15 May 2015

Thank you for the opportunity to comment on the exposure drafts of the first phase of regulations intended to support the new Health and Safety at Work Act.

The Health and Safety Association of New Zealand (HASANZ) is the umbrella organisation for workplace health and safety professions in New Zealand. It is an incorporated society that was launched on 10 September 2014. HASANZ represents 10 diverse organisations with a shared purpose – to raise professional standards to provide healthier and safer workplaces for New Zealanders. We promote excellence in workplace health and safety practice.

Our founding member organisations include:

- Australian/New Zealand Society of Occupational Medicine (ANZSOM)
- Human Factors and Ergonomics Society of New Zealand (HFESNZ)
- Maintenance Engineers Society of New Zealand (MESNZ)
- NZ Institute of Hazardous Substances Management (NZIHSM)
- New Zealand Institute of Safety Management (NZISM)
- NZ Occupational Health Nurses Association (NZOHNA)
- NZ Occupational Hygiene Society (NZOHS)
- New Zealand Safety Council (NZSC)
- New Zealand Society of Physiotherapists (Occupational Group) (NZSP)
- Occupational Therapy New Zealand (OTNZ).

This submission

This letter contains our main comments on the exposure drafts; detailed drafting comments can be found in the appendix to this letter. Our main comments are as follows:

General Risk and Workplace Management regulations

- We agree that the regulations for general risk and workplace management should broadly follow the approach taken in the Australian Model Regulations with appropriate amendments to fit the NZ context as per cabinet Paper B page 30 “General risk and workplace management”.

- We support the use of the terms “competent person” throughout the sets of regulations to ensure the activities being described are carried out by persons that have the necessary skills and experience. We note that, unlike the Australian Model Regulations, there is no general requirement on business to use the services of a competent health and safety professional. Nonetheless, HASANZ would at all times encourage business to seek appropriate expert advice from a suitably qualified and experienced health and safety professional when the circumstances require it.

- We strongly recommend that the definition of health monitoring is amended. At present the requirement to carry out personal health monitoring only links the requirement to “exposure to certain substances” yet there are a host of other physical, environmental or psychosocial risks that workers are exposed to. Health monitoring is an important part of the management of such hazards.

- We also suggest that occupational health professionals should not only have experience in health monitoring but that they should be *competent* to carry out health monitoring. Competency is linked to approved training and certification required by the relevant professional body, and to Australian and New Zealand Standards. Experience does not always equal competence… In time, HASANZ expects occupational health professionals to be listed on the central register of health and safety professionals.

- From a review of the exposure drafts of the regulations and of the Health and Safety Reform Bill (as introduced) ("Bill"), we can find no definition of personal protective equipment. This is a fundamental construct of the new regime and must be defined. We support the definition used in the Australian Model Regulations and as described in the Cabinet Paper.

- We note the simplification of the general workplace facilities requirements. However, we consider that in some areas, the requirement for "sufficient" facilities is not the only requirement – those facilities must also be suitable for the activities being carried out in such areas. Detailed examples are provided in the appendix but we recommend the use of the terms "suitable and sufficient" to address this issue.

- HASANZ has a number of concerns in relation to the requirement to maintain records for 30 or 40 years under regulation 39(3)(a) and regulation 50(1)(b). Some substances are genotoxic and can affect not only the generation first exposed, but generations that follow. HASANZ recommends that records be maintained electronically in perpetuity and, if possible, linked to NHI numbers.

- HASANZ has concerns over privacy issues which arise in relation to regulations 46, 49 and 50. We strongly recommend these regulations are reviewed by both the Privacy Commissioner and the Health and Disability Commissioner.

Major Hazard Facilities regulations

- Some of our comments noted in the appendix have a wider scope than mere drafting comments. These regulations are new to New Zealand and there is substantive new content to absorb. We would urge the Ministry to consider a further round of drafting comments on the Major Hazard Facilities Regulations following this consultation process in order to ensure all issues raised by submitters are given due consideration.

- We note that many of the provisions in these regulations rely on the use of discretion by WorkSafe; it is important to have a clear explanation of discretionary limits so that industry can understand how these will be applied. We would recommend either greater clarity in the regulations or that WorkSafe publishes a policy on its approach to its use of discretion under these regulations.

Finally, from an implementation perspective, we would encourage Government to consider the magnitude of changes that both business and the health and safety sector face as a result of the new legislation. We urge Government to set an implementation timeframe that balances the pressing need for change, with the time required for business and the sector to adjust to the new requirements.

