P9_TA(2021)0427

Protecting workers from asbestos

European Parliament resolution of 20 October 2021 with recommendations to the Commission on protecting workers from asbestos (2019/2182(INL))

(2022/C 184/03)

The European Parliament,

— having regard to Article 225 of the Treaty on the Functioning of the European Union (TFEU),

— having regard to Articles 152 and 154 TFEU concerning the role and consultation of the social partners,

— having regard to Article 153(1) and (2) TFEU,

— having regard to Article 192(1), (3), (4) and (5) TFEU,

— having regard to Article 194(2) TFEU,

— having regard to Article 114(1) TFEU,

— having regard to Article 168 TFEU,

— having regard to Article 169(3) TFEU,


— having regard to the European Pillar of Social Rights proclaimed on 17 November 2017 jointly by the European Parliament, the Council and the Commission,

— having regard to the Commission communication of 4 March 2021 entitled ‘The European Pillar of Social Rights Action Plan’ (COM(2021)0102),

— having regard to its resolution of 14 March 2013 on asbestos related occupational health threats and prospects for abolishing all existing asbestos (5),

— having regard to the practical guidelines for the information and training of workers involved with asbestos removal or maintenance work of the Commission (2012),


having regard to the Commission's report of November 2015 entitled 'Evaluation of the Practical Implementation of the EU Occupational Safety and Health (OSH) Directives in EU Member States',

— having regard to the opinion of the European Economic and Social Committee of 15 May 2019 entitled 'Working with asbestos in energy renovation',

— having regard to the opinion of the European Economic and Social Committee of 18 February 2015 on Freeing the EU from Asbestos,

— having regard to its resolution of 10 March 2021 on the implementation of Regulation (EU) No 305/2011 laying down harmonised conditions for the marketing of construction products (the Construction Products Regulation) (6),

— having regard to its resolution of 10 July 2020 on the Chemicals Strategy for Sustainability (7),


— having regard to the Council conclusions of 12 March 2021 entitled 'Sustainable Chemicals Strategy of the Union: Time to Deliver',

— having regard the Commission communication of 14 October 2020 entitled 'A Renovation Wave for Europe — greening our buildings, creating jobs, improving lives' (COM(2020)0662),

— having regard to the Commission communication of 3 February 2021 entitled 'Europe's Beating Cancer Plan' (COM(2021)0044),

— having regard to the Commission communication of 11 March 2020 entitled 'A new Circular Economy Action Plan. For a cleaner and more competitive Europe' (COM(2020)0098),


— having regard to the European Chemicals Agency's report of 1 February 2021 entitled 'ECHA Scientific report for evaluation of limit values for asbestos at the workplace',

— having regard to the Commission's report of September 2020 entitled 'Conquering cancer: mission possible',

— having regard to the World Health Organization's recommendations of March 2014 set out in the factsheet 'Elimination of asbestos-related diseases',

— having regard to the United Nations Sustainable Development Goals, in particular Goal No 3 to ensure healthy lives and promote well-being for all at all ages,

— having regard to Rules 47 and 54 of its Rules of Procedure,

— having regard to the opinions of the Committee on the Environment, Public Health and Food Safety and the Committee on the Internal Market and Consumer Protection,

— having regard to the report of the Committee on Employment and Social Affairs (A9-0275/2021),

A. whereas a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities;

B. whereas asbestos causes between 30,000 and 90,000 deaths per year in the Union;

C. whereas the most common occupational cancer is lung cancer, constituting between 54% and 75% of occupational cancers, and whereas asbestos is the main cause of lung cancer (43%) (8); whereas exposure to asbestos combined with tobacco use considerably increases the risk of developing lung cancer (9);

D. whereas the International Agency for Research on Cancer (IARC) has recognised asbestos as a proven carcinogen (group 1) that is responsible for asbestosis, lung cancers and mesothelioma, as well as larynx and ovarian cancers; whereas research into other cancers induced by asbestos as well as on other non-cancerous health conditions should be promoted (10); whereas an increased risk of cancer has been observed even in populations exposed to very low levels of asbestos fibres, including chrysotile fibres; whereas asbestos can cause other non-malignant lung and pleural disorders, including pleural plaques, pleural thickening, and benign pleural effusions;

E. whereas asbestos has been banned in the Union since 2005; whereas some Member States banned asbestos as early as the 1980s; whereas Member States must ensure that asbestos fibres are completely phased-out as soon as possible; whereas the nature and extent of the use of asbestos varies greatly among Member States;

F. whereas Regulation (EC) No 1907/2006 of the European Parliament and of the Council (11) (REACH) specified that the manufacture, selling and use of asbestos fibres and products containing these fibres added intentionally is prohibited and whereas Commission Regulation (EU) 2016/1005 (12) amending Annex XVII to REACH aims to ensure the complete phase out of asbestos products in Member States by 1 July 2025;

G. whereas asbestos is a highly dangerous carcinogenic agent used worldwide in building and other materials in many areas of daily life; whereas many different groups are at risk of exposure to asbestos, including workers in the building and renovation sector, mining, waste management, firefighters, as well as home-owners and renters; whereas the most harmful health effects of inhaled asbestos fibres and asbestos-related diseases can take up to 40 years to manifest; whereas cases in the Union are expected to peak around 2025 (13);

H. whereas, despite existing regulations at Union and national level, many cases of asbestos-related disease are too often not recognised as an occupational disease and victims are therefore not eligible for work-related compensation, adding to the physical suffering from the disease; whereas trade unions and associations representing victims play an important role in assisting victims of occupational diseases in recognition procedures and compensation claims;

I. whereas the management of asbestos in buildings, including abandoned buildings, and its safe removal requires full consideration of health and safety at work in relation to the Union’s plan to improve the thermal insulation of its built environment with a view to energy savings and becoming the first climate-neutral continent by 2050; whereas building renovation to increase energy efficiency often involves handling materials such as roofs, walls or electric

(9) https://www.who.int/news-room/facts-sheets/detail/asbestos-elimination-of-asbestos-related-diseases
settings, which could contain asbestos if they were constructed before the Union and national regulation or ban of the use of asbestos; whereas a substantial share of the existing built environment in the Union is more than 50 years old; whereas the deterioration of the Union's building stock increases the risk of environmental exposure, posing a threat to many different groups of the population, which could, in particular, lead to more cases of mesothelioma; whereas asbestos-related diseases have been observed in populations living in the vicinity of industrial sites; whereas the health effects of environmental exposure have been largely under-estimated \(^{(14)}\); whereas environmental exposure levels to asbestos can reach occupational exposure levels; whereas more research is needed into the risks related to asbestos via such environmental pathways;

J. whereas disposing of asbestos waste in landfill is not a viable long-term solution as the waste will have to be dealt with by future generations, as asbestos fibres are virtually indestructible over time; whereas releasing asbestos fibres into the environment should be avoided; whereas there is a need to develop cost-effective methods for the inertisation of waste containing asbestos, in order to deactivate active asbestos fibres and convert them into materials that do not pose public health risks;

K. whereas, more broadly, research and innovation should be fostered to improve asbestos screening, the identification of asbestos-related cancers other than lung cancer and mesotheliomas, safe removal techniques, waste management and the safety of occupants of buildings and exposed workers, including real-time asbestos alert and detection technology;

L. whereas, pursuant to Article 191(1) TFEU, Union policy on environment is to contribute to the pursuit of objectives such as protecting the health of its citizens, protecting and improving the quality of the environment, promoting the prudent and rational utilisation of natural resources, and promoting measures at international level to deal with regional or worldwide environmental problems;

M. whereas, pursuant to Article 191(2) TFEU, Union policy on the environment is to be based on the precautionary principle and on the principles that preventive action should be taken, that environmental damage should as a priority be rectified at source and that the polluter should pay;

N. whereas Article 37 of the Charter of Fundamental Rights of the European Union requires a high level of environmental protection and the improvement of the quality of the environment to be integrated into the policies of the Union and ensured in accordance with the principle of sustainable development;

O. whereas the right to a safe, clean, healthy and sustainable environment is becoming universally recognised as the number of countries recognising this right has grown over the last few years, with more than 155 countries recognising that right, or elements of that right, in their national legal systems;

P. whereas, according to the European Chemicals Agency (ECHA), asbestos is a non-threshold carcinogen; whereas the existing binding occupational exposure limit value (OELV) for asbestos is 0.1 fibres/cm\(^3\) as an 8-hour time-weighted average; whereas the Risk Assessment Committee of the ECHA has prepared an opinion for a reduction of the binding OELV for asbestos; whereas exposure should always be reduced as far as technically possible, especially when no safe threshold exists; whereas, as a consequence, the OELV should be reviewed to take account of the latest scientific and technical developments, and revised accordingly;

