February 2015

Health Surveillance Policy and Guidance

Occupational Health and Safety Service
HSD074M

CONTENTS

1. Introduction

The Health and Safety at Work Act (HSAWA) requires the University of Cambridge to ensure (so far as is reasonable practicable) the health safety and welfare of all employees who may be affected by work activity [1].

Health surveillance is about having procedures in place to detect work-related ill health at an early stage and acting on the results, it should be considered where following risk assessment there is a residual risk of ill health to employees. As such, health surveillance is not an end in itself but may be an indication of whether control measures to reduce and avoid workplace hazards are working.

This document provides guidance on health surveillance required for employees who are exposed to noise, vibration, ionising radiation, solvents, fumes, dusts, biological agents or

The document will describe how to assess if health surveillance is necessary, what types of health surveillance may be required and how the health surveillance process should be organised.

2. Background

Certain aspects of the higher education sector make health surveillance particularly challenging:

2.1 Higher education institutions carry out research in diverse fields and activities. A variety of hazardous agents and chemicals may be encountered in areas as chemistry, chemical engineering, agriculture, biosciences, physical sciences and medicine.

2.2 Compared to the industrial sector many research activities are short lived and continually evolving. This leads to significant practical problems in carrying out and maintaining relevant risk assessments.

2.3 Staff turnover is more rapid. Research may be carried out by a changing group of post-graduate researchers, sometimes younger and less experienced in safety issues and the management structure and responsibilities of academics is not always clear.

2.4 Research is by its nature at the margins of what is known and understood. Exposure may occur to novel hazardous materials and agents and in novel situations where it is difficult to estimate exposure.

2.5 Research may involve handling materials which are known to represent a high risk eg substances which are highly biologically active, highly infectious or extremely reactive. Often however the hazard and risk may be entirely unknown or can only be estimated.

These above issues pose challenges both in determining what health surveillance is appropriate and how to deliver any health surveillance programme that is required.

1 *The Health and Safety at Work Act*

3. Legislation and Definitions

The Control of Substances Hazardous to Health (COSHH) Regulations 2002[2] and Management of Health and Safety at Work Regulation (MHSAW) 1999[3] identify health surveillance as a process to be used to detect signs and symptoms of work-related ill health where:

- there is an identifiable disease or adverse health condition related to the work concerned
- valid techniques are available to detect indication of the disease or condition
- there is a reasonable likelihood that the disease or condition may occur under the particular conditions of work, and
- surveillance is likely to further the protection of the health and safety of the employees covered.

Hazards requiring health surveillance include:

- substance known to cause dermatitis or occupational asthma
- carcinogens, mutagens, respirable silica dust and biological agents (micro-organisms).

Physical hazards for which health surveillance is appropriate include:

- working with vibrating tools or equipment - Control of Vibration at Work Regulations 2005[4]
- working in a noisy environment - Control of Noise at Work Regulations 2005[5]

Employee – Individuals employed directly by the University, including honorary contracts, post-graduate students / researchers, temporary workers, visiting academics.

Health record – a health record is a statutory documentation for individual working with exposures to harmful substances under COSHH (Regulation 11 (3)) where health surveillance is not required. Health records are not medically confidential documents but should be held by managers to allow outcome analysis of the health surveillance programme. Health records are also required to contain the outcome of health surveillance and inform on the employees fitness to continue work with the specific hazard.

Health surveillance – Health surveillance is a systematic set of procedures or methods used to detect and assess the early signs of the adverse effects of work on the health and wellbeing of employees.

4. Aims and objectives

The aims and objectives of health surveillance programmes are to:

- protect the health of the employees by detecting as early as possible adverse changes to health that could be associated with exposure to workplace hazards
- identify and implement specific surveillance programmes for employees identified through the risk assessment process as requiring statutory health surveillance
- identify and implement specific biological monitoring identified through the risk assessment process
- assist in monitoring the effectiveness of control measures taken to reduce the health hazards identified by a risk / COSHH assessment
- collect and collate data and initiate any identified health and safety intervention requirements.