For any questions in relation to this submission, please contact info@hasanz.org.nz .

Yours sincerely,

Shenagh Gleisner
Establishment Chair

Appendix – Detailed comments

General Risk and Workplace Management Regulations

Definitions

Definition of hazardous atmosphere

1. Under para (d) "combustible dust is present in a quality and form that would result in a hazardous area", we think you mean "in a quantity and form". In addition, we believe combustible dust should be defined and that the definition used in the Australian Model Regs would be appropriate.

2. There appears to be confusion in some workplaces over the term "combustible dust" with a number believing that any dust if in a particular size range will be explosive/combustible, when this is not necessarily the case. Any dust present in a workplace will have finely divided particles but not all are able to burn/glow in the air or are able to form an explosive mixture under normal atmospheric pressure and temperature. This misunderstanding can lead to unnecessary testing of dust to see what size range it occurs in and the installation of expensive, harder to maintain control solutions that may well be unnecessary.

Definition of health monitoring

3. This definition links health monitoring only to "exposure to certain substances". However, exposure to other hazards, which are not substances, can be hazardous to health and monitoring is required in relation to managing their risks. For example:
    a. physical hazards such as noise (which is monitored using audiometric screening), or vibration (which is monitored using Tinel's sign and Phalens test or the Stockholm workshop scale for vascular effects);
    b. disease related to working with animals e.g. zoonosis;
    c. environmental hazards, such as those that occur from exposure to heat, cold, ultraviolet light (e.g. risk of melanomas for outdoor workers) or pressure (e.g. diving); and
    d. mental hazards (e.g. stress and fatigue).

4. In addition, certain aspects of personal health that can have an effect on the ability to carry out specific work safely include:
    a. Sleep apnoea: Drivers, train drivers and pilots who have sleep apnoea are at special risk of fatigue. Workers doing safety critical tasks may also be a hazard if they have sleep apnoea.
    b. Skin disease: This is the most common form of occupational disease and can be extremely costly for ACC. The occupations where skin diseases are common range widely - florist, chef, hairdressing, construction, printing, painting, cleaning, laundry, gardening, agriculture, medical, dentist, vet, nurse, mechanic. Early detection of skin disease through appropriate health monitoring may prevent this.
    c. Visual status: People in certain occupations cannot be expected to do a job safely unless their vision (with correction if required) is up to a certain standard.

5. These are a few of the areas that would be missed if the current link to "exposure to certain substances" is maintained. There may also be a need to future proof this definition for exposures which may yet be discovered.

6. Therefore, we strongly recommend that the definition of health monitoring is amended. We suggest wording as follows: "in relation to a person, means monitoring the person to identify changes in the person's health status because of exposure to health hazards that exist in the workplace that arise from Physical, Chemical, Biological, Human Interface Design, and Psycho-social hazards ~~to certain substances~~. If this recommendation is accepted, the wording in regulation 8(2)(d), and relevant regulations in Part 4 will also require amendment.

7. In all cases, HASANZ would also strongly recommend that health monitoring is carried out by an occupational health professional with *competence* in the particular type of health monitoring being undertaken.

Definition of occupational health professional

***"occupational health professional** means a registered medical practitioner, a nurse practitioner, a registered nurse, or an occupational hygienist with experience in health monitoring"*

8. We interpret this definition to mean that all of the health professionals listed must have experience in health monitoring. If the reference to experience is only intended to refer to the occupational hygienist, we recommend the definition is amended to ensure that all the health professionals listed have experience in the particular type of health monitoring they will carry out. This is because certain forms of health monitoring are highly specialised and require appropriate relevant expertise.

9. We also suggest that occupational health professionals should not only have experience in health monitoring but that they should be *competent* to carry out health monitoring. Competency is linked to approved training and certification required by the relevant professional body, and to Australian and New Zealand Standards. Experience does not always equal competence… In time, HASANZ expects occupational health professionals to be listed on the register of health and safety professionals.

10. If our recommendations around the definition of health monitoring are accepted, there are some additional occupational health professionals that should be included in the definition of occupational health professional: occupational therapists, physiotherapists, human factors professionals, and ergonomists. These professionals are experts in certain specific types of health monitoring, particularly musculoskeletal monitoring.