Q. whereas 80% of occupational cancers recognised in the Member States are asbestos related; whereas 98% of the human costs, including the impact on life quality and workers’ families, are endured by workers; whereas estimates suggest that the cost of occupational cancer in the Union accounts for between EUR 270 and EUR 610 billion per year, or 1.8% to 4.1% of GDP \(^{(15)}\); whereas action to enhance policies to prevent ill health are crucial to ensuring that workers and their families are able to live healthier lives;

\(^{(14)}\) Environmental exposure to asbestos, from geology to mesothelioma, Bayram, Mehmeta; Bakan and Nur Dilekb, Current Opinion in Pulmonary Medicine, 2014.
R. whereas asbestos has been widely used in housing and poses health risks; whereas the right to adequate housing, the definition of which includes a right to protection against threats to health, has been recognised as a human right and as key to tackling health inequalities by international organisations and the Member States; whereas the safe removal of asbestos will contribute to ensuring quality housing for all, in particular for low-income owners and renters, whose housing conditions have deteriorated in recent decades;

S. whereas the safe removal of asbestos should not be used as a pretext for practices such as the eviction of tenants on the ground that their homes must be renovated;

T. whereas the introduction of requirements for the safe removal of asbestos must be socially fair and must be accompanied by appropriate measures to support building owners to finance the needed renovations, as well as accompanying capacity-building measures for small and medium-sized enterprises (SMEs) conducting works; whereas, at the same time, Union funds under the Renovation Wave for Europe, set out in the Commission's communication of 14 October 2020 (Renovation Wave), should be safeguarded for beneficiaries that comply with Union and national regulation that aim to protect workers from exposure to asbestos;

U. whereas asbestos is still present in many administrative buildings, schools, housing, infrastructure and public-transport facilities and water supply networks; whereas knowledge about the use and presence of that substance is dwindling over time; whereas the presence of asbestos and the absence of knowledge of this represents a danger for all occupiers and users of buildings;

V. whereas Parliament's resolution of 17 December 2020 on a Strong Social Europe for Just Transitions (16) called on the Member States to eliminate work-related deaths and reduce work-related illnesses by 2030 and on the Commission to revise Directive 2004/37/EC;

W. whereas the Commission's communication of 3 February 2021 states that 52 % of annual occupational deaths in the Union can be attributed to work-related cancers; whereas improving early diagnosis, treatment and rehabilitation are priorities of the EU Beating Cancer Plan and should benefit patients suffering from asbestos-related diseases; whereas the Commission envisages presenting a legislative proposal in 2022 to further reduce worker exposure to asbestos as part of its plan;

X. whereas the European Pillar of Social Rights (the 'Pillar') was adopted as a response to social challenges in the Union; whereas the Pillar comprises 20 principles divided into three categories: equal opportunities and access to the labour market, fair working conditions, and social protection and inclusion; whereas principle 10 provides for a high level of protection of workers' health and safety at work, which should include the protection of workers from exposure to carcinogens and mutagens at the workplace;

Y. whereas the crisis has highlighted the importance of preventing work-related diseases and investing in affordable public health for all; whereas labour inspectorates, trade unions and workplace health and safety representatives play a key role in effective inspection and enforcement of asbestos-related rules and regulations; whereas effective, proportionate and dissuasive penalties are key to deterring employers from infringing regulations on occupational health and safety at work and ensuring fair competition on the internal market;

Z. whereas the built environment has a significant impact on many sectors of the economy, on local jobs and quality of life; whereas the new sustainable built environment strategy from the Commission aims inter alia to promote circularity principles throughout the lifecycle of buildings; whereas the Commission's new Circular Economy Action Plan set out in its communication of 11 March 2020 involves focused initiatives to address key product value chains such as construction and buildings; whereas the Commission's communication of 1 July 2020 acknowledges that the construction sector will need to invest in upskilling of workforce to cater to the needs of the green transition with regard to green design and materials, energy efficiency, circularity and renovation; whereas the availability of skilled construction workers is key to the success of the Renovation Wave;

AA. whereas asbestos and asbestos-containing materials and products can still be legally produced, processed, imported and exported in over 100 countries worldwide, including countries in the Union's neighbourhood regions; whereas Regulation (EU) No 649/2012 of the European Parliament and of the Council (17) establishes the implementation of the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade as revised in 2019 (the Rotterdam Convention), whereby a country's specific agreement is required before exporting a product containing toxic chemicals; whereas strengthening efforts to keep non-compliant products from being placed on the Union market was identified as a priority in the Commission's communication of 28 October 2015; whereas, despite Union and national bans and existing regulation, asbestos is still entering the internal market (18); whereas as long as asbestos is legally produced and marketed globally, there is always a risk it will enter the internal market;

AB. whereas robust registries of people with past or current exposure to asbestos are important to ensure medical surveillance and to facilitate the recognition of occupational diseases, whilst complying with Regulation (EU) 2016/679 of the European Parliament and of the Council (19); whereas Member States have different ways of organising national social insurance schemes with regard to work-related injury or disease, including the complementary role of collective agreements; whereas the principles underlying such schemes and the autonomy of the social partners need to be respected;

AC. whereas the opinion of the European Economic and Social Committee of 18 February 2015 on Freeing the EU from Asbestos states that it should be ensured that at Member State level all cases of asbestosis, mesothelioma and other asbestos-related diseases are registered by means of systematic data collection on occupational and non-occupational asbestos diseases, that pleural plaques are categorised and officially registered as an asbestos-related disease, that reliable mapping of asbestos presence is ensured, with the assistance of dedicated observatories, and that medical staff should receive appropriate training so they can perform their duty of sound diagnosis;

AD. whereas the legislation in force in some Member States only puts certain obligations on owners, administrators or managers of asbestos-containing buildings when they start to use the building or intend to start its demolition, and not when selling a building equipped with asbestos-containing products;

**European Strategy for the Removal of All Asbestos: ESRAA**

1. Points out that the safe removal of asbestos is an example of the need to apply the principle of health in all policies referred to in Article 168(1) TFEU, as it is directly connected to the following recent and upcoming Union policy initiatives: the new Union framework for health and safety, the Green Deal with the Renovation Wave, Next Generation EU and the Multiannual Financial Framework, Europe's Beating Cancer Plan, the EU waste strategy and the circular economy package; highlights that the treatment of asbestos waste should fully apply the precautionary principle; calls on the Commission to propose a corresponding revision of relevant Union waste legislation;

2. Underlines that the safe removal of asbestos is a difficult and urgent task and reiterates its call for a comprehensive and integrated approach connecting several policy areas; points out that safe working conditions should be the main priority;

3. Calls on the Commission to present a European Strategy for the Removal of All Asbestos: ESRAA, which includes the following elements:

(a) a European framework for national strategies for the safe removal of all asbestos in the Member States, which should include a legislative proposal to introduce minimum standards for publicly accessible national asbestos registers;

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(b) a proposal to update Directive 2009/148/EC in order to strengthen Union measures for protecting workers from the threat of asbestos and to prevent a new wave of asbestos victims in the course of the Renovation Wave;

(c) a legislative proposal for:

(i) the recognition of occupational diseases, including all known asbestos-related diseases, with minimum standards for recognition procedures, and

(ii) minimum standards for the compensation of victims of asbestos-related occupational diseases;

(d) a proposal to update Directive 2010/31/EU with a view to introducing a requirement for the mandatory screening and subsequent removal of asbestos and other dangerous substances before renovation works can start, in order to protect the health of construction workers;

(e) a legislative proposal that takes into account existing national regulations as well as an impact assessment on the most efficient models for the mandatory screening of buildings, consisting of a surface diagnosis of the presence of asbestos by a professional entity with appropriate qualifications and permits, before sale or rent and for the establishment of asbestos certificates for buildings constructed before 2005 of before the year of an equivalent national asbestos ban, whichever the earlier;

4. Notes that comprehensive removal strategies will entail financial and administrative consequences for building owners, public authorities and businesses, in particular SMEs, including microenterprises, as well as a significant workload for the certifying bodies; stresses, therefore, that appropriate transition periods and adequate regulatory and financial support should be provided;