2 *The Control of Substance Hazardous to Health Regulations 2002*
3 *The Management of Health and Safety at Work Regulations1999*
4 *The Control of Vibration at Work Regulations 2005* Guidance on Regulations
5 *The Control of Noise at Work Regulations 2005* Guidance on Regulations

Health surveillance might involve examination by an occupational health physician (OHP) or occupational health nurse adviser (OHNA) or, in some cases, appropriately trained employees. Employees should be trained to look for and self report signs of work related ill health. Health surveillance programmes will be reviewed, modified or discontinued as indicated by changes in work conditions and / or exposure.

5. Assessing exposure

In a teaching or academic research environment the quantity of a hazardous substance used the proportion of work time spent working with it, and the total duration of use are likely to be far less than is typical in an industrial setting.

Exposure to trace quantities of many toxic or irritant substances will only cause harm if exposure occurs sufficiently frequently. Use of standard laboratory safety controls such as safety cabinets, personal protective equipment, and adherence to good laboratory/ workshop practice may be sufficient to conclude that the level of exposure is so well controlled that there is no significant likelihood of an adverse health effect.

Health surveillance may be appropriate where very small or infrequent exposure to a hazardous substance can pose risk to health, such as might occur with potent respiratory sensitisers, recognised carcinogens or highly active biological agents or chemical agents such as cytotoxic drugs or neurotoxins.

In most situations, a project-specific exposure risk assessment, taking into account issues such as the maximum amount of substance in use, frequency of use, the duration of use, as well as consideration of the engineering and procedural controls in place will be necessary to determine whether health surveillance will be required (see Appendix 1). The small scale academic research environment is so variable that generic assessments will be of limited applicability. Where research is continually evolving and the prevailing environment is subject to change, risk assessment and risk control solutions may be required. Risk assessment is a continuous process of identifying hazards and evaluating risks as they arise.

Work activities / exposures which may require health surveillance

For a full list see: Carcinogens, Mutagens and Substances Toxic to Reproduction in Groups/Categories 1 and 2: http://www.safety.admin.cam.ac.uk/publications/hsd021c-list-carcinogens-mutagens-and-substances-toxic-reproduction
And Respiratory and Skin Sensitisers:
http://www.safety.admin.cam.ac.uk/publications/hsd067c-respiratory-and-skin-sensitisers
Safe Biological Practice (SBP) for Prevention and Control of Exposure to Biological Agents in the Laboratory: http://www.safety.admin.cam.ac.uk/publications/biological/hsd028b-safe-biological-practice-sbp-prevention-and-control-exposure

Exposure	Comment
Respiratory sensitisers	Respiratory sensitisers may require health surveillance as it is often impossible to ensure control to a level at which there is no risk of sensitisation such as dust.
Animals - including small laboratory animals	Surveillance likely to be necessary for any recurring work with live animals or handling of waste, unless the process fully contained. Work only with extracted tissue poses no significant risk of sensitisation and does not require surveillance.
Sensitising low molecular mass allergens	Reactive small molecules such as isocyanates, glutaraldehyde, fumes, solvents and acid anhydrides are associated with a high level of sensitisation.