Missing definition of PPE

11. The Cabinet Paper B refers to the definition of personal protective equipment (PPE) yet it is missing in the Regulations and in Bill. An appropriate definition of PPE (and possibly a sub definition of protective clothing if appropriate) must be inserted in one of these two places and we support the definition used in the Australian Model Regulations and as referred to in the Cabinet Paper. We also recommend that, as PPE is such an important definition, a very quick round of consultation on its proposed definition is held to ensure no unintended consequences

arise. We also recommend that clear guidance and examples are provided in any associated guidance or codes of practice.

Definition of substance

12. We believe there is confusion between the definition of substance in the regulations and the definition of the same in the Bill. The definition in the Bill for substance is "(a)…any natural or artificial substance in any form (for example, a solid, liquid, gas or vapour): (b) includes a hazardous substance)". In the draft regulations it is defined as "(a)…a chemical element or compound in its natural state or obtained or generated by a process; and …"). In addition the Bill refers to "hazardous substances" and the draft regulations refer to "substances hazardous to health" with very different definitions.

13. Although the Bill is still undergoing the Select Committee process and we are not aware of any suggested changes to the definitions, it is important that the definitions in the Bill and regulations are aligned to prevent confusion, especially amongst small businesses; we recommend these definitions are reviewed for consistency. We provide additional comments around the use of "substance" when commenting on regulation 9.

Definition of substance hazardous to health

14. The definition "substances hazardous to health" needs to have the words 'or environment' included after 'health', in paragraph (a), or a new definition should be inserted which covers this. Contaminated land (in terms of hazardous substance contamination) can also cause harm to health and affect the external environment.

Part 1: General requirements

Risk management process

15. HASANZ supports the risk management process to be used in the case of particular risks but the concept will be challenging to explain, especially to small businesses.

16. We recommend that extremely good guidance and communication, with practical examples to aid understanding, is provided by WorkSafe as to how this concept works, otherwise, it may result in either businesses not applying the process when they should and not managing risks appropriately, or applying it when they may not need to and increasing compliance costs. The Safe Work Australia Code of Practice: How to Manage Work Health and Safety Risks, which explains the risk framework approach, is a good model to work from.

17. In addition, we have some recommendations that we feel should assist with readability and understanding of regulations 4 to 8:
    - Regulation 4 – Application of regulations 5-8: We consider it would help with clarity and understanding if the first subsection referred to Part 2 of these regulations as well as the existing reference to any other regulations made under the Act. i.e. the wording is amended as follows: "…when managing a particular risk to health and safety, as specified in Part 2 of these regulations and in any regulations made…"
    - The definitions of "risk" and "hazard", which are found in the Bill, should be included here in order to assist readability rather than having to refer back to the Act.

18. Regulation 5 Duty to identify hazards: The current wording seems to imply a general duty to identify hazards rather than only in the case of the particular risks. If the intent is that the duty to identify hazards will only apply in the case of the specified risks, then we suggest to improve clarity and understanding that the following words are inserted: "A PCBU, in managing particular risks to health and safety as specified in [Part 2 of these regulations and] any regulations made under this Act, must identify…". If the intent is that there is a general duty to identify hazards, as well as risks, this would appear not to align with Cabinet decisions.

19. Regulation 6 Hierarchy of control measures: HASANZ notes that the "hierarchy of control" wording in regulation 6 is worded in a way that is limited to physical hazards[1], presumably due to the nature of the particular risks currently specified in Part 2 of these regulations. However, this presupposes that such particular risks will always be physical risks. Aspects of organisational design, such as rate-setting and workload assessment, rest breaks, and rotation etc can all create risks to health and safety of workers. Some may argue that organisational hazards are all controlled under the umbrella of 'administration' controls. However, given the importance of these factors in incident causation, attempts should be made to control these before they occur, and move the control further up the hierarchy. For example, by substituting stressful (to use) reporting software with new systems that have inbuilt error checking (which assists in eliminating errors), this can eliminate operator stress caused by fear of errors within tight deadlines. We therefore recommend the wording of this section is reviewed with this in mind so that the hierarchy of control would be able to be applied, even when the nature of the particular risk was not physical.