5. Underlines the need to mobilise all existing financial mechanisms available at Union and the Member State level and highlights the fact that the Commission has already made clear that Member States can allocate European Structural and Investment (ESI) funds for the handling and removal of asbestos (20); in this regard, calls for the mobilisation of ESI funds to improve the reliability and speed of asbestos screening and the measurement, removal and safe waste management in line with the objectives of the relevant national or regional programmes; stresses that it is crucial to support research and development, in particular with regard to the development and improvement of the route-to-market for occupational health and safety technology, including real-time measurement and alert systems for asbestos, as well as cost-effective asbestos inertisation methods and technologies; calls on the Commission and the Member States to use all the tools to support investments in sustainable treatment technologies, including through dedicated Important Projects of Common European Interest;

6. Stresses that Union funds under the Renovation Wave should be safeguarded for beneficiaries that comply with Union and national regulations aiming to protect workers from asbestos; calls for a system to ensure that Union funds are recuperated from beneficiaries found to not comply with Union or national rules on the protection of workers from asbestos;

7. Calls for the strengthening of the European Agency for Safety and Health at Work (EU-OSHA), in order to provide effective tools such as technical and scientific support for improving prevention efforts, to better monitor the registration of workplaces containing asbestos and the tracking of workers who have or might have been in contact with it, to improve training and protective equipment provided to workers; calls for the establishment of a European platform, within the remit of EU-OSHA, to showcase good practices for the removal of asbestos and safe disposal of asbestos, which have already been implemented in several Member States and to provide for the exchange of such good practices;

8. Points out that labour inspectorates have a vital role to play in the prevention and monitoring of asbestos exposure and also in helping to enhance expertise and information provision at company level; calls on the Member States to improve the number of labour inspectors, the quality of labour inspectorates and inspections as well as the frequency of inspections; takes the view that Member States should go well beyond the International Labour Organization’s recommendation to provide for a minimum one inspector for every 10 000 workers; urges Member States to impose effective, proportionate and dissuasive penalties on firms that fail to comply with their obligations concerning, in particular, occupational safety and health;

9. Considers that there is an urgent need for an effective access to justice and redress for all health damage, not only that relating to anxiety, for all asbestos victims; underlines that all medical costs related to asbestos exposure should be covered by the employers when they have failed to take all appropriate measures and to make efforts within their means to prevent asbestos exposure; calls on the Commission to assess the possible need for legislation establishing a general liability regime for diffuse pollution to provide compensation to victims for all damages from diffuse pollution, including that caused by asbestos;

A European framework directive for national asbestos removal strategies

10. Welcomes the Renovation Wave, which seeks to renovate 35 million buildings by 2030; shares the view expressed in the communication that particular attention should be paid to protecting workers renovating old buildings and intervening in emergency operations from exposure to asbestos;

11. Stresses that better preventive measures and risk-management of asbestos-related risks require access to relevant information adapted to the needs of those directly concerned;

12. Calls on the Commission to support the dissemination of information on the various systems for the safe and orderly removal or disposal of asbestos products based on best available techniques;

13. Underlines that risks arising from populations exposed to naturally occurring asbestos materials is also an area where information is needed;

14. Insists that any Union initiative supporting energy renovation should be socially fair and should include measures for the protection of the health of occupants and workers, including through identification of buildings that contain asbestos, in order to enable the safe removal of asbestos and other hazardous materials;

15. Calls on the Commission and the Member States to ensure that access to decent, affordable and healthy housing is one of the cornerstones of the Action Plan of the Pillar;

16. Welcomes the fact that several Member States and regions are currently pursuing ambitious plans to remove asbestos from the built environment with clear timelines, including the Netherlands, Poland and Flanders;

17. Reiterates its call on the Commission to set a legal framework for an assessment, in consultation with the relevant stakeholders, including the social partners, of all existing asbestos in buildings and infrastructure in the Member States, and to estimate the costs of its safe removal in each Member State;

18. Calls on the Commission to present a proposal for a framework directive for Member States to set up national asbestos removal plans that include clear and realistic timelines, including priorities and interim targets, detection and registration of asbestos, financing and support to homeowners and SMEs, protection measures for workers against the risk of asbestos exposure in accordance with Directive 2009/148/EC as well as the safe disposal of asbestos in order to prevent asbestos from entering into recycling processes;

19. Insists on the need to carry out long-term epidemiological surveillance to assess the effectiveness of the measures taken; highlights that mesothelioma is a disease whose main risk-factor is asbestos and that the number of mesotheliomas diagnosed is a relevant indicator for epidemiological surveillance; calls therefore for the reporting of mesothelioma to competent authorities to be made mandatory;

20. Points out that, according to recent studies, non-occupational exposure to asbestos may explain about 20 % of the mesotheliomas in industrialised countries (21);

21. Recalls the anticipated increase in construction work in view of the Renovation Wave, which will be accompanied by increased occupational and environmental exposure to asbestos fibres; highlights the need for asbestos to be substituted with energy efficient materials in the context of the Renovation Wave;

(21) The health impact of nonoccupational exposure to asbestos: what do we know? (from the nih.gov website).
22. Reiterates its call for national public asbestos registers; calls on the Commission to introduce, as part of a proposal for a framework directive, minimum standards for publicly accessible digital national registers for asbestos and other hazardous substances in public and privately owned buildings; stresses that registers for asbestos should be compatible with databases and registers such as those related to energy efficiency and populated via common tools, such as building renovation passports, in accordance with Regulation (EU) 2016/679;

23. Calls on the European Environment Agency to conduct further research on the presence of asbestos in rivers and their surrounding tributaries, and its effects on vegetation and wildlife, such as the one conducted by the US Environmental Protection Agency (\(^{(2)}\));

24. Stresses that background concentration levels of asbestos in the atmosphere should be monitored and measured across Member States, that access to information should be made available and that exposure limit values for living spaces should be introduced;

25. Acknowledges the 2017 World Health Organization (WHO) recommendations \(^{(3)}\), which stipulated that it is not necessary to include asbestos fibres in Annex I to Council Directive 98/83/EC \(^{(4)}\) and concluded that asbestos fibres in drinking water are of no concern for health; recalls that a study by Italian scientists has raised the important question of whether ingestion of water containing asbestos fibres increases the risk of gastric and colorectal cancers \(^{(5)}\); stresses that potential asbestos-related diseases possibly caused by the ingestion of water containing such fibres coming from asbestos pipes could take several decades to become apparent; stresses that, even if the Italian study alone cannot make it possible to definitively conclude, at this stage, on the link between the ingestion of asbestos via water and the development of cancers of the gastro-intestinal tract, the precautionary principle should apply given the uncertainties involved; considers that more research should be conducted on this important question; calls on the Member States, therefore, to carry out regular monitoring of the quality of the water used for the abstraction of drinking water and to take the necessary preventive and mitigation measures in case there is a risk to human health;

26. Is concerned about the state of the drinking water distribution network in the Union and the presence of asbestos cement pipes, the deterioration of which releases asbestos fibres into the water; further, recalls that, in line with WHO recommendations, asbestos-cement pipes should no longer be used or approved for drinking water \(^{(6)}\); considers that, in the framework of the European Strategy for the complete elimination of asbestos, and through the European Recovery Plan and those of the Member States, a comprehensive renovation and asbestos removal plan for the European drinking water distribution network should be drawn up and implemented;

**Update of Directive 2009/148/EC on the protection of workers from the risks related to exposure to asbestos at work**

27. Recalls that asbestos remains one of the most significant occupational health challenges and that 125 million people worldwide have been exposed to asbestos in the workplace \(^{(7)}\), despite its health risks having been known for decades;

28. Points out that approximately 250 000 people worldwide die each year as a result of asbestos exposure \(^{(8)}\); points out that, in recent years, the rate of death from diseases related to exposure to asbestos fibres has even accelerated;

29. Calls on the Commission to update Directive 2009/148/EC, taking into account the latest scientific knowledge and technical developments, including an evaluation of different types of asbestos fibres and their adverse health effects, as well as to start the consultation process for updating the list of fibrous silicates within the scope of the Directive and, in that


context, to assess the inclusion of riebeckite winchite, richterite, fluoro-edenite, and erionite in the list which already covers actinolite, anthophyllite, tremolite, grunerite.