Sensitising high molecular mass allergens	Two particular macromolecules used in scientific research – enzymes and penicillin's – are associated with respiratory sensitisation.
Skin irritants	Laboratory chemicals, solvents, cleaning materials and disinfectants can all cause skin irritation. It is unlikely that the level of exposure in scientific research will cause sufficient problems to require health surveillance.
Skin sensitisers	Certain skin sensitisers may require health surveillance as sensitisation may occur at very low levels of exposure.
Sensitising low molecular mass allergens	Particularly with halogenated electrophilic agents such as dinitrochlorobenzene and p-nitrobenzyl bromide.
Sensitising high molecular mass allergens	Sensitivity to latex can cause serious problems and always requires health surveillance.
Nanoparticles	It is University policy to maintain a health record for those working with and could be exposed to (see Appendix 2).
Biological Agents	
Hazard Group 3 and 4 organisms / human tissues/materials (including human unscreened blood, blood products and other tissues)	The maintenance of a Health Record is required by COSHH. Containment Level 3 register with Occupational Health Service (as identified through departmental risk assessment)
Genetically modified organisms	The maintenance of a Health Record is required by COSHH. Health surveillance for most activities with GMOs will not be required. The circumstances where it could be useful might be where the agent causes serious disease that may have an insidious onset, and where there is an effective treatment available. Advice should be sought from OH.
Other biological materials – oncogene	Health surveillance may be required depending on the detailed assessment of risk taking into account the full nature of the work.
Chemicals	
Chronic poisons such as cytotoxic agents	Cytotoxic anti-cancer drugs and immunosuppressives may have serous long term toxic effects which occur both at low levels of exposure and may be cumulative.
Carcinogens (Risk phrase R45, R49) and Mutagens (R46)	A health record only is required unless exposure can be shown to be so well controlled that there is no significant possibility of an adverse health effect.
Potent acute toxins	Health surveillance may be required, for example work with mercury and arsenic.
Physical hazards	
Ionising radiation	Under the Ionising Radiations Regulations (1999), surveillance is provided for Classified radiation workers and for any employee who has received an overexposure.
Noise	Required if daily average exposure (LeQ) exceeds 85dB(A).
Vibration	Required if daily average exposure (EAV) exceeds 2.5m/s2 A (8).
Optical radiation (including lasers and ultraviolet sources)	The Control of Artificial Optical Radiation at Work Regulations (2010) require that, if the risk assessment indicates that there is a risk of adverse health effects to the skin of an employee or student as a result of exposure to artificial optical radiation, the individual must be referred to the Occupational Health Service who will advise on appropriate health surveillance. Medical examinations are provided in the event of an overexposure and suspected laser eye injuries should be examined by a specialist ophthalmologist preferably within 24 hours of the injury.

6. Appointed Doctor surveillance

Employees exposed to ionising radiation or any chemical substance listed in Schedule 6 of the COSHH Regulations may require surveillance by an Appointed Doctor ie, a doctor appointed by the HSE to undertake this work or an HSE medical inspector (see Appendix 1).

7. Health records and storage

Whenever health surveillance is required a health record should be set up for each employee. In some circumstances documenting exposure may be all that is required eg, carcinogens. These records are different from medical records as they do not contain confidential medical information and can therefore be securely kept with other confidential departmental personnel records.

A health record should include:

- employee surname and forename
- gender
- date of birth
- permanent address and postcode
- national insurance number
- date and commencement of present employment
- a historical record of jobs involving exposure to substance or processes requiring health surveillance in this employment.

The record should also include:

- the results of all health surveillance programmes and the date on which and by whom they were carried out
- conclusions expressed in terms of the employee's fitness for the task
- conclusions of the occupational health professional or responsible person but **not** confidential clinical information.

  Health Records do not contain personal medical information - see Appendix 2 for example of Health Record.

All health records must be kept securely for **40 years** (**50 years** for ionising radiations) from the date of the last entry. They should be kept with details of any assessments of control measures such as air sampling results.

8. Detection of ill health effect or identifiable disease

When an employee is found to have an adverse health effect or identifiable disease which the occupational health professional considers to be associated with work exposure advice will include:

- review of workplace control measures and advise
- arrangements for increased control measures as indicated ie, local and personal
- advice and referral for specialist opinion where indicated
- arrangements for enhanced health surveillance
- advice in relation to continuing exposure.

9. Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

Certain cases of work-related disease are reportable to the Health and Safety Executive (HSE) under RIDDOR. The information enables the HSE to identify, where and how risks arise and investigate and advise how to reduce injury and ill health.