20. Regulation 8: Duty to review control measures: HASANZ considers that the use of examples within regulations is not best practice. The reason for this comment is that there is no explanation giving guidance to the reader that there are other checks that should be completed by the PCBU before they get to the two examples given. For many businesses in New Zealand there has been a lack of understanding around the use, maintenance and review of control measures and these examples in isolation in the regulations will not aid in clearing up this lack of understanding. These examples would be better placed in any code of practice or best practice guidelines created along with the full list of checks that should be contemplated by a PCBU before they arrive at the stage that the system is failing or a notifiable incident occurs.

Supervision, training and instruction of workers

21. Regulation 9(1)(b)(i) – We believe the reference to "substances" here needs to be a reference to a "substance hazardous to health", or needs to refer to the definition of "substance" as used in the Bill. If "substance" is used here as per the definition in these regulations (or as per the definition of "substance" as used in the Bill), then it only includes chemicals, not other hazardous materials or hazardous by-products such as wood dust, welding fumes etc. which have a workplace exposure standard set. If "substance hazardous to health" were used as currently defined, this would suffice.

[1] E.g. regulation 5(3)(c) "preventing any person from coming into contact with the hazard", implies some type of physical hazard.

22. Regulation 9(1)(b)(ii) refers to protective clothing. As stated earlier under our comments on regulation 3 – definitions, we believe this should be defined or included in a definition of PPE (which also needs to be inserted).

General workplace facilities

23. HASANZ notes the simplification of this section and we recommend that any associated guidance or codes of practice cover some of the detail which has been removed. We also note that this section is entirely about minimising risk to health and safety, but does nothing to promote wellness in the workplace. This is a policy issue rather than a drafting one, but we feel this concept could be incorporated into a code of practice. We make a number of comments on the drafting in this section.

24. Regulation 10(1)(a) – This regulation really only covers the bare minimum associated with workplace design. It addresses only ease of access, which is of course entirely desirable, but does not address workplace space requirements or the safe and healthy design of workstations. We therefore recommend an additional clause: "The design of the workplace should be based on ergonomics principles so that each person who may be required to use it can do so without risk of a musculoskeletal disorder." If it is not possible to include this in the regulations, we recommend that the guidance issued by WorkSafe covers this in detail, and that MBIE works with various agencies to remove the conflicting guidance in this area.

25. Regulation 10(1)(d) – this section refers to "sufficient" lighting, but does not recognise that health and safety risks around lighting do not merely arise from insufficient light; they can also arise from poor quality, unsuitable or over lighting. For example :
    a. good directional lighting is required for a detailed task;
    b. the correct colour rendering is needed for certain electrical tasks; and
    c. risks arise when the worker is subjected to the effects of reflection and glare;

    We recommend the wording in this section be amended as follows: "…there is <u>suitable and</u> sufficient lighting to enable…".

26. Regulation 10(1)(e) – this section refers to "sufficient" ventilation, but does not recognise that health and safety risks around ventilation do not merely arise from insufficient ventilation, they also arise if the ventilation is not suitable. When tested against current guidelines (litres per second per person) an air supply could be said to be sufficient but it may not be deemed suitable because of the way it delivers the air. Ventilation needs not only to be sufficient but also effective (i.e. suitable for the task). We recommend the wording in this section be amended as follows: "…there is <u>suitable and</u> sufficient ventilation to enable…".

27. HASANZ notes that the requirements to control temperature have been removed. Whilst this can be a complex area due to the wide range of factors that influence temperature, we would like to see the area of thermal comfort in the workplace, including temperature, covered in guidance material provided by Worksafe[2].

[2] We would also recommend WorkSafe's guidance includes recommendations around working in extremes of temperature.

28. Regulation 12 Duty to provide and maintain workplace facilities: again, HASANZ notes the simplification of this regulation. We recommend good guidance in a code of practice around this that provides specific information about what is intended by the regulation, otherwise this risks being interpreted very differently by PCBUs. Where possible, this should provide detailed examples and include expectations around the specific numbers of facilities or the size (in terms of area) of relevant facilities.

29. Regulation 13(1)(e) – reference to facilities for sitting. This does not acknowledge shift work where facilities for not only sitting, but resting, particularly where the work occurs at night, may be required. We recommend the wording in this regulation be amended as follows: "if the work is of such a nature that it is not reasonable for workers to perform it while seated, suitable and sufficient facilities for sitting that enable employees…" and that an additional regulation to cover "suitable and sufficient facilities for resting" for shiftworkers is included.

30. Regulation 14 (1)(b) – reference to old terminology "cause or source of harm". We recommend this wording be amended to reference the new terminology, for example to refer to "a hazard, giving rise to a risk to health and safety".