30. Emphasises that Directive 2009/148/EC applies to all activities in which workers are or may be exposed in the course of their work to dust arising from asbestos or materials containing asbestos; calls for stronger provisions ensuring the protection of all workers at asbestos removal sites, including workers entering a worksite post removal; calls for a stronger emphasis on the need to include all at-risk professions, including renovation and demolition workers, waste managers, miners and firefighters, in the national implementation of that Directive;

31. Is concerned that according to the latest scientific medical research and recommendations, there is no threshold under which asbestos fibre air concentration is harmless (29); believes in that regard that no exemptions from the protection measures of Directive 2009/148/EC can be justified under reference to the OELV; calls for Directive 2009/148/EC to fully reflect the principle that appropriate personal protective measures should always be taken during activities in which workers are or may be exposed to dust arising from asbestos or materials containing asbestos in the course of their work; considers that the hazardous nature of non-friable asbestos-containing materials should be taken into consideration when assessing the risks; calls for an individual risk assessment related to the planned work process to determine the necessary protective measures;

32. Insists that the safe removal and disposal of asbestos containing parts and materials is a priority, because repair, maintenance, encapsulation or sealing only lead to the postponement of the removal which perpetuates the risks for inhabitants and workers years later; calls for the prohibition of encapsulation and sealing of asbestos-containing materials which can technically be removed; insists that this prohibition should avoid putting the most modest households in a situation where they could not afford the necessary renovation; stresses, therefore, the need for appropriate accompanying measures; insists on the importance of identification, registration and regular monitoring of asbestos-containing structures which cannot be removed in the short term, such as concrete walls in buildings;

33. Encourages the creation of synergies with the database set up by the ECHA to gather information and improve knowledge about substances of concern in products and in products when they become waste;

34. Recalls the fundamental legal principle that, in the context of health and safety at work, state-of-the-art technology must always be applied to achieve the highest possible level of protection; calls for the strengthening of technical minimum requirements to lower the concentration of asbestos fibres in the air to the lowest level which is technically possible, including through dust suppression and the suction of dust at the source, continuous sedimentation, and means of decontamination; calls for minimum requirements for the pressure difference between asbestos enclosures and surroundings, fresh air supply and HEPA filters;

35. Stresses the need for updated technical minimum requirements to contain provisions to keep pace with technological developments; stresses that the required use of robots and other advanced technologies needs to be further explored, including through research and a more systematic exchange of best practices between Member States for the purpose of the ongoing development of new standards for the protection of workers’ health and safety; notes that optical microscopy is not the latest available technology to count asbestos fibres in the breathing air and that Analytical Transmission Electron Microscopy (ATEM) is more sensitive and makes it possible to distinguish and count asbestos fibres; calls for the use, where possible, of ATEM or similarly advanced methods for fibre counting;

36. Recalls that sampling must be representative of the personal exposure of the worker, which means that samples must be taken in representative and realistic situations of workers’ exposure to asbestos dust by repeatedly measuring in regular intervals during the specific operational phases; believes that if sampling cannot be representative of the personal exposure of the worker, all appropriate protective measures should be applied;

(29) ECHA Scientific report for evaluation of limit values for asbestos at the workplace, 1 February 2021.
37. Considers that the information in the notification should include all elements added in Annex II such as, for example, the areas in which the work will be conducted, the equipment used for the protection and the decontamination of workers, and a plan for waste disposal; believes that national competent authorities should store that information for at least 40 years;

38. Insists on the need to provide sufficient and focused administrative support to employers in transposing protective measures and notification requirements, in particular SMEs, including microenterprises, in order to avoid non-compliance; highlights that the provision of standardised processes for operations on asbestos materials would help reduce the levels of asbestos fibre dust, the costs of those operations and facilitate the fulfilment of the notification requirements;

39. Notes that the current Union minimum standard for the asbestos OELV is 100 000 fibres per m$^3$ (0.1 fibres/cm$^3$) and that most Member States apply the current minimum standard; highlights that some Member States apply much lower OELVs to protect the health of workers, for example an OELV of 2 000 fibres/m$^3$ (0.002) in the Netherlands;

40. Underlines that leading medical researchers from the International Commission of Occupational Health conclude that exposure limits do not protect properly against cancer and propose an occupational limit value of 1 000 fibres/m$^3$ (0.001 fibres/cm$^3$); welcomes the Commission’s commitment to present a legal proposal to further reduce workers’ exposure to asbestos in 2022 and calls on the Commission, as a matter of priority, to update those exposure limits, which should be set at 0.001 fibres/cm$^3$ (1 000 fibres/m$^3$), taking into account recommendations from different stakeholders and after consulting the Advisory Committee on Safety and Health at Work; stresses the need for an adequate transition period to implement the new methodology and the new exposure values;

41. Emphasises that employers but also owners, main contractors and contracting authorities that commission work should be required to carry out an asbestos diagnosis before the start of any work in buildings, ships, aircraft, on equipment, or products; demands that prior to the start of work on premises that were built before 2005 or before the year of an equivalent national asbestos ban, whichever the earlier, a comprehensive screening for the presence of asbestos-containing materials be carried out by a qualified and certified operator; believes that screenings should always include a diagnosis adapted to the specific workplace and a report should state either the absence or the presence of asbestos, and its fibre type if present, with a detailed description of the nature of contamination and its precise location and estimated quantities; believes that, in addition to the requirements laid down in Article 14 of Directive 2009/148/EC, the Annex to that Directive should include requirements for a minimum duration of training validated by an exam with regard to the respective type of work; underlines in this context the need for a coherent methodology for risk assessment to ensure a Union level playing field and avoid the fragmentation of the internal market;

42. Is concerned that training requirements and the certification of training carried out still vary greatly among Member States, which is a severe hazard for health and safety in the context of the cross-border mobility of workers; calls for a new annex to Directive 2009/148/EC with obligatory minimum requirements for training on work with asbestos, including specific requirements for workers in specialised asbestos removal companies as well as workers who could come into contact with asbestos containing materials while performing their work; in addition to the requirements laid down in Article 14 of Directive 2009/148/EC, believes that the Annex to that Directive should include requirements for a minimum duration of training with regard to the respective type of work, appropriate documentation of such training, and the regular intervals in which an individual worker must attend training;

Recognition and compensation of asbestos-related diseases

43. Calls on the Commission to update its Recommendation of 19 September 2003 concerning the European schedule of occupational diseases (\(^{30}\)) to include the latest available scientific medical knowledge regarding occupational diseases, in particular with regard to asbestos-related diseases;

44. Calls on Member States to facilitate recognition procedures by reversing the burden of proof, in particular if national registers for asbestos workers were set up only recently, and to establish adequate compensation for workers suffering from asbestos-related diseases;

45. Points out that asbestos-related diseases are a cross-border challenge due to free movement and that the role of mobile workers should therefore be taken into account in particular in this regard; recalls that occupational diseases and workplace-related health risks are always linked to a specific profession, working activity, workplace and time; calls on the Commission to present, after consulting the social partners, a proposal for a directive on the basis of Article 153(1)(a) and (b) TFEU laying down Union minimum standards for the recognition and compensation of occupational diseases, including asbestos-related diseases;

46. Calls on the Commission to put forward a proposal for the Member States to establish a national function or an ombudsperson to assist victims of occupational diseases, and especially asbestos-related diseases which have a long latency period, in recognition procedures; calls on the Member States to support the establishment of patients associations and trade union groups for the victims of asbestos-related diseases and their families and insists on the need to consult these associations with a view to facilitate and simplify recognition procedures; calls for increased national funding to compensate victims of asbestos-related diseases, to ensure sufficient coverage of the direct, indirect and human costs of the illness;

47. Recalls that the synergistic effect of smoking and asbestos exposure considerably increases the risk of developing lung cancer; calls on Member States to propose a smoking cessation programme to all workers exposed to asbestos; reiterates that smoking must never be a reason to exclude a worker from the recognition of an asbestos-related occupational disease, or from being entitled to claim compensation and medical treatment for such a disease;

48. Calls for a better evaluation of the risks linked to non-occupational second hand exposure, particularly for family members living with asbestos workers; calls on Member States to facilitate the recognition of and compensation for documented victims of second-hand exposure through non-occupational contact with asbestos and draw on best practices from Member States such as Denmark; reiterates the gender perspective of second-hand exposure;

49. Stresses the existence of different types of non-occupational exposure to asbestos with potentially significant impacts on human health, whether para-occupational (including exposure to asbestos dust inadvertently carried home by workers), domestic (including household objects containing asbestos), or environmental (including materials existing in buildings and installations or of industrial origin);

50. Stresses that women who are exposed to asbestos-related risks are particularly vulnerable to certain kinds of asbestos exposure; calls for a better recognition of the gender perspective throughout occupational health and safety, and for gender mainstreaming in all legislative and non-legislative instruments in the Member States, to ensure that no gender bias has an impact on the tracking, identification, treatment or consideration of a disease as asbestos-related, with a consequential impact on the level of compensation for victims; calls for a greater consideration of cleaning activities as risk factors when diagnosing diseases; calls for better risk assessments and the identification of exposure to asbestos by workers who are cleaners, especially female cleaners, as well as by people who carry out unpaid household chores, such as the cleaning of products that are contaminated with asbestos;