If as a result of health surveillance or referral a case of a reportable work related disease is diagnosed, the Occupational Health Physician will advise the department and the Safety Office enabling the designated person in the Safety Office to report this to the HSE.

For further information see: **http://www.hse.gov.uk/riddor/index.htm**

10. Roles and responsibilities

10.1 Head of Department

- nominate a person (usually the departmental safety officer / Departmental Administrator) to identify the need for registration on a health surveillance programme and ensure they have the necessary skills and competencies

- support the nominated person in implementing measures to comply with the health surveillance programmes

- ensure that all managers and employees with the department discharge their responsibilities in accordance with this policy.

10.2 Managers / Supervisors / Principal Investigators

- ensure suitable and sufficient risk assessments have been carried out in accordance with relevant statutory requirements and University policy. The requirement for health surveillance and / or a health record must be stated clearly in the risk assessment or code of practice for the work

- implement necessary control measures in conjunction with the departmental safety officer (DSO) ensure that employees are suitably instructed and trained in all aspects of risk control and associated procedures

- review the anonymised results of health surveillance for their employees and review their risk assessments and control measures if the results indicate that they may not be effective.

- ensure that all new or transferred employees whose work involves exposure to certain hazards that require specific health surveillance eg, hand transmitted vibration, noise or laboratory animals, are referred to and attend occupational health for baseline health surveillance (subject to a suitable risk assessment) and registration onto the relevant health surveillance programme. This will continue for the duration of exposure to the particular hazard.

  If in doubt as to whether or not health surveillance is required ensure that an initial risk assessment is undertaken and discuss the results with occupational health staff.

- inform OH when employees registered on a health surveillance programme are leaving the University to ensure exit surveillance is completed and a copy of an individual's health surveillance record is available to the employee

- nominate, where appropriate, a ‘responsible person’ to be trained to undertake certain health surveillance eg, check employees’ skin for dermatitis

- ensure employees understand and comply with health surveillance programmes

- manage employees who decline to attend for health surveillance

- create and maintain a **health record to be kept for 40 years**.

10.3 Employee

- co-operate with and attend the relevant health surveillance programme where a risk assessment has established the requirement

- report to management and OH any possible adverse symptoms or health changes immediately without waiting for the next scheduled health surveillance

- attend appropriate training in relation to workplace hazards and health surveillance.

10.4 Safety Office

- ensure health and safety policy and guidance is cascaded through the University to prevent ill health and injury at work

- give support, guidance and training to all University departments eg, risk assessment process, adequate control measures and the need for health surveillance

- audit compliance

- report RIDDOR cases to the relevant authority ie, the Health and Safety Executive (HSE).

10.5 Occupational Health

- begin health surveillance programmes for employees who, following risk assessment, require it.

  This may take the following format:
  - questionnaire
  - interview
  - specific tests
  - medical examination
  - a combination of the above

- assist with the protection of employees’ health by detecting as early as possible adverse changes to health, likely to be associated with exposure to workplace hazards

- implement specific surveillance programmes for employees identified through the risk assessment process as requiring statutory health surveillance

- implement specific biological monitoring identified through the risk assessment process

- provide information to the individual and encourage full co-operation with the health surveillance programme

- advise management on the appropriate control of exposure for employees diagnosed with an occupational disease or at particular risk of work related ill health

- advise managers and the Safety Office when an occupational disease that requires reporting under the Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 is diagnosed by an occupational physician or treating doctor

- report the overall results — whether or not health surveillance identified any hazardous exposure— on an anonymous basis, to those in charge of the work and to others responsible for overseeing or monitoring the effectiveness of health and safety controls, along with any recommendations on actions required to improve exposure controls or surveillance procedures. Individual outcomes should be reported to whoever holds the Health Record for the individual. These reports should not include any clinical information

- ensure employees who have developed health conditions should be assessed by a specialist occupational physician and advised on the risks from further exposure.

