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Occupational Disease Event 2013 – analysis of the day and presentation of an overview of the outcomes

Purpose of the paper

- 1 This paper presents an overview of the outcomes from the 'Tackling Occupational Disease - Developing New Approaches Event' held in March 2013.

Background

- 2 In December 2011 Dr Lesley Rushton from Imperial College London provided the HSE Board with an update on her work on the Burden of Occupational Cancer in Great Britain. This prompted the Board to engage in further discussion, and to widen out the debate to include other occupational diseases beside cancer at subsequent Board meetings in May and August 2012. The August Board paper - Occupational cancer, priorities for future intervention – supplementary paper (HSE/12/64) set out the extent of HSE activity in this challenging area and the Board agreed with HSEs prioritisation of work as presented in the paper.
- 3 The Board discussions also considered how current interventions could be used to catalyse even greater improvements by working with and through others. This led directly to the decision for HSE to host an event to bring together a range of organisations and key players to discuss and develop new and innovative ways of tackling occupational disease issues.
- 4 The aim of the event was to encourage participants to think outside traditional boundaries and consider how they could do more to invigorate activities on occupational diseases in their areas of expertise and interest.
- 5 An independent steering group, chaired by Geoffrey Podger was convened to help HSE design and deliver the event. The steering group developed the focus of the event, and considered ways to stimulate participant discussion to ensure that a broad spectrum of views would be captured on the day. The group also identified and recommended attendees for the event.
- 6 The event was held at the British Library, London on Thursday 14th March 2013 and included a plenary session, with key note opening

presentations from Judith