51. Stresses that the polluter must pay principle should be taken into account in the attribution of the cost of asbestos removal as far as possible;

Asbestos screening prior to energy renovation works and selling or renting out a building


53. Calls on the Commission to present a proposal for an amendment to Article 7 of Directive 2010/31/EU in the context of the Renovation Wave introducing a requirement for the mandatory asbestos screening, registering, and removal of asbestos and other dangerous substances before any renovation works can start, while having regard to Article 153(1)(a) TFEU on the improvement, in particular, of the working environment to protect workers’ health and safety;

54. Calls on the Commission to present a legislative proposal that takes into account existing national regulations as well as an impact assessment on most efficient models for the mandatory screening of buildings, consisting of a surface diagnosis of the presence of asbestos by a professional entity with appropriate qualifications and permits, before sale or rent and for the establishment of asbestos certificates for buildings constructed before 2005 or before the year of an equivalent national asbestos ban, whichever the earlier;

55. Calls on the Member States to adopt protective measures for tenants where asbestos is found prior to energy renovation works; emphasises that screening and removal expenses should not be payable by the tenants; calls on the Member States to ensure that tenants receive full disclosure with regard to asbestos in buildings and that they are provided by the asbestos certificate;

The Union as a global leader against asbestos

56. Welcomes the Council Conclusions of 12 March 2021, which emphasise the need to strengthen national market surveillance capabilities and the role of the customs authorities; calls on the Member States to strengthen controls and market surveillance and to cooperate with other Member States’ border and customs authorities to prevent the entry of illegal asbestos-containing products into the internal market; stresses the importance of supporting and developing sustainable solutions for dismantling vessels within the Union in line with the New Circular Economy Action Plan in order to avoid adverse health effects on workers due to asbestos exposure when dismantling vessels; calls on the Commission to ensure high standards for the protection of workers against asbestos exposure at Union-approved ship recycling facilities in third countries; calls on the Commission to launch a study mapping the scale of illegal imports into the Union of asbestos-containing products and materials, and outlining potential measures to strengthen market surveillance, which could include the possibility of restricting access to docking, port facilities and temporary storage within the Union of vessels that carry asbestos containing products or materials as cargo in transit;

57. Calls on the Commission to make the listing of chrysotile asbestos in Annex III to the Rotterdam Convention and a global ban on asbestos top priorities; calls on the Union to work with international organisations to pioneer instruments to label the asbestos market as a toxic trade; calls on the Union to integrate the fight against asbestos and asbestos-related diseases into its external policies; calls on the Commission and the Member States to increase their support, including financial, of global actors working against asbestos and asbestos-related diseases, including the WHO; condemns financial investment in global asbestos industries;

58. Recalls that one third of the people in the WHO European region live in countries which have not yet banned the use of all forms of asbestos (32); points out that 16 European countries still use asbestos, particularly as a building material, and continue to produce and export it;

Financial aspects

59. Calls on the Commission to assess the financial implications of Parliament’s requests in accordance with paragraphs 17 and 18 of this Resolution and point 3 of Annex I:

60. Instructs its President to forward this resolution and the accompanying recommendations to the Commission and the Council.

ANNEX I TO THE RESOLUTION:

RECOMMENDATIONS AS TO THE CONTENT OF THE PROPOSAL REQUESTED

A European framework directive for national asbestos removal strategies

The European Parliament requests that the Commission submit, after consulting the social partners as provided for in Article 154, on the basis of Article 152(2) and Article 192 TFEU, a proposal for a framework directive setting out minimum requirements for national asbestos removal strategies, considering at least the following elements:

(1) an assessment estimating the quantities and predominant types of asbestos containing materials to be removed from buildings and infrastructure in a Member State or region;

(2) a timeline for asbestos removal, including prioritising certain buildings — such as schools, healthcare facilities, sport centres or social housing — milestones, and regular evaluations of the progress made at least every five years;

(3) a financial framework, based on the use of ESI funds, for the support of building owners and thereby linking the removal of asbestos to other public policies and programmes (such as energy efficiency, improvements of the living environment, social housing, disease prevention) for reasons of efficiency and the use of synergies;

(4) minimum criteria for national digital asbestos registries, which should map all existing asbestos in a Member State or region, including at least the following requirements:
   (a) public accessibility, free of charge, including for workers and companies working in a building or infrastructure, owners, inhabitants, firefighters and other emergency services and users, in accordance with Regulation (EU) 2016/679;
   (b) the year of construction of the building or infrastructure concerned (before or after the national asbestos ban);
   (c) information about the type of building or infrastructure in which asbestos is located (private, public or business premises);
   (d) the specific location of harmful substances and the parts of the building that have been screened for asbestos;
   (e) an indication of where work will be or has been performed (inside/outside) as well as the part of the building (floors, walls, ceilings, roofs) or infrastructure;
   (f) the type of material (asbestos cement, insulation, putty etc.) and an estimated proportion of those types of material;
   (g) the kind of works that need to be conducted and an indication of work methods that may disturb asbestos containing materials (drilling, cutting etc.) and the expected duration of the works;
   (h) a timeline for removal and a management plan;

(5) a link to all relevant national occupational health and safety regulations applicable, in accordance with Directive 2009/148/EC;

(6) a plan for the safe, monitored, and documented disposal of asbestos containing waste ensuring the availability of adequate waste facilities in accordance with national practices; the plan should include a solution for the entire separation of waste cycles in accordance with the principle of zero asbestos contamination into waste cycles preventing the reuse of construction materials and ensuring the maximum protection of workers in the field of the circular economy and an environmentally safe storage of asbestos waste according to the best available technologies;

(7) a strategy for the control and enforcement of the measures provided for in the framework directive, including awareness campaigns, accompanying capacity building measures for SMEs, inspections and effective, proportionate and dissuasive penalties in the event of non-compliance;

(8) the close involvement of the social partners and other relevant stakeholders such as asbestos-victim associations and national prevention institutions for occupational health and safety, in the transposition, implementation and monitoring of Directive 2009/148/EC.
The European Parliament requests that the Commission submit, after consulting the social partners as provided for in Article 154, on the basis of Article 153(2)(b) TFEU, a proposal to amend Directive 2009/148/EC on the protection of workers from the risks related to exposure to asbestos at work, based on the following recommendations:

1. Article 3 is amended as follows:
   (a) paragraph 1 is replaced by the following (i):
   ‘1. This Directive shall apply to all activities in which workers are or may be exposed in the course of their work to dust arising from asbestos or materials containing asbestos.’
   (b) paragraph 3 is deleted (ii);
   (c) paragraph 4 is replaced by the following (iii):
   ‘4. Member States shall, following consultation with representatives from both sides of industry, in accordance with national law and practice, lay down practical guidelines for the determination of sporadic and low-intensity exposure. They shall also develop sector-specific responses to protect workers from exposure to asbestos dust, including activities in the renovation and demolition, waste management, mining, cleaning and firefighting sectors.’

2. Article 4 is amended as follows:
   (a) paragraph 1 is replaced by the following (iv):
   ‘1. Subject to Article 3[…] the measures referred to in paragraphs 2 to 5 shall be taken.’
   (b) paragraph 3 is replaced by the following (v):
   ‘3. The notification referred to in paragraph 2 shall be submitted by the employer to the responsible authority of the Member State, before the work commences, in accordance with national laws, regulations and administrative provisions.

(i) The existing text reads as follows:
‘1. This Directive shall apply to all activities in which workers are or may be exposed in the course of their work to dust arising from asbestos or materials containing asbestos.’

(ii) The deleted paragraph 3 reads as follows:
‘3. Provided that worker exposure is sporadic and of low intensity, and if it is clear from the results of the risk assessment referred to in paragraph 2 that the exposure limit for asbestos will not be exceeded in the air of the working area, Articles 4, 18 and 19 may be waived where the work involves:
(a) short, non-continuous maintenance activities in which only non-friable materials are handled;
(b) removal without deterioration of non-degraded materials in which the asbestos fibres are firmly linked in a matrix;
(c) encapsulation or sealing of asbestos-containing materials which are in good condition;
(d) air monitoring and control, and the collection of samples to ascertain whether a specific material contains asbestos.’

(iii) The existing text reads as follows:
‘4. Member States shall, following consultation with representatives from both sides of industry, in accordance with national law and practice, lay down practical guidelines for the determination of sporadic and low-intensity exposure, as provided for in paragraph 3.’