  Temporary or permanent redeployment to other work may be necessary to prevent further exposure where this may result in significant harm to health, eg occupational asthma

- ensure where changes to exposure controls or working arrangements are necessary to protect the individual from further hazardous exposure, that recommendations on this are made to the person's line manager and/or the person in control of the work

- collect and collate data to:
  - review health surveillance data against environmental and individual monitoring results
  - identify trend analysis and synergistic ill health effects
  - initiate any identified health and safety intervention requirements.

Further information

University Health & Safety Office policy and guidance –
http://www.safety.admin.cam.ac.uk/publications

Sources / further reading

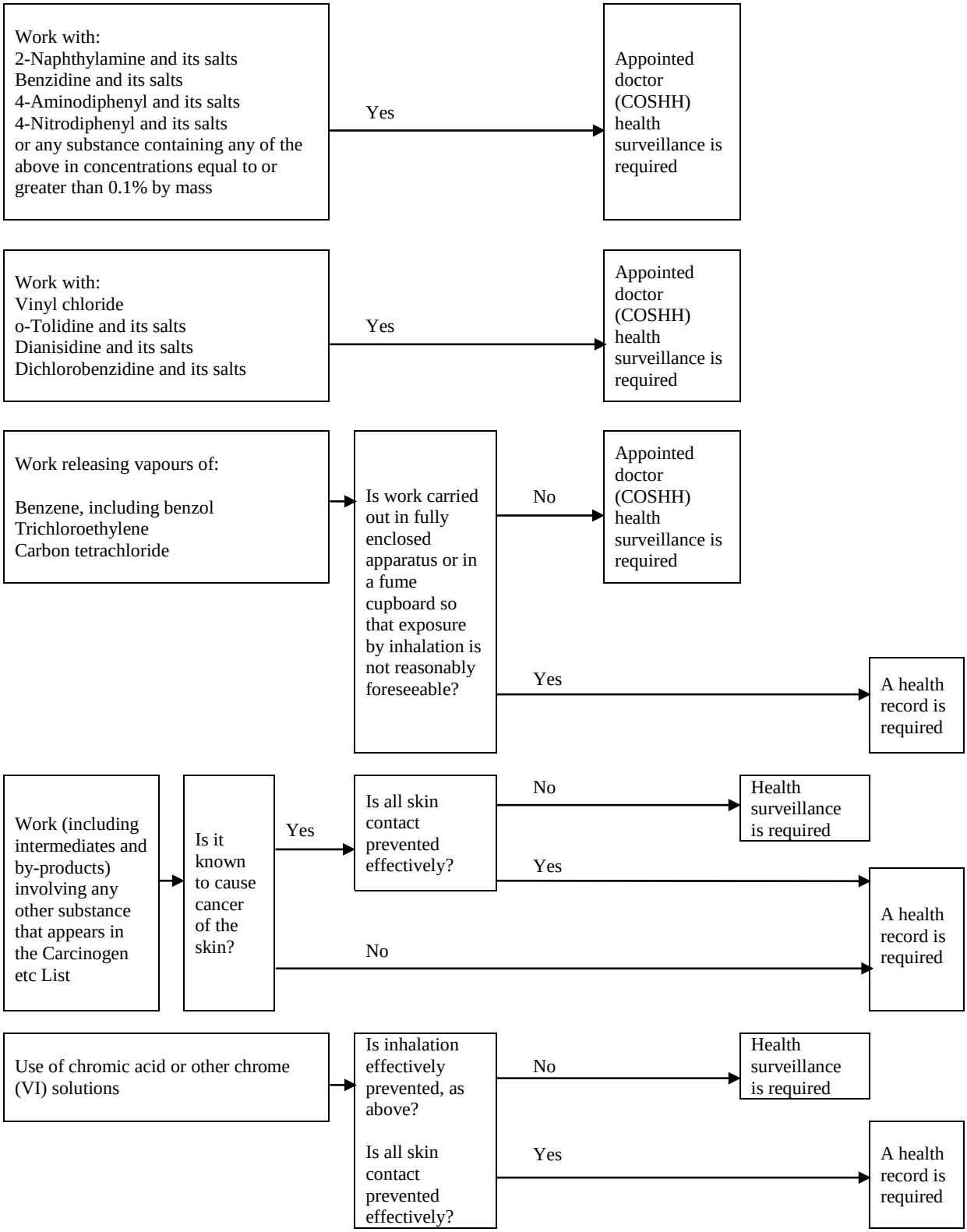
Control of Substances Hazardous to Health Regulations 2002
Management of Health and Safety at Work Regulations 1999
Control of Noise at Work Regulations 2005
Control of Vibration at Work Regulations 2005 (L140)
Ionising Radiation Regulations 1999
Guidance Note MS 26: A guide to audiometric testing programmes
Health surveillance for occupational asthma (G402)
Health surveillance for occupational dermatitis (G403)
Reporting of Disease and Dangerous Occurrences Regulations (RIDDOR) 2013
University of Cambridge Hazardous Substances Policy - Policy and Guidance
University of Cambridge Safe Biological Practice (SBP) for Prevention and Control of Exposure to Biological Agents in the Laboratory

