

LOOSE FILL ASBESTOS INSULATION

Meeting:	NSW Chief Health Officer's Air Pollution Expert Advisory Committee
Time:	4.00 to 5.00 pm, Tuesday 14 October 2014
Venue:	Teleconference

Present:	Dr Kerry Chant, Prof Bruce Armstrong, Dr Mark Hibberd, Dr Jeremy McAnulty, Prof Wayne Smith, Prof Bin Jalaludin, Dr Stephen Corbett, Prof David Durrheim, Dr Richard Broome, Adam Capon, Peta Pippas
Apologies	Prof Guy Marks, Prof Alison Jones, Dr Vicky Sheppeard

MEETING SUMMARY

AGENDA ITEM 1: *Welcome*

Members noted attendance and apologies for the meeting. No new conflict of interest declared regarding loose fill asbestos insulation issue.

AGENDA ITEM 2: *Minutes from previous meeting*

Members endorsed meeting statement from previous meeting of 22 August 2014 on loose fill asbestos insulation.

AGENDA ITEM 3: *Assessment of living areas in houses with loose fill insulation – draft study design*

Study protocol

Prof Smith outlined study design and protocol to members, and asked members to comment on the protocol.

Members supported the purpose, scope and approach of the study protocol, which will involve static air sampling to be undertaken in accordance with the enHealth (2005) *Management of asbestos in the non-occupational environments* and the NOHSC (2005) *Guidance note on the membrane filter method for estimating airborne asbestos fibres*.

Members also provided the following additional comments:

1. No controls in protocol

Members had previously discussed the usefulness for assessment of affected houses against comparable control houses (as noted in minutes of 22 August 2014). However members agreed that controls would not be necessary in light of the study purpose which is to determine if houses have indoor concentrations greater than the WorkSafe criterion for reoccupation.

2. Sampling period

Members were supportive of the proposed testing sampling period of seven 24 hour tests over seven days to represent a long term average as specified by enHealth (2005).

3. Oversampling in unit complex

In situations where housing stock involved two or more storeys, members supported applying a bias towards over-sampling on top floors.

4. Height of static sampling

Members supported the placement of static sampling at a height of 0.5 metres, which would generally represent the breathing zone of children and sitting persons in living spaces. Members requested further justification of this height to be incorporated into the protocol.

5. Need for dust sampling

Members considered dust sampling would be unlikely to contribute directly to the assessment of health risk exposure, as it was airborne exposure pathways that would relate to health risk, and this was being addressed by the static sampling.

Members noted that dust sampling could provide information regarding the potential infiltration of fibres into living spaces at some point. Also it could allow comparisons to ACT Government testing which was understood to include dust sampling. But members noted that it would be difficult to determine the significance of any positive dust sampling and very difficult to determine any associated health risk.

Members agree that it would be critical to explain to the community and stakeholders how to interpret results from static and dust sampling, and to advise of the limitations prior to commencing testing. Members supported the development of a Question and Answer sheet to support the sampling protocol.

6. Counting fibres

Members supported a process of analysing additional samples of graticule areas if one or more fibres are counted to tighten confidence intervals around the estimated sample count. This would provide greater confidence in assessing the significance of any results close to the WorkSafe criterion.

Attachments to sampling document

Housing Assessment Reporting Form

Members suggested small amendments to the Housing Assessment Reporting Form.

Consent form

Concerns were raised that the current draft consent form might deter property owners from participating in the technical assessment. While warnings about the future use of information should be covered in the consent form, the consent form should emphasise that this is an information gathering process which is separate from the implementation of any policy.

Members were informed that the study formed a part of a bigger process that involved protecting potential future home owners as well as current home owners and as such a balance is required in how the information is used by government. NSW Health agreed to review wording of the draft form to better balance encouraging house owners to participate in testing, but also ensure owners were aware of the potential consequences that may be taken to reduce potential further exposure and public health risk.

ACTIONS:

Actions	Responsibility
Study protocol to be amended to reflect comments from APEAC	Environmental Health Branch
Housing Assessment Reporting Form to be amended to incorporate edits	Environmental Health Branch
Consent form to be reviewed in light of APEAC comments	Environmental Health Branch

AGENDA ITEM 4: *Other business*

None raised.

AGENDA ITEM 5: *Meeting close and next meeting*

Members to meet again to discuss sampling results when available, and as required at the request of the Chief Health Officer.