(iv) The existing text reads as follows:
‘1. Subject to Article 3(3), the measures referred to in paragraphs 2 to 5 shall be taken.’

(v) The existing text reads as follows:
‘3. The notification referred to in paragraph 2 shall be submitted by the employer to the responsible authority of the Member State, before the work commences, in accordance with national laws, regulations and administrative provisions.
   The notification must include at least a brief description of:
   (a) the location of the worksite;
   (b) the type and quantities of asbestos used or handled;
   (c) the activities and processes involved;
   (d) the number of workers involved;
   (e) the starting date and duration of the work;
   (f) measures taken to limit the exposure of workers to asbestos.’
The notification must include at least a brief description of:

(a) the location of the worksite and the specific areas in which the work will be conducted;

(b) the type and quantities of asbestos used or handled;

(c) the activities and processes involved;

(d) the number of workers involved, the list of workers likely to be assigned to the site, the individual certificates proving their competence and the training received, and the dates of the mandatory medical visits;

(e) the starting date, duration of the work and planned working hours;

(f) measures taken to limit the exposure of workers to asbestos;

(g) the characteristics of the equipment used for the protection and decontamination of workers;

(h) the characteristics of the equipment used for waste disposal;

(i) the procedure for the decontamination of workers and equipment, durations and working hours;

(j) a provisional auralic balance for work carried out under confinement;

(k) a plan for safe and sustainable waste disposal, including with regard to the destination of asbestos containing waste.

Notifications shall be kept by the responsible authority of the Member State in accordance with national law and practice for a minimum of 40 years.

3. Article 5 is replaced by the following (\(\star\)):

"Article 5

[…]"

Without prejudice to the application of other Community provisions on the marketing and use of asbestos, activities which expose workers to asbestos fibres during the extraction of asbestos or the manufacture and processing of asbestos products or the manufacture and processing of products containing intentionally added asbestos shall be prohibited, with the exception of the treatment and disposal of products resulting from demolition and asbestos removal.

Asbestos-containing parts and materials already in use shall be safely removed and disposed of when technically feasible, and not repaired, maintained, sealed, or covered. Asbestos-containing materials which cannot be removed in the short term shall be identified, registered and regularly monitored.

4. In Article 6, point (b) is replaced by the following (\(\ast\)):

"(b) work processes must be designed so as not to produce asbestos dust or, if that proves impossible, to avoid the release of asbestos dust into the air, by at least implementing the following measures:

(i) dust suppression;

(ii) suction of dust at source;"

(\(\ast\)) The existing text reads as follows:

"The application of asbestos by means of the spraying process and working procedures that involve using low-density (less than 1 g/cm\(^3\)) insulating or soundproofing materials which contain asbestos shall be prohibited.

Without prejudice to the application of other Community provisions on the marketing and use of asbestos, activities which expose workers to asbestos fibres during the extraction of asbestos or the manufacture and processing of asbestos products or the manufacture and processing of products containing intentionally added asbestos shall be prohibited, with the exception of the treatment and disposal of products resulting from demolition and asbestos removal."

(\(\ast\)) The existing text reads as follows:

"(b) work processes must be designed so as not to produce asbestos dust or, if that proves impossible, to avoid the release of asbestos dust into the air;"
(iii) **continuous sedimentation of fibres suspended in the air;**

(iv) **appropriate decontamination;**

(v) **setting a minimum pressure difference of minus 10;**

(vi) **supplying clean replacement air from a point further away;**

(vii) **checking the performance of negative pressure units and portable vacuums of local exhaust ventilation systems after the change of a HEPA filter and before the start of asbestos removal or at least once a year, by measuring the removal efficiencies of filters with a direct-reading particle counter.**

5. **Article 7 is amended as follows:**

(a) paragraph 1 is replaced by the following (1):

‘1. Depending on the results of the initial risk assessment, and in order to ensure compliance with the limit value laid down in Article 8, measurement of asbestos fibres in the air at the workplace shall be carried out by measuring during the specific operational phases and in regular intervals during the work process.’

(b) paragraph 2 is replaced by the following (2):

‘2. Sampling must be representative of the real personal exposure of the worker to dust arising from asbestos or materials containing asbestos.’

(c) paragraph 5 is replaced by the following (3):

‘5. The duration of sampling must be such that representative exposure can be established for all operations in all their different phases carried out during the work process.’

(d) the first subparagraph of paragraph 6 is replaced by the following (4):

‘6. Fibre counting shall be carried out wherever possible by analytical transmission electron microscopy or any other method giving equivalent results.’

6. **Article 8 is replaced by the following (5):**

‘Article 8

Employers shall ensure that no worker is exposed to an airborne concentration of asbestos in excess of 0.001 fibres per cm³ (1 000 fibres per m³) at any moment during the work process.’

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(1) The existing text reads as follows: ‘1. Depending on the results of the initial risk assessment, and in order to ensure compliance with the limit value laid down in Article 8, measurement of asbestos fibres in the air at the workplace shall be carried out regularly.’

(2) The existing text reads as follows: ‘2. Sampling must be representative of the personal exposure of the worker to dust arising from asbestos or materials containing asbestos.’

(3) The existing text reads as follows: ‘5. The duration of sampling must be such that representative exposure can be established for an 8-hour reference period (one shift) by means of measurements or time-weighted calculations.’

(4) The existing text reads as follows: ‘6. Fibre counting shall be carried out wherever possible by phase-contrast microscope (PCM) in accordance with the method recommended in 1997 by the World Health Organization (WHO) or any other method giving equivalent results.’

(5) The existing text reads as follows: ‘Employers shall ensure that no worker is exposed to an airborne concentration of asbestos in excess of 0.1 fibres per cm³ as an 8-hour time-weighted average (TWA).’
7. In Article 10, paragraph 1 is replaced by the following:\(^{(13)}\):

‘1. Where the limit value laid down in Article 8 is exceeded or there is reason to believe that asbestos-containing materials which were not identified prior to the work have been disturbed so as to generate dust, work must stop immediately. The reasons for the limit being exceeded must be identified and appropriate measures to remedy the situation must be taken as soon as possible.

Work shall not be continued in the affected area until adequate measures have been taken for the protection of the workers concerned.’

8. Article 11 is replaced by the following:\(^{(14)}\):

‘Article 11

Before beginning demolition or maintenance work, or renovation works on premises built before 2005 or before the year of an equivalent national asbestos ban, whichever the earlier, the premises shall be screened to identify all asbestos-containing materials, in accordance with the requirements of Part 6 of Annex XVII to Regulation (EC) No 1907/2006 and Annex I to Regulation (EU) No 305/2011. The screening shall be conducted by a qualified and certified operator or authority, taking into account Articles 14 and 15 of this Directive, and the national building law provisions.

The Member States shall regulate the details of explorations and investigations for the detection of asbestos-containing materials, in accordance with their national building regulations. Where the complete absence of asbestos cannot be guaranteed, works shall be conducted in accordance with the procedures to be followed where asbestos is present.’

9. In Article 12, the first paragraph is replaced by the following:\(^{(15)}\):

‘In the case of certain activities such as demolition or asbestos removal work [...], in respect of which it is foreseeable that the limit value set out in Article 8 will be exceeded despite the use of all possible technical preventive measures for limiting asbestos in air concentrations, the employer shall determine the measures intended to ensure protection of the workers while they are engaged in such activities, in particular the following:

(a) workers shall be issued with suitable respiratory and other personal protective equipment, which must be worn;

(b) warning signs shall be put up indicating that it is foreseeable that the limit value laid down in Article 8 will be exceeded;

(c) the spread of dust arising from asbestos or materials containing asbestos outside the premises or site of action shall be prevented and ventilation of air from asbestos removal sites into enclosed spaces shall not be allowed; and

\(^{(13)}\) The existing text reads as follows:

‘1. Where the limit value laid down in Article 8 is exceeded, the reasons for the limit being exceeded must be identified and appropriate measures to remedy the situation must be taken as soon as possible.

Work may not be continued in the affected area until adequate measures have been taken for the protection of the workers concerned.’

\(^{(14)}\) The existing text reads as follows:

‘Before beginning demolition or maintenance work, employers shall take, if appropriate by obtaining information from the owners of the premises, all necessary steps to identify presumed asbestos-containing materials.

If there is any doubt about the presence of asbestos in a material or construction, the applicable provisions of this Directive shall be observed.’

