



# Chloroplatinates sub-group -Discussion on occupational risk assessment in Pt REACH dossiers

*Chairman: Steven Verberckmoes (Umicore)*

## Participant list :

Steven Verberckmoes (Chairman, Umicore), Mark Raffray (consultant), Nissanka Rajapakse (Johnson Matthey), Olga Duerr and Michael Thiel (BASF), Michael Huber (CHafner), Rudolf Eller and Sven Schmitt (Heraeus), Mike Shepherd (Vale), Maxime Eliat and Jelle Mertens (PMC)

## ACTION LIST (based on below minutes and commenting form as provided by EBRC)

Action	Who?	When?	Status
Collect PMC comments in EBRC commenting sheet	PMC secretariat	w/c 11 July	
Revise PMC comments	Meeting participants	<18 July	
Revise DNEL(inhalation,systemic,long-term)	BIBRA	<18 July	
Provide alternative wording for Methodol document p 13 'since the sampled dust is...'	Mike Shepherd	<18 July	
Provide alternative wording for Methodol document p 14 'However, if the derived exposure levels...'	Mark Raffray	<18 July	
Draft justification to step away from OEL	WG members	<18 July	
Check EBRC's availability for a conf call on 27 or 28 July 10 am CET	PMC secretariat	ASAP after 18 July	

### 1. Welcome, tour de table & anti-trust (11.00-11.05)

The participants were welcomed by Steven V, and reminded of the anti-trust admonition.



## 2. Introduction to the ClPt Occupational ES & overview of next steps (11.05-11.15)

A brief introduction was given. The aim of the meeting was to discuss the methodology document and the draft occupational exposure scenarios for the 3 Chloroplatinates, HHPA and DNOP. It was clearly indicated by EBRC there is only 1 iteration foreseen to revise the ES. All comments / questions / suggestions... will be grouped by the PMC secretariat in the commenting form as provided by EBRC. A draft will be circulated amongst the participants for commenting. Deadline for the member companies to provide additional input (via the commenting form) is 18 July.

## 3. Discussion draft ES (11.15-12.30)

**The main input to EBRC -as discussed with the participants- is summarized and collated in the EBRC commenting form, and will be circulated to the meeting participants for review.**

Some additional discussion points:

- It is agreed the methodology needs to be properly addressed in the CSR for reasons of transparency and clarity.
- the analogous Ni data for dermal exposure are a placeholder till PGM exposure data are gathered in a monitoring campaign. This will be co-organised by IPA and PMC.
- the OEL value of 2 µg/m<sup>3</sup> (as derived by ACGIH) is set to protect against ClPt sensitization. This value is currently adopted in most countries. The value has no real scientific basis, and is recognized as being not protective against ClPt sensitization (cfr. SCOEL recommendation). On the other hand, the value is conservative for soluble Pt. Therefore, the participants agree to step away from the OEL and do the risk assessment with the revised DNEL for soluble Pt compounds (DHHP and DNOP) (route-to-route extrapolation, DNEL (inhal) via RDT (oral) study). It needs to be well considered if the substance of concern is no respiratory irritant.
- There are many methods available for determining 'soluble Pt', depending on the territory (eg using diluted HCl, water...)
- HHPA/2AE is considered as a 'soluble Pt' compounds. For Karstedt Concentrate, it is less clear. For Karstedt Concentrate, it is expected that the Activity Classes/Workplaces as included in current exposure scenarios, are poorly useable.
- For sol Pt substances, and considering the inhalation route, it is now clear that semi-quantitative assessment via use of the OEL of 2 mcg/m<sup>3</sup> will force the conservative use of RPE in a number of ES. This was an option not favoured by the WG. As the OEL is known to be over-precautionary, it is scientifically justified to consider the alternative of reverting to use of calculated inhalation DNELs for the substances (quantitative assessment). In respect of systemic exposure, consideration also needs to be given to the dermal route where it is likely that the currently applied DNELs are also overly conservative due to integration of default dermal absorption values. The default value for HHPA is likely to be improved by TK studies on absorption (probably based on in vitro perfusion studies). IPA STF also have requirements for similar work, particularly on chloroplatinate compounds. It was therefore suggested that a collaborative program between PMC and STF would make sense.



- For DNOP the DNEL derivation for dermal exposure will be converted to qualitative assessment because of its corrosive properties.

Lunch (12.30-13.00)

4. Further discussions draft ES (13.00-14.30)

5. Coffee break (14.45-15.00)

6. Conclusions and wrap-up of meeting (15.00-16.00)

A next telcon to discuss / explain our concerns with EBRC is tentatively scheduled 27 July 10 am (CET), or 28 July 10 am (CET), depending on EBRC's availability – PMC secretariat needs to check asap after 18 July (return Daniel in the office) and communicate to participants.



## Annex I: SLIDES OF THE MEETING

Cfr. attachment to email

## Annex II: AGENDA

1. Welcome, tour de table & anti-trust (11.00-11.05)
2. Introduction to the CIPt Occupational ES & overview of next steps (11.05-11.15)
3. Discussion draft ES (11.15-12.30)
4. Lunch (12.30-13.00)
5. Further discussions draft ES (13.00-14.30)
6. Coffee break (14.45-15.00)
7. Conclusions and wrap-up of meeting (15.00-16.00)