a risk of absorbing lead shall be assessed in such a way as to determine the nature and degree of the exposure to lead of the workers.

Annex I contains an indicative, non-exhaustive list of activities where there is reason to consider that there may be a risk of absorbing lead.

2. If the assessment provided for in paragraph 1 reveals the presence of at least one of the following conditions:

— exposure to a concentration of lead in air greater that 40 μg/m^3, calculated as a time-weighted average over 40 hours per week,

— a blood-lead level greater than 40 μg Pb/100 ml blood in individual workers,

the provisions regarding information set out in Article 11 (1) shall apply and appropriate measures shall be taken to minimize the risk of absorbing lead which arises through smoking, eating and drinking at the place of work.

3. If the assessment provided for in paragraph 1 reveals that the blood-lead level of workers due to lead absorption is between 40 μg and 50 μg Pb/100 ml blood, Member States shall endeavour to carry out biological monitoring of the workers concerned in accordance with the procedures laid down by the Member States.

4. If the assessment provided for in paragraph 1 reveals the presence of at least one of the following conditions:

— exposure to a concentration of lead in air greater than 75 μg/m^3, calculated as a time-weighted average over 40 hours per week,

— a blood-lead level greater than 50 μg Pb/100 ml blood in individual workers,

the protection provided for in this Directive, in particular the lead-in-air monitoring and the medical surveillance set out in Articles 3 and 4, is to be given to the workers concerned.

5. The assessment provided for in paragraph 1 shall be the subject of consultation with the workers and/or their representatives within the undertaking or establishment and shall be revised where there is reason to believe that it is incorrect or there is a material change in the work.

Article 3

1. All lead-in-air measurements shall be representative of worker exposure to particles containing lead.

Particles containing lead within the meaning of this Directive shall be those particles captured by equipment having the sampling characteristics specified in Annex II, point 1, and analyzed in accordance with the methods indicated in Annex II, point 2.

2. Monitoring of the concentration of lead in air shall take place at least every three months.

This frequency may, however, be reduced in the cases listed in paragraph 3.

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3. Frequency of monitoring may be reduced to once a year, provided that there is no material change in the work and conditions of exposure, where:

(i) the results of the measurements for individual workers or for groups of workers have shown that on the previous two consecutive occasions on which monitoring was carried out:

— the lead-in-air concentration did not exceed 100 μg/m³, or

— the conditions or exposure did not fluctuate appreciably, or

(ii) the blood-lead level of any worker does not exceed 60 μg Pb/100 ml blood.

4. The monitoring for a worker or group of workers, as stipulated in paragraph 2, shall entail taking one or more air samples.

Without prejudice to the second indent of Article 7 (b), sampling shall be carried out in such a way as to permit assessment of the probable maximum risk to which the individual worker or workers are exposed, account being taken of the work done, the working conditions and the length of exposure during the course of the work. The workers concerned and/or their representatives within the undertaking or establishment shall be consulted to this end.

For the initial monitoring, after it has been established that the values laid down in Article 2 (4) have been exceeded, the duration of the sampling period shall not be less than four hours.

Subsequently this duration shall not be less than four hours if the results obtained on the occasion of the preceding monitoring have shown higher lead-in-air concentration values than those obtained before that monitoring.

Where groups of workers are performing identical or similar tasks in the same location and are thus being exposed to the same health risk, sampling may be carried out on a group basis. In such a case, sampling shall be carried out for at least one worker out of 10.

5. The specifications referred to in paragraph 1 and Annex II, with the exception of the specification concerning the air intake velocity given at point 1 (a) of the Annex, and the technical aspects of this Article shall be adapted in the light of technical progress in accordance with the procedure set out in Article 10 of Directive 80/1107/EEC, within the limits laid down in Annex III to that Directive.

Article 4

1. Workers shall be subject to medical (clinical and biological) surveillance. This surveillance must start prior to or at the beginning of the exposure. The frequency of clinical assessment shall be at least once a year during the period of employment. Biological monitoring shall be carried out, in accordance with paragraph 2, at least every six months.

This surveillance shall take account not only of the magnitude of the exposure but also of the individual worker's susceptibility to lead.

2. The biological monitoring shall, apart from the exception mentioned in paragraph 3, include measuring the blood-lead level (PbB).

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This monitoring may also include measuring one or more of the following biological indicators:

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— delta aminolaevulinic acid in urine (ALAU),

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— zinc protoporphyrin (ZPP),

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— delta aminolaevulinic acid dehydratase in blood (ALAD).

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The methods of measuring the biological indicators referred to above are listed in Annex III and may be adapted in accordance with the procedure specified in Article 10 of Directive 80/1107/EEC.

3. The PbB measurement referred to in paragraph 2 may be replaced by that of ALAU when dealing with workers who have been subjected for a period of less than one month to risks of high exposure.

4. The frequency of biological monitoring may be reduced to once a year where at the same time:

— the results of the measurements for individuals or for groups of workers have shown, on the previous two consecutive occasions on which monitoring was carried out, a lead-in-air concentration higher than the value laid down in the first indent of Article 2 (4) and lower than 100 μg/m^3,

— the PbB level of any individual worker does not exceed the value laid down in the second indent of Article 2 (4).

5. Practical recommendations to which Member States may refer for clinical assessment are set out in Annex IV and may be adapted in accordance with the procedure set out in Article 10 of Directive 80/1107/EEC.

Article 5

1. Where the biological monitoring carried out in accordance with Article 4 (2) reveals an individual PbB level higher than 60 μg Pb/100 ml blood but lower than the limit value set out in Article 6 (1) (b), a clinical examination shall be carried out as soon as possible. However, this clinical examination may be deferred until a repeat determination of the PbB level, undertaken within one month, shows that the value of 60 μg Pb/100 ml blood continues to be exceeded.

Thereafter, biological monitoring and clinical assessment shall be carried out at shorter intervals than those laid down in Article 4 (1) at least until the PbB level is below 60 μg Pb/100 ml blood.

2. Following the clinical examination referred to in paragraph 1, the doctor or authority responsible for the medical surveillance of the workers should advise on any protective or preventive measures to be taken on an individual basis; these may include, where appropriate, the withdrawal of the worker concerned from exposure to lead or a reduction in the period of his exposure.

Article 6

1. The following limit values shall be applied:

(a) lead-in-air concentration:

150 μg/m^3, calculated as a time-weighted average over 40 hours per week;