\(^{(15)}\) The existing text reads as follows:

‘In the case of certain activities such as demolition, asbestos removal work, repairing and maintenance, in respect of which it is foreseeable that the limit value set out in Article 8 will be exceeded despite the use of technical preventive measures for limiting asbestos in air concentrations, the employer shall determine the measures intended to ensure protection of the workers while they are engaged in such activities, in particular the following:

(a) workers shall be issued with suitable respiratory and other personal protective equipment, which must be worn;

(b) warning signs shall be put up indicating that it is foreseeable that the limit value laid down in Article 8 will be exceeded; and

(c) the spread of dust arising from asbestos or materials containing asbestos outside the premises or site of action shall be prevented.’
10. In Article 13, paragraph 1 is replaced by the following (16):

‘1. A plan of work shall be drawn up before any work in relation to asbestos is started.’

11. In Article 14, paragraphs 2 and 3 are replaced by the following (17):

‘2. The content of the training must be easily understandable for workers. It must enable them to acquire the necessary knowledge and skills in terms of prevention and safety, in line with applicable laws and regulations in the Members State in which the work takes place.

3. Mandatory minimum requirements for the content, duration, intervals, and documentation of the training are specified in Annex 1a.’

12. Article 15 is replaced by the following (18):

‘Article 15

1. Undertakings which intend to carry out demolition or asbestos removal work shall be required to obtain before the start of work a renewable permit from the competent authority. Competent authorities may grant such permits if the applicant undertaking offers proof of adequate state of the art technical equipment for emission-free or, where this is not technically possible yet, low-emission work procedures in line with the requirements of Article 6, and training certificates for their individual workers in accordance with Article 14 and Annex 1a.

2. Competent authorities shall grant permits to undertakings only if they have no doubt as to the reliability of the undertaking and its management. The permits shall be renewable every five years, in accordance with national law and practice.

3. Member States shall establish public registers of the undertakings authorised to remove asbestos under paragraph 1.’

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(16) The existing text reads as follows:
‘1. A plan of work shall be drawn up before demolition work or work on removing asbestos and/or asbestos-containing products from buildings, structures, plant or installations or from ships is started.’

(17) The existing text reads as follows:
‘2. The content of the training must be easily understandable for workers. It must enable them to acquire the necessary knowledge and skills in terms of prevention and safety, particularly as regards:
(a) the properties of asbestos and its effects on health, including the synergistic effect of smoking;
(b) the types of products or materials likely to contain asbestos;
(c) the operations that could result in asbestos exposure and the importance of preventive controls to minimise exposure;
(d) safe work practices, controls and protective equipment;
(e) the appropriate role, choice, selection, limitations and proper use of respiratory equipment;
(f) emergency procedures;
(g) decontamination procedures;
(h) waste disposal;
(i) medical surveillance requirements.

3. Practical guidelines for the training of asbestos removal workers shall be developed at Community level.’

(18) The existing text reads as follows: ‘Before carrying out demolition or asbestos removal work, firms must provide evidence of their ability in this field. The evidence shall be established in accordance with national laws and/or practice.’
13. In Article 16, paragraph 1 is replaced by the following (19):

‘1. In the case of all activities referred to in Article 3(1)[…], appropriate measures shall be taken to ensure that:

(a) the places in which the above activities take place:
   (i) are clearly demarcated and indicated by warning signs;
   (ii) are not accessible to workers other than those who by reason of their work or duties are required to enter them;
   (iii) constitute areas where there should be no smoking;

(b) areas are set aside where workers can eat and drink without risking contamination by asbestos dust;

(c) workers are provided with appropriate working or protective clothing as well as protective gear, and in particular respiratory equipment, which is subject to a mandatory individual fitting check; all working or protective clothing remains within the undertaking; it may, however, be laundered in establishments outside the undertaking which are equipped for this sort of work if the undertaking does not carry out the cleaning itself; in that event the clothing shall be transported in closed containers;

   (ca) regular compulsory breaks with sufficient time for regeneration are provided for workers wearing respiratory equipment;

(d) separate storage places are provided for working or protective clothing and for street clothes;

(e) workers are subject to a mandatory decontamination procedure;

(f) protective equipment is placed in a well-defined place and checked and cleaned after each use, and appropriate measures are taken to repair or replace defective equipment before further use.’

14. In Article 17(2), the introductory wording is replaced by the following (20):

‘2. In addition to the measures referred to in paragraph 1[…], appropriate measures shall be taken to ensure that:’

(19) The existing text reads as follows:
‘1. In the case of all activities referred to in Article 3(1), and subject to Article 3(3), appropriate measures shall be taken to ensure that:
(a) the places in which the above activities take place:
   (i) are clearly demarcated and indicated by warning signs;
   (ii) are not accessible to workers other than those who by reason of their work or duties are required to enter them;
   (iii) constitute areas where there should be no smoking;
(b) areas are set aside where workers can eat and drink without risking contamination by asbestos dust;
(c) workers are provided with appropriate working or protective clothing; this working or protective clothing remains within the undertaking; it may, however, be laundered in establishments outside the undertaking which are equipped for this sort of work if the undertaking does not carry out the cleaning itself; in that event the clothing shall be transported in closed containers;
(d) separate storage places are provided for working or protective clothing and for street clothes;
(e) workers are provided with appropriate and adequate washing and toilet facilities, including showers in the case of dusty operations;
(f) protective equipment is placed in a well-defined place and checked and cleaned after each use, and appropriate measures are taken to repair or replace defective equipment before further use.’

(20) The existing text reads as follows:
‘In addition to the measures referred to in paragraph 1, and subject to Article 3(3), appropriate measures shall be taken to ensure that:’
15. Article 18 is amended as follows:

(a) paragraph 1 is replaced by the following (21):

‘1. Subject to Article 3[…] the measures referred to in paragraphs 2 to 5 shall be taken.’

(b) paragraph 2 is replaced by the following (22):

‘2. An assessment of each worker’s state of health must be available prior to the beginning of exposure to dust arising from asbestos or materials containing asbestos at the place of work.

That assessment shall include a specific examination of the chest. Annex I gives practical recommendations to which the Member States may refer for the clinical surveillance of workers; these recommendations shall be adapted to technical progress in accordance with the procedure referred to in Article 17 of Directive 89/391/EEC.

[…] A new assessment must be available at least once every three years for as long as exposure continues.

An individual health record shall be established and kept for a minimum of 40 years in accordance with national laws and/or practices for each worker referred to in the first subparagraph.’

16. The following article is inserted:

‘Article 18c

By … [5 years after the date of entry into force of this amending Directive] and every five years thereafter, the Commission shall, after consulting the social partners, review the technological and scientific state of asbestos identification, measurement or warning technology and issue guidelines for when such technology is to be used in order to protect workers from exposure to asbestos.’

17. In Article 19, paragraph 1 is replaced by the following (23):

‘1. Subject to Article 3[…] the measures referred to in paragraphs 2, 3 and 4 shall be taken.’

18. Article 21 is replaced by the following (24):

‘Article 21

1. Member States shall keep a register of all recognised cases of asbestos-related occupational diseases. An indicative list of diseases that can be caused by asbestos exposure according to current knowledge is set out in Annex 1b.’

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(21) The existing text reads as follows: ‘1. Subject to Article 3(3), the measures referred to in paragraphs 2 to 5 shall be taken.’

(22) The existing text reads as follows:

2. An assessment of each worker’s state of health must be available prior to the beginning of exposure to dust arising from asbestos or materials containing asbestos at the place of work.

That assessment shall include a specific examination of the chest. Annex I gives practical recommendations to which the Member States may refer for the clinical surveillance of workers. The Commission is empowered to adopt delegated acts in accordance with Article 18a amending Annex I, to adapt it to technical progress.

Where, in duly justified and exceptional cases involving imminent, direct and serious risks to workers’ and other persons’ physical health and safety, imperative grounds of urgency require action in a very short timeframe, the procedure provided for in Article 18b shall apply to delegated acts adopted pursuant to this Article.

A new assessment must be available at least once every three years for as long as exposure continues.

An individual health record shall be established in accordance with national laws and/or practices for each worker referred to in the first subparagraph.’

(23) The existing text reads as follows: ‘1. Subject to Article 3(3), the measures referred to in paragraphs 2, 3 and 4 shall be taken.’

(24) The existing text reads as follows: ‘Member States shall keep a register of recognised cases of asbestosis and mesothelioma.’
2. The term “recognised cases” referred to in paragraph 1 shall not be limited to cases for which compensation is granted, but shall refer to all cases of medically diagnosed asbestos-related diseases.’

19. The following article is inserted:

‘Article 21a

In the case of fire, all existing information regarding the presence and location of asbestos shall be made available to firefighters and emergency services.’