First aid

31. Regulation 15(1)(c) reference to "facilities". Clearly, this will need to be commensurate with the environment of the workplace and the nature of the work being conducted there. The "facilities" provided for a small office environment would differ from those that should be provided for a large manufacturing plant, or from a remote forestry location. Again, we recommend referring to "suitable and sufficient facilities" in the drafting. We also recommend that guidance should be provided by Worksafe or a code of practice should cover this in more detail to ensure PCBUs understand what is required.

Personal protective equipment

32. As noted elsewhere in this submission, there is no definition of PPE in this regulation or in the Bill. We support the definition used in the Australian Model Regulations and as described in the Cabinet Paper B.

33. Regulation 17 (1) – we recommend this regulation refer back to regulation 6, to reinforce that the provision of PPE is the last control measure that should be used, rather than the first, as could be interpreted here. We recommend the wording is amended accordingly as follows: "…if personal protective equipment is used, in accordance with regulation 6, to minimise risks to health and safety…"

34. Regulation 20 – we recommend the fines level under this regulation should be (m) and (n) to keep them in line with Regulations 19 and 21, rather than the higher level of (x) and (y).

Part 2 Management of particular risks

35. We assume that the management of hazardous substances as particular risks would be covered by the requirement in regulation 4 because they will be in regulations made under the Act. If this is not the case, then a section on management of hazardous substances must be included here.

36. HASANZ notes that many of the duties in relation to hazardous work will remain in the 1995 regulations until the development of phase 2. HASANZ looks forward to contributing to the

development of the hazardous work regulations over the next two years. We recommend that, due to the inherent danger involved, hot work (any process or activity which may introduce a source of ignition that can affect the plant or processes on any site) be included in this process along with other hazardous work such as confined spaces or falls.

Part 3 Duties relating to young persons at workplace

37. We have no specific comments to make in relation to this drafting. However, HASANZ has two wider recommendations here:
    a. HASANZ notes that there are risks related to health and safety that could occur in relation to older workers, as well as younger workers. Over the last five years, the 55-64 age group has the highest number of fatalities reported to WorkSafe. With an ageing workforce in New Zealand, this places a greater importance on PCBUs to undertake the risk management process with reference to the specific demographics and characteristics of their workers, not just the workplace and work processes in isolation. We recommend such issues are covered in detailed guidance from Worksafe[3].
    b. We recommend that an additional regulation is inserted in this section that restricts young persons from handling hazardous substances in the workplace.

Part 4 Duties related to monitoring

38. HASANZ notes that many of the regulations in this Part 4 raise issues of privacy. In particular, the situation where the results of a health monitoring report are provided to the regulator without a requirement for the written consent of the individual concerned. We strongly recommend advice is sought from both the Privacy Commissioner and the Health and Disability Commissioner on the drafting of this Part 4 to ensure it is consistent with established practice in relation to medical records.

Exposure monitoring

39. Regulation 38(2) – HASANZ supports the proposed definition of "exposure standard".

40. Regulation 39(2)(b) – HASANZ supports the definition of "competent person".

41. Regulation 39(3)(a) and Regulation 50(1)(b) – HASANZ has a number of concerns in relation to the requirement to maintain records under these regulations. Firstly, some of the substances that are hazardous to health are genotoxic – i.e. they affect not only the worker, but the generation or generations that follow. Some other jurisdictions require records to be kept for 100 years as a result. However, even the requirement to maintain records for 30 or 40 years as proposed does not align with the practices of the medical council which requires hospitals and doctors to retain medical records for only 10 years. Electronic records is making this easier but keeping records for decades, and maintaining access to them without one organisation being responsible for them is fraught with difficulty – many New Zealand companies do not survive for even five years. Nonetheless, given the genotoxicity risk of some substances, HASANZ recommends that:
    a. such records be maintained electronically in perpetuity;
    b. one organisation be made responsible for the long term retention of such records; and
    c. if possible, those records should be linked to NHI numbers.

[3] We note that similar provisions in the UK also reference special consideration for expectant mothers.

42. Regulation 43(1) – provided the definition of occupational health professional includes the reference to "with experience [or competence] in health monitoring" as we have interpreted it as set out in paragraph 8, the wording in this clause is superfluous.