Glossary of terms

Biological agent:	A micro-organism, cell culture or human endoparasite, whether or not genetically modified which may cause infection allergy toxicity or otherwise create a hazard to human health.
Control measure:	A measure taken to reduce exposure to a substance hazardous to health.
Ensure:	Means to take all reasonable action insofar as controllable factors allow.
Information:	Means providing factual material which tells people about the health risks and precautions.
Must:	Is to be understood as mandatory.
Occupational Health Nurse Adviser (OHNA):	Is a qualified nurse working in the specialised field of occupational health.
Occupational Health Physician (OHP):	Is a doctor working in the specialised field of occupational health.
Responsible person:	A 'responsible person' is an employee who has had specific training in the recognition of symptoms of work related ill health which may require referral to occupational health.
Risk:	In relation to exposure to a substance hazardous to health, means the likelihood that the potential for harm to the health of a person will be attained under the conditions of use and exposure, and also the extent of the harm.
Risk assessment:	Risk assessment is the process of evaluating risks to employees' safety and health from workplace hazards. It is a systematic examination of all aspects of work that considers: • what could cause injury or harm • whether the hazards could be eliminated and, if not, • what preventive or protective measures are, or should be, in place to control the risks.
Skin sensitiser:	A substance known to cause dermatitis only after alteration (sensitisation) of the skin by previous exposure to that substance.
Should:	Is to be understood as non-mandatory, that is, advisory or recommended.

Appendix 1

Determination of the requirement for health surveillance



Schedule 1 substances and processes to which the definition of 'carcinogen' applies

Aflatoxins

Arsenic

Auramine manufacture

Calcining, sintering or smelting of nickel copper matte or acid leaching or electrorefining of roasted matte

Coal soots, coal tar, pitch and coal tar fumes

Hardwood dusts

Isopropyl alcohol manufacture (strong acid process)

Leather dust in boot and shoe manufacture, arising during preparation and finishing

Magenta manufacture

Mustard gas (β,β'-dichlorodiethylsulphide)

Rubber manufacture and processing giving rise to rubber process dust and rubber fumes

Used engine oils

The following polychlorodibenzodioxins:

- 2,3,7,8-TCDD
- 1,2,3,7,8-PeCDD
- 1,2,3,4,7,8-HxCDD
- 1,2,3,6,7,8-HxCDD
- 1,2,3,7,8,9-HxCDD
- 1,2,3,4,6,7,8-HpCDD
- OCDD

The following polychlorodibenzofurans:

