HSE’S POLICY POSITION ON GREAT BRITAIN’S ASBESTOS CONTROL LIMIT

ANNEX 1

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1. HSE has reviewed the latest international scientific, technical and workplace evidence on Great Britain’s (GB) asbestos control limit (CL), following HSE’s published GB workplace exposure setting process.
2. The review concluded that, currently, there is no clear evidence that lowering the GB CL in law would reduce current or future exposures and improve health outcomes.

Background

3. The review was undertaken in response to a recommendation in the 2022 Work and Pensions Committee (WPC) report into the Health and Safety Executive’s approach to asbestos management and action taken by the European Union (EU) to lower their equivalent occupational exposure limit (OEL) on 21 Dec 2025.

The asbestos control limit in Great Britain

4. The current GB CL is 0.1 fibres per millilitre (f/ml), measured as a 4-hour time-weighted average (TWA) as outlined in the Control of Asbestos Regulations 2012 (CAR 2012).
5. The EU’s occupational exposure limit OEL is currently 0.1f/ml as an 8-hour TWA. From 21 December 2025, a reduced OEL of 0.01f/ml will be introduced. In 2029 it will be reduced again, with EU Member States choosing between a limit of 0.002f/ml, when counting only wider fibres, or 0.01f/ml, when counting narrower fibres too.
6. GB’s CL expressed as a 4-hour TWA is historic and has been in place since 1970. The 4-hour limit can be viewed as more conservative than an 8-hour limit, as exposure is averaged over a shorter timeframe. Calculating exposure over 4 hours better reflects real life working practises and results in a higher reported fibre concentration than if the same exposure were averaged over 8 hours.

Purpose of the asbestos CL in Great Britain

7. Under CAR 2012, the CL is part of the legal definition and framework of higher-risk work with asbestos, known as licensed work. Licensed asbestos work can only be carried out by contractors who hold a licence from HSE and must follow strict requirements. These include notifying HSE before work begins, putting appropriate control measures in place such as protective equipment, completing an independent four-stage clearance process, and carrying out personal exposure monitoring and medical checks for workers. These requirements form part of a regulatory

framework that ensures asbestos exposure is prevented where possible, and where it cannot be prevented, kept as low as reasonably practicable (ALARP). The CL is not a threshold below which exposures and consequent long-term cancer risks are regarded as acceptable.

8. All work with asbestos in GB, whether licensed or non-licensed, is governed by a framework that applies the hierarchy of controls. Dutyholders are expected to avoid disturbing asbestos where possible and, where work is necessary, to use methods such as wetting, removing materials intact, and shadow vacuuming, with respiratory protective equipment (RPE) as a final safeguard. Lower-risk activities categorised as non-licensed work are managed through proportionate controls that reflect the lower exposure risk.
9. The EU OELs work differently and are designed for the purpose of protecting workers if they are exposed to a harmful substance over a working lifetime. Unlike GB exposure limits, which use the ALARP principle to reduce exposures, the EU approach to asbestos control places greater emphasis on RPE, rather than on controlling the release of asbestos fibres at source.

Review of GB's asbestos CL

10. The review considered whether there was sufficient evidence to inform a decision, and then whether the limit should be lowered after considering this evidence.
11. This drew on evidence from the 2022 WPC report, HSE's 2017 and 2022 post implementation review (PIR), HSE and industry expertise, international scientific, technical and workplace evidence.
12. The review also considered the available evidence used by the EU when reviewing their OEL. The EU have estimated cancer risks expected to result from different levels of exposure to asbestos assuming these applied constantly over a working lifetime. These estimates are based on their assessment of exposure-response relationships derived from historical epidemiological evidence. While these estimates could be seen as useful benchmarks for the cancer risks resulting from different levels of constant working life exposure, they do not represent the risk among current GB asbestos workers. The GB CL operates within a regulatory framework that applies proportionate controls to different parts of the asbestos management system and requires exposures to be reduced to ALARP, rather than serving as fixed threshold above which exposures are accepted.
13. Additionally, lowering the GB CL would in practice bring most asbestos-related work, including for lower-risk activities that can already be effectively managed using existing control measures, into the scope of licensable activity, imposing significant costs on businesses without a corresponding reduction in exposure risk.
14. The review found:

- that there is sufficient evidence and information available to estimate the potential scale of current and future exposures that might be influenced by any change to the CL.
- the health outcome benefits of implementing a substantially reduced CL are not clear in the GB context given current requirements to already

reduce exposures to ALARP.

- lowering the CL in isolation is unlikely to deliver significant health improvements and that training, competence, site discipline, and regulatory enforcement have a greater influence on reducing the risk of asbestos exposure.

15. The evidence review has been assured by HSE's Chief Scientific Adviser and the Workplace Health Expert Committee.
16. HSE also held an industry and technical expert engagement workshop in May 2025. This involved contractors, trade bodies, occupational hygienists, academics, and fibre monitoring specialists, who confirmed that most asbestos work is already designed to minimise exposure to well below the CL. They agreed that the current framework under CAR 2012, which requires exposures to be reduced ALARP, remains effective. Participants agreed that exposures can be kept below the CL with effective controls, but this is more challenging during high-risk tasks such as asbestos insulating board (AIB) removal due to gaps in compliance, training, and supervision. Stakeholders suggested that lowering the CL further would be unlikely to drive meaningful behavioural change.

Future work

17. HSE will continue to fulfil its role as an independent, evidence-based regulator to monitor emerging evidence and international developments, including the EU's planned review in 2029, related to asbestos exposure risks. HSE will continue work to ensure standards are met in practice, recognising that worker behaviour and competence are key factors in minimising the risk of exposure to asbestos.HSE's policy position is available at <INSERT LINK>

References

1. a) GB WEL setting process
2. b) Work and Pensions Committee (WPC), The Health and Safety Executive's Approach to Asbestos Management, 2022
3. c) The Control of Asbestos Regulations 2012
4. d) Directive (EU) 2023/2668 of the European Parliament and of the Council of 22 November 2023 amending Directive 2009/148/EC on the protection of workers from the risks related to exposure to asbestos at work
5. e) Post Implementation Review of the Control of Asbestos Regulations 2012, 2017
6. f) Second Post Implementation Review of the Control of Asbestos Regulations 2012, 2022