

CLC Briefing on Process for BOHS validation of WFF Members claiming to meet quality mark scheme

Who are BOHS?

The British Occupational Hygiene Society is host to the Faculty of Occupational Hygiene, the professional standards body for occupational hygienists. Registered Occupational Hygienists are regulated by the Professional Standards Authority for Health and Social Care (the same body that regulates doctors and nurses) [Register of Occupational Hygiene Professionals - British Occupational Hygiene Society \(BOHS\)](#). Occupational hygiene professionals are the only professionals determined to be competent to recognise, identify, measure and make recommendations for control of hazardous substances, such as respirable crystalline silica (RCS).

What sets BOHS apart from other bodies in this space?

BOHS has been the lead organisation in relation to the science and understanding of RCS for many years, with the majority of research on the risks arising from exposure, control effectiveness and other issues published through its independent peer-reviewed journal, *The Annals of Workplace Exposure and Health*. BOHS has been campaigning for the more effective control of the hazards arising from dust exposure in the industry since 2021 and has actively supported the iNews campaign on silica, as well as being the specialist advisor on science to the All Party Parliamentary Group on Respiratory Health.

Who are the WFF?

The Worktop Fabrication Federation is a not-for profit trade association. Its objectives are to promote professionalism across the surface fabrication and related industries, including the promotion of good working practices and policies for health and safety in the workplace.

How has the WFF/BOHS collaboration developed?

WFF and BOHS's scientists have worked together with HSE's science team, the Royal Brompton Hospital and the University of Manchester to collect data to determine the levels of RCS exposure in typical fabrication, the challenges of achieving effective control and suitable control methodologies. The work done by BOHS members, the research it has published and its practical training and guidance has been developed hand-in-hand with HSE's work and has informed its evidence base in creating the standards for the industry.

What is the relationship between BOHS and WFF in relation to the Quality Mark?

WFF and BOHS entered into a binding Memorandum of Understanding in 2025 to collaborate in providing an audit process to enable the supply chain and end consumers to determine whether fabrication standards protected workplace health.

It is a non-commercial agreement, with each party bearing its own costs. The expectation that underpins the process is that fabricators are legally required to have competent advice on the effective control of substances hazardous to health. In the context of RCS (a carcinogen), which present significant challenges in effective control, this necessitates the use of occupational hygienists, qualified to a sufficient level to monitor, measure and advise on effective control throughout the production process.

Fabricators seeking to gain quality mark approval need to ensure that they have secured a qualified occupational hygienist (with specific technical competence in the industry and/or BOHS training) to advise them. Neither WFF nor BOHS are involved in this process, other than directing fabricators to the Professional Register. Neither WFF nor BOHS receives any payment or funding for the Quality Mark process, but it is designed to operate within the scope of the normal membership and quality assurance activities of both bodies.

What standards are being set by the Quality Mark?

The standard ensures that the fabricator not only meets requirements set by HSE for the control of toxic inhaled particles, including respirable crystalline silica, but also addressed other health hazards in the fabrication industry. The standard of care is agreed to be that which is necessary to prevent foreseeable harm to health, setting the bar higher than compliance with the UK Workplace Exposure Limit. The audit form details, developed with the support of HSE, is annexed, but aims to secure exposure levels which are significantly below the WEL, but to implement control measures which will be effective in controlling other respirable hazards arising from the fabrication of any worktop material, with any level of RCS or other hazardous substance.

The Quality Mark is not focused on the product type (engineered stone), nor a single element of toxicity (respirable crystalline silica) but on the effectiveness of control for the prevention of inhalation and respiration of any toxic or non-toxic dusts. In addition, a focus on the control of HAVS, noise and other risks features as part of the audit.

Audits are annual, but require continuous ongoing monitoring and control, with evidence of that being carried out a requirement for re-approval. Audits are carried out in-person and onsite, with the audit results being reported the BOHS Head Office. In addition to audit results, the fabricator also consents to allow its occupational hygiene provider to share the monitoring data collected, which allows for the verification of the monitoring activity being undertaken. This is analysed as part of the BOHS silica monitoring project and anonymised data is also shared with HSE's I-SCOPE project.

What is the administrative process?

Any fabricator can approach WFF to seek consideration for the Quality Mark, whether or not a member. WFF will undertake initial due diligence, including checks on the existence of suitable health and safety general policies, insurance etc.

After due diligence checks, the applicant needs to provide written permission to BOHS Head Office to undertake due diligence checks of their occupational hygiene provider and to secure all necessary information from that provider.

The provider is given the audit standard and also linked with the BOHS Quality Mark Technical Team so as to undertake a full assessment of the applicant's current compliance with the standards. Where improvements are required to meet the standard, the provider will advise the applicant (normally via their SHE team) and BOHS will also advise the applicant's senior management. Only when all of the criteria have been satisfied will BOHS Head Office write formally to WFF to advise them to list the applicant as holding the Quality Mark and the applicant's senior management, permitting the use for marketing etc.

The Quality Mark is a Trademark of BOHS and misuse is a Trading Standards Offence. The mark incorporates a QR code which links to the WFF website listing firm who meet the requirements.

What is the likely take-up?

To date, the major UK fabricators have applied. With very high and wide-ranging standards, two fabricators have met the audit standards, but we expect a further three meeting them in the coming weeks. The fabricators in this group represent the majority of UK fabrication capacity.

It is highly likely that there will be a large number of smaller, independent fabricators who will not wish to join the scheme and will hedge their bets in the hope that they are not inspected by HSE.

The future

The Quality Mark aims to ensure that the supply chain is able to source a variety of kitchen worktop products (whether natural or artificial) with the confidence that fabrication risks to health are controlled effectively. Research by the University of Wollongong, confirms that the notion of a "safe" alternative to engineered stone is elusive [Crystalline silica content of natural, engineered, and synthetic stone products and their relation to silicosis policy development - ScienceDirect](#). The only way to reduce risks to health arising from worktop fabrication is to have robust and effective controls which prevent the inhalation of dust particles.

In the context of the Hierarchy of Controls, the hazard to be eliminated from the workplace is airborne process-generated dust. International experience (especially from Australia) indicates that trying to remove a particular product type is exceptionally difficult and still will not address associated risks.

Substitutes for silica-bearing materials are not necessarily safer, and often contain substances with unknown properties. We are aware that non-soluble dusts within the respirable range will always present a probability of inflammatory and carcinogenic responses and high levels of exposure will increase that.

Controlling the volume of respirable particles in a working environment, through process design can be agnostic of the levels of risk arising from particular products or substances.

Review and improvement

BOHS intends to publish an annual report on the degree to which the quality mark evidences control of risks. As a scientific body, our commitment is to what we observe. It was possible that we might have come to conclusions similar to those drawn by CalOSHA. In recommending a ban on engineered stone, CalOSHA concluded that while it was possible control respirable dusts to below the health based limit, they had no evidence of any part of the industry actually implementing controls which achieved this.

Both HSE and BOHS scientists have concluded that some UK fabricators are delivering process controls which approach this higher standard, even without additional controls. We would want to see a greater volume of the industry meeting these standards and the level of control progressing. In relation to respirable crystalline silica, one method in the progressive use of low silica materials, provided that these materials are actually lower in the process generation of RCS and we are confident that other respirable dusts are not actual or potential threats to human health, e.g. which create a higher risk of chronic disease.

The Quality Mark should also provide the means by which HSE can focus enforcement resources on organisations which are not committed to better controls.

What doesn't the quality mark do?

At present, there is very poor quality evidence that relates specifically to onsite fabrication risks and controls. This is an area which requires further work.

Within construction environments, BOHS continues to be concerned that there is a cut-to-fit culture, where high silica materials, including worktops, tiles, bricks and blocks, as well as timber, construction boards and metal elements are modified on-site because of poor specification and quality control. Modification of worktop elements may happen in conjunction with other trades and exposures, in the construction and refurbishment sectors.

It is estimated that the vast majority of unnecessary and harmful exposures to harmful dusts arises out of modifications to silica-bearing elements, making a significant contribution to the 500 plus deaths from silica each year.

We would welcome working with CLC towards a reduction in cut-to-fit practices and in understanding what workplace controls can be applied to ensure site-based standards are maintained, controlling secondary, as well as primary exposures.



Audit sheet

Fabrication of Engineered Stone in a factory environment

Essential items

1. Health & Safety	Document review: • COSHH Risk Assessment for Silica • RCS exposure monitoring report demonstrating control
2. Sourcing	• Progress towards working with stone containing the lowest crystalline silica content to reduce health risks for all workers (<40% Silica)
3. Controls & PPE	Main Points • Use water suppression for all fabrication. • Use clean water (mains fed for hand polishing tasks) • Control the mist generated by water suppression. • Automated machines – Enclosure, Baffles, Spray Shields • Splashbacks/Upstand saws – Enclose as far as possible, Baffles and Spray Shields. • Handheld Tools - Work within a partially enclosed (roof and sides) and externally vented local exhaust ventilation (LEV) booth to control mist, for example a water wall LEV booth. ** • Good general dilution ventilation PPE • Provide loose-fitting powered air purifying respirators (PAPR) with an assigned protection factor (APF) of at least 20 for Hand Finishers and Upstand workers. • Provide dust repellent workwear - Hand Finishers and Upstand workers. • Other workers, apart from those above that are wearing tight fitting RPE must be face fit tested, clean shaven and suitably trained. Silica Exposures • Compliance with the WEL and striving towards exposure of <0.025mg/m³ LTEL
4. Control Checks & Maintenance	• Check mist control systems, including water suppression (e.g. nozzle orientation, baffles and spray shields etc) and LEV works properly before each use. • For recirculating water suppression systems: • Manage biological risk (legionella). • Control suspended silica content e.g. filtration system, flocculant/coagulant. • Ensure satisfactory TExT (where LEV present).

5. Welfare & Cleaning.	• Workplace regularly cleaned. Cleaning regime sufficient to prevent accumulation of dust. E.g. floors, benches, machinery, and stored slabs. (Low pressure hoses and squeegees) • No dry sweeping or compressed air for cleaning • No home laundering of contaminated workwear by workers. • Do not allow eating, drinking or smoking in contaminated areas.
6. Information, Instruction, Training (IIT)	Silica awareness for workers to include: Health effects, control methods, RPE, LEV, Safe systems of work. etc and documented.
7. Health Surveillance	Provide annual health surveillance for workers as per HSE guidance Appoint a competent occupational health provider e.g. SEQOHS
8. Management Arrangements	Management Systems • Appropriate supervision and/or oversight of silica controls • Regularly review Silica risk assessment if there is reason to suspect no longer valid or significant change in the work. At least once every 3 years • Annual RCS exposure monitoring undertaken by a competent hygienist. Anonymised exposure results to be provided to BOHS*. • Make suitable arrangements for maintenance, cleaning of reusable RPE, separate storage and replacement of PPE. • Implement continuous improvement program. e.g. Plan, Do, Check, Act (HSG65) to ensure sustainable compliance. (Advisories into Essential items) • Implement supporting RPE management program as per ST3A. • Restrict access in Fabrication areas to authorised persons Competence. The following must be undertaken by a competent person: • Risk Assessment & Training. • Competent auditor (LFOH minimum) appointed, as approved by the BOHS* • Exposure monitoring carried out under the authority of a registered and Qualified occupational hygienist, minimum of LFOH. Reporting Systems. • Regularly review control measures to check that they are still effective • Ensure that concerns are promptly actioned and remedied. • Keep all equipment in good working order; silica-containing dusts are abrasive. Documentation • Keeping training records to demonstrate what information, instruction and training have been provided. • Retain risk assessments for at least 5 years • Monthly reusable RPE checks
9. OH Audit	Annual Audit by registered BOHS occupational hygienist with expectation that continuous improvement is applied. Plan, Do, Check Act.

**LEV not needed if:

Exposure data <0.025 mg/m³ LTEL

Factory very clean from settled dust
 RPE suitable and being use correctly
 Hand finishing mains clean water supplied
 Good general dilution ventilation
 Low silica stone used

Advisories - if not achieved they should be part of the continuous improvement.

1. Health & Safety	• Suitable and Sufficient Risk Assessments (HAVS, Noise, Manual Handling, legionella) • COSHH Risk Assessment for silica considers RCS exposure monitoring report
2. Sourcing	• Action plan to reduce high silica-containing slabs
3. Controls Adequate	• Segregate tasks which create dust and mist to reduce spreading of airborne contamination to other workers. • Adequate skin protection to protect against wet working – Dermatitis risk.
4. Control Checks	• Maintain equipment as advised by the supplier or installer. Ensure a planned preventative maintenance (PPM) schedule. • Commissioning of new LEV systems, in accordance with HSG 258.
5. Welfare & Cleaning & Decontamination	Skin care • Provide warm water, mild skin cleansers, and soft paper or fabric towels for drying. Avoid abrasive cleansers. • Provide pre-work skin creams, which will make it easier to wash dirt from the skin. • Provide after-work creams to replenish skin oils. • Do not rely on barrier creams; they are not 'liquid gloves', and they do not provide a full barrier. Housekeeping • Clear up slurry and dispose of it safely. • Slope floors gently towards gulleys, where possible, to help slurry drain. • Avoid gulleys flowing through clean areas; slurry can dry out and lead to dust becoming airborne. Control • Any wet vacuum equipment must meets at least Class M (medium hazard) classification – should be no dried dust deposits. Decontamination • Provide suitable changing and washing facilities that prevent the spread of silica.

6. Information, Instruction, Training (IIT)	• Silica Management training for managers and supervisors,
7. Health Surveillance	• Assess other health effects such as hand-arm vibration, dermatitis, and noise-induced hearing loss.
8. Management	• Systems to regularly consult workers. For example regular H&S forums to discuss suitability of PPE, concerns and issues etc. • Minimising any unnecessary fabrication of stone.