- 2,3,7,8-TCDF
- 2,3,4,7,8-PeCDF
- 1,2,3,7,8-PeCDF
- 1,2,3,4,7,8-HxCDF
- 1,2,3,7,8,9-HxCDF
- 1,2,3,6,7,8-HxCDF
- 2,3,4,6,7,8-HxCDF
- 1,2,3,4,6,7,8-HpCDF
- 1,2,3,4,7,8,9-HpCDF
- OCDF

(where T=tetra, Pe=penta, Hx=hexa, Hp=hepta and O=octa)

Appendix 2

BIOLOGICAL COSHH HEALTH RECORD FORM – RECORD OF HAZARDOUS SUBSTANCE USAGE

The COSHH Regulations require all individuals working with substances that can cause certain identifiable diseases or adverse health effects to be kept under health surveillance.

For most employees this is confined to maintaining a record of a person's involvement in such work.

For further information on the criteria for health surveillance see the University*'s Safe Biological Practice (SBP) for Prevention and Control of Exposure to Biological Agents in the Laboratory.*

Personal Details	
Surname:	Forenames:
Male/Female:	Date of Birth:
N.I. Number:	
Date commenced present job:	
Permanent address:	
Postcode:	Dept Tel No:
Status: Staff/Undergraduate student/Postgraduate student/Visitor/Other (Delete as appropriate)	
Department:	
Supervisor's name and contact telephone number:	
Signed:	**Date:**

PLEASE COMPLETE SUBSTANCE DETAILS OVERLEAF

Once completed please hand a copy to your Departmental Administrator or Departmental Safety Officer (DSO) on 30 September each year. THIS RECORD MUST BE KEPT BY THE DEPARTMENT FOR 40 YEARS AFTER THE PERSON HAS LEFT THE UNIVERSITY

Name: Department: Supervisor:

Name of substance/ material	Identity of agent	Routes of infection[1]	Control Measures in Use	[2]Vaccination status	Date of first use	[3]Derrogations	Comments
e.g. unscreened human blood/ tissue	Hepatitis B / C virus & HIV virus	NS	Gloves, RPE, safety cabinets	N/A	1/1/15	none	

[1]Routes of infection:
NS: Needle-stick
R: Respiratory
C: Cutaneous/skin contact
I: Ingestion
EC: Eye contact

[2]Vaccination status:
N/A: None available
I: Immunised
ITC: Immunised (titre confirmed)
VR: Vaccine refused

[3]Derrogation:
It is assumed that HG3 pathogens and Class 3 GMOs will be handled under standard operating procedures for CL3 unless derogated as described.

Appendix 3

CHEMICAL COSHH HEALTH RECORD FORM – RECORD OF HAZARDOUS SUBSTANCE USAGE

The COSHH Regulations require all individuals working with substances that can cause certain identifiable diseases or adverse health effects to be kept under health surveillance.

For most employees this is confined to maintaining a record of a person's involvement in such work. Individuals who work with respiratory sensitisers, mercury, latex, arsenic and skin sensitisers will have additional health surveillance arranged by Occupational Health.

As a pre-cautionary measure the University also requires health surveillance for all individuals working with Nanoparticles. Therefore, all persons working with nanoparticles should use this health record form and register with Occupational Health.

For further information on the criteria for health surveillance see the University's Hazardous Substances Policy: Policy and Guidance.