43. Regulations 46, 49 and 50 – HASANZ has grave concerns over privacy issues which arise in relation to these regulations, in particular, the situation where the results of a health monitoring report are provided to the regulator without a requirement for the written consent of the individual concerned. We strongly recommend these regulations are reviewed by both the Privacy Commissioner and the Health and Disability Commissioner.

Major Hazard Facilities Regulations

44. Some of our comments in this section have a wider scope than mere drafting comments. However, given the fact that these regulations are new to New Zealand and there is substantive new content to absorb, we feel it appropriate to make such comments. We would also urge the Ministry to consider a further round of drafting comments on the Major Hazard Facilities Regulations following this consultation process in order to ensure all issues raised by submitters that cover areas that may not have been covered in the Cabinet Paper are given due consideration.

45. We note that many of the provisions in these regulations rely on the use of discretion by WorkSafe; it is important to have a clear explanation of discretionary limits so that industry can understand how these will be applied. We would recommend either greater clarity in the regulations or that WorkSafe publishes a policy on its approach to its use of discretion under these regulations.

46. Regulations 13 and 14: We believe it would help the drafting here for the regulations to first outline that there are two modes of designations of a major hazard facility, then outline the mandatory designation and discretionary designation processes.

47. Regulation 21 Re-notification if quantity of hazardous substances increases: HASANZ recommends that there should be a threshold level at which this requirement is triggered. A small increase is unlikely to affect the scale and intensity of the operation and consequently the risk management processes and systems in place at the facility. Regulation 24 refers to a level of 2%, which may be appropriate. In addition, HASANZ notes that it is not clear whether Regulation 21 requires operators to re-notify Worksafe in cases where the quantity of hazardous substance decreases or when they have decided to cease to keep, store, use, process etc such particular hazardous substance or have decided to cease operations as a major hazard facility. This notification would also be useful to ensure WorkSafe is able to focus its resources appropriately.

48. Regulation 46 Operator must give revised safety case within 5 years: We support this proposal.

49. Regulation 58 General information for local community: we support the provision of this information to the local community and local authority. Further, we would expect good practice by operators of major hazard facilities would be to involve the local authority and local community in emergency planning. It would be useful if such expectations could be included in any guidance provided by WorkSafe on this issue. In addition, it may be useful to require

operators to provide information on the type (and quantity) of hazardous substances present or likely to be present on site.

50. Schedule 1: Given the complexity of the HSNO regime, and the level of understanding that has built up in New Zealand over the past decade or so, we recommend that the tables in Schedule 1 should reference the current HSNO classifications for information purposes, in addition to the GHS classification.

51. Schedule 3 page 72 para 20: This paragraph refers to "gas-detectors". HASANZ recommends that it be re-worded to refer to "chemical detection equipment". Gas-detector monitoring equipment is often misunderstood and taken to be a 3 or 4 gas device. During an incident, many elements may be present for which an array of chemical detection instruments could be required, not just one type e.g. photo-ionisation detectors, infra-red detectors etc. These instruments can see elements that gas detectors cannot, therefore, the use of the words "chemical detection equipment" would allow for major facilities to hold appropriate monitoring/assessment equipment depending on their risk analysis.

52. Schedule 6 page 80 para 16: In the description of measures taken HASANZ recommends "vapours" is added to the list as vapours are different from gases and fumes and behave differently in the air.

Asbestos Regulations

53. Regulation 5(4)(a)(ii) The wording of this sub-paragraph is confusing. We believe that the intent needs to be made clear and suggest that wording similar to that used in the Australian Model regulations is more suitable. We suggest the following wording "5(4)(a)(ii) if friable asbestos is visible and does not contain more than trace levels determined in accordance with a prescribed testing method."

54. Regulation 17 Duty to ensure that appropriate health monitoring is provided: similar to other areas in this submission, we recommend that the reference to medical practitioner is qualified by a reference to one that has experience (or preferably, competence) in health monitoring. Occupational medicine is a specialist field and one that requires relevant and appropriate expertise.

55. Regulation 45(4)(b) and 57(4)(b)The description of "personal protective equipment that is not clothing" here could be misconstrued to mean that reusable respiratory protective equipment, that cannot be decontaminated in the in the area, could be placed in a sealed container until it is re-used. This could mean that the inside of the respirator can become contaminated with asbestos fibres which are inhaled when later reused. It is believed that the intent of this regulation was for personal protective equipment *other than* clothing or reusable respirators. We recommend that this be clarified.