20. The following annexes are inserted:

Annex 1a

MANDATORY MINIMUM REQUIREMENTS FOR TRAINING

All workers who are, or are likely to be, exposed to dust from asbestos or materials containing asbestos, shall receive mandatory training, encompassing at least the following minimum requirements:

1. The training shall be provided at the start of an employment relationship and at intervals not exceeding four years.

2. Each training course shall have a minimum duration of three working days.

3. The training shall be provided by a qualified and certified institution and instructor and carried out by a Member State authority or recognised competent body, in accordance with national law and practice.

4. Every worker who has attended training in a satisfactory manner and has passed the required test shall receive a training certificate indicating:

   (a) the date of the training;

   (b) the duration of the training;

   (c) the content of the training;

   (d) the language of the training;

   (e) and the name, qualification, and contact details of the instructor and the institution providing the training.

5. All workers who are, are likely to be, or are at risk of being exposed to dust from asbestos or materials containing asbestos shall at least receive the following training with a theoretical and a practical part regarding:

   (a) the applicable law of the Member State in which the work is carried out;

   (b) the properties of asbestos and its effects on health, including the synergistic effect of smoking, as well as the risks linked to secondary and environmental exposure;

   (c) the types of products or materials likely to contain asbestos;

   (d) the operations that could result in asbestos exposure and the importance of preventive controls to minimise exposure;

   (e) safe work practices, including workplace preparation, choice of working methods and planning of work execution, ventilation, point extraction, measurement and control, and regular breaks;

   (f) the appropriate role, choice, selection, limitations and proper use of protective equipment, with special regard to respiratory equipment;
(g) emergency procedures;
(h) decontamination procedures;
(i) waste disposal;
(j) medical surveillance requirements.

The training shall be adapted as closely as possible to the characteristics of the profession and the specific tasks and work methods it involves.

6. Workers who engage in demolition or asbestos-removal work shall receive training, in addition to the items listed under paragraph 4, regarding:

(a) the use of technological equipment and machines to contain the release and spreading of asbestos fibres during the work processes, in accordance with Directive 2009/104/EC;
(b) the newest available technologies and machines for emission-free or, where this is not technically possible yet, low-emission working procedures, to contain the release and spreading of asbestos fibres.

Annex 1b

LIST OF ASBESTOS-RELATED DISEASES

Current knowledge indicates that exposure to asbestos fibres can at least give rise to the following asbestos-related occupational diseases which Member States therefore shall introduce into their national law provisions:

— asbestosis,
— mesothelioma following the inhalation of asbestos dust,
— benign pleural diseases including fibrotic lesions, rounded atelectasis and benign pleural effusion caused by asbestos,
— lung cancer including bronchial cancer following the inhalation of asbestos dust,
— cancer of the larynx following the inhalation of asbestos dust,
— ovarian cancer caused by asbestos,

positive associations have been noted by the International Agency for Research on Cancer between asbestos exposure and the following diseases:

— pharyngeal cancer,
— colorectal cancer,
— stomach cancer.
ANNEX III TO THE RESOLUTION:

RECOMMENDATIONS AS TO THE CONTENT OF THE PROPOSAL REQUESTED

Recognition and compensation of asbestos-related diseases

The European Parliament requests that the Commission submit, after consulting the social partners as provided for in Article 154, on the basis of Article 153(2)(b) TFEU, a proposal for a directive setting out minimum requirements for the recognition of occupational diseases, including all asbestos-related diseases, and adequate compensation for individuals concerned. The proposal by the Commission should consider at least the following elements:

1. A list of occupational diseases liable for compensation and subject to preventive measures which shall be recognised by the Member States and be without prejudice to more favourable national law, building on Commission Recommendation of 19 September 2003 concerning the European schedule of occupational diseases, and updated according to the latest available scientific knowledge;

2. The establishment of one-stop-shops as contact points for individuals concerned dealing with all matters regarding occupational diseases;

3. The establishment of a national function, such as an ombudsperson to assist victims of occupational diseases in recognition procedures as well as increasing support for, and the exchange of best practices with, inter alia, trade unions and victim associations with regard to recognition procedures;

4. A reversal of the burden of proof for the recognition of occupational diseases or at least its effective simplification, for example by providing that where asbestos exposure in the workplace can reasonably be established, a link between exposure and subsequent symptoms can be presumed;

ANNEX IV TO THE RESOLUTION:

RECOMMENDATIONS AS TO THE CONTENT OF THE PROPOSAL REQUESTED

Update of Directive 2010/31/EU — Asbestos screening prior to energy renovation works

The European Parliament requests that the Commission submit, on the basis of Article 194(2) TFEU, a proposal for an amendment to Directive 2010/31/EU on the energy performance of buildings, based on the following recommendation:

Article 7 is replaced by the following:

‘Article 7

Existing buildings

Member States shall take the necessary measures to ensure that when buildings undergo major renovation, the energy performance of the building or the renovated part thereof is upgraded in order to meet minimum energy performance requirements set in accordance with Article 4 in so far as this is technically, functionally and economically feasible.

Those requirements shall be applied to the renovated building or building unit as a whole. Additionally or alternatively, requirements may be applied to the renovated building elements.

Member States shall in addition take the necessary measures to ensure that when a building element that forms part of the building envelope and has a significant impact on the energy performance of the building envelope, is retrofitted or replaced, the energy performance of the building element meets minimum energy performance requirements in so far as this is technically, functionally and economically feasible.

Member States shall determine these minimum energy performance requirements in accordance with Article 4.

Member States shall encourage, in relation to buildings undergoing major renovation, high-efficiency alternative systems, in so far as this is technically, functionally and economically feasible, and shall address the issues of healthy indoor climate conditions, fire safety and risks related to intense seismic activity.

Member States shall make it mandatory to screen buildings for asbestos and other hazardous materials before the start of renovation works. The result of the screening shall be reported in a certificate specifying the presence or absence of asbestos or other hazardous materials. In the first case, the certificate shall specify the types of containing materials found and their exact location. When the result of exploration and investigations cannot exclude the presence of asbestos in a material, the precautionary principle shall apply. The removal and disposal of materials which will be affected by the renovation shall be done in an orderly and safe manner in accordance with Directive 2009/148/EC, Regulation (EU) No 305/2011, and other relevant legislative acts.’

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ANNEX V TO THE RESOLUTION:

RECOMMENDATIONS AS TO THE CONTENT OF THE PROPOSAL REQUESTED

Asbestos screening of buildings for sale or rent

The European Parliament requests that the Commission submit, on the basis of Article 169(3) and Article 114(1) TFEU, a proposal for a directive setting out minimum requirements for asbestos certificates for buildings constructed before 2005 or before the year of an equivalent national asbestos ban, whichever the earlier, and which are sold or rented out. The proposal should consider as a minimum the following elements:

1. An obligation for owners of buildings (public and private) constructed before 2005 or before the year of an equivalent national asbestos ban, whichever the earlier, to commission a screening of the building to locate and identify the presence or absence of asbestos containing materials before the building (or a part of it) is sold or rented out;

2. Screenings shall be carried out by certified operators only, in accordance with Directive 2009/148/EC, national law and practice, and under the supervision of a competent national body;

3. In order to protect users or occupants as effectively as possible, the screening and, if required, the removal, or, if technically not possible, the encapsulation shall be carried out by qualified and certified operators in accordance with Directive 2009/148/EC and national law and practice, and under the supervision of a competent national body;

4. The certified operator shall communicate the results of the screening to the owner and a competent national body (a one-stop shop) should issue a certificate recorded in a national registry as referred to in point (5) and give information and advice to owners about applicable laws and regulations, including on the correct and safe removal of asbestos detected, and financial support available from relevant ESI funds;

5. The asbestos certificates shall contain the result of the screening, including a list of the types of asbestos containing materials found, their exact location, their current state of conservation together with a notification of the work and surveillance required to avoid damage to the health of occupants, a concept for the safe removal, and information on potential areas of the building that it has not been possible to screen or where investigations cannot exclude the presence of asbestos;

6. The certificate specifying the presence of asbestos should have an adequate validity period reflecting the surveillance required, in order to avoid a multiplication of screenings;

7. The certificates shall be integrated into existing asbestos registries, made available to companies and workers conducting works in the building, annexed to any sale agreement relating to the property and made available to any tenants of the property;

8. Effective, proportionate, and dissuasive fines shall be established for sellers and lessors of buildings who do not commission the prescribed screening and report it to the competent body before selling or renting out the property;

9. Adequate liability regimes shall be established for the case of non-compliance.

The competent national body shall publish a list of certified operators, as referred to in point (2) of the first paragraph.