Personal Details	
Surname:	Forenames:
Male/Female:	Date of Birth:
N.I. Number:	
Date commenced present job:	
Permanent address:	
Postcode:	Dept Tel No:
Status: Staff/Undergraduate student/Postgraduate student/Visitor/Other (Delete as appropriate)	
Department:	
Supervisor's name and contact telephone number:	
Signed:	**Date:**

PLEASE COMPLETE SUBSTANCE DETAILS OVERLEAF

Once completed please hand a copy to your Departmental Administrator or Departmental Safety Officer (DSO) on 30 September each year. THIS RECORD MUST BE KEPT BY THE DEPARTMENT FOR 40 YEARS AFTER THE PERSON HAS LEFT THE UNIVERSITY

Name: Department: Supervisor:

SUBSTANCE DETAILS						
Name of substance	**Nature of hazard [1]**	**Risk Phrase or Hazard Statement (write out in full) [2]**	**Physical state [3]**	**Quantity, amount [4]**	**Frequency/duration of use [5]**	**Control measures in use [6]**

(1) Carcinogen, mutagen, substance toxic to reproduction, respiratory sensitiser (ie asthmagen), skin sensitiser,
(2) Relevant Risk Phrases / Hazard Statements R42 / H334, R43 / H317, R45 / H350, R46 / H340, R49 / H350i, R60 / H360f, R61 / H360d, R64 / H362 where listed
(3) Liquid, solid, dust, vapour, gas or nanoparticle (particles of approximately 100 nm or less in at least one dimension)
(4) Include amount and units
(5) Daily, weekly, monthly, rarely
(6) Fume cupboard, laminar flow bench, local exhaust ventilation (LEV), glove box or other form of containment, personal protective equipment (please specify)

Hazard Communication

The Classification, Labeling and Packaging of Substances and Mixtures (CLP) Regulations introduced the United Nations Globally Harmonised System (GHS) and replaced the 'old' Chemicals (Hazard Information and Packaging for Supply) Regulations. A selection of relevant terminology is shown below (a full listing is available on the Safety Office website)
http://www.safety.admin.cam.ac.uk/files/ghs_compare.pdf

GHS - CLP Hazard Statements v the 'old' CHIP Risk Phrases

Code	GHS Hazard Statement	Comparable Risk Phrase*
H317	May cause an allergic skin reaction	R43
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled	R42
H340	May cause genetic defects (state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard)	R46
H350i	May cause cancer by inhalation	R49
H351	Suspected of causing cancer (state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard)	R40
H360	May damage fertility (H360F) or the unborn child (H360D) (state specific effect if known) (state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard)	R60 (H360F), R61 (H360D)
H361	Suspected of damaging fertility (H361f) or the unborn child (361f) (state specific effect if known) (state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard)	R62 (H361f), R63 (H361d)
H362	May cause harm to breast fed children	R64
H371	May cause damage to organs (or state all organs affected, if known) (state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard)	R68/20, R68/21, R68/22

Note: Special EUH2XX **numbers for supplemental label elements for certain substances / mixtures only used in the EU. NB: Do not confuse these with other 'standard' GHS H2**XX **numbers !**		
EUH203	Contains Chromium (VI). May produce an allergic reaction	
EUH204	Contains isocyanates. See information supplied by the manufacturer	
EUH207	Warning! Contains cadmium. Dangerous fumes are formed during use. See information supplied by the manufacturer. Comply with the safety instructions	
EUH208	Contains (name of sensitizing substance). May produce an allergic reaction	

Safety Phrases and Precautionary statements may also apply with respect to the way substances are handled, see Safety Office website for full listings.

*See below:

Potentially relevant ‘old’ Risk Phrases (CHIP Regs)

R33 Danger of cumulative effects
R39 Danger of very serious irreversible effects
R40 Limited evidence of carcinogenic effect
R42 May cause sensitization by inhalation
R43 May cause sensitization by skin contact
R45 May cause cancer
R46 May cause heritable genetic damage
R48 Danger of serious damage to health by prolonged exposure
R49 May cause cancer by inhalation
R60 May impair fertility
R61 May cause harm to the unborn child
R62 Possible risk of impaired fertility
R63 possible risk of harm to the unborn child
R64 May cause harm to breastfed babies
R68 Possible risk of irreversible effects

Note: Not all Risk Phrases have a comparable Hazard Statement and not all Hazard Statements will have a comparable Risk Phrase in the full listing.

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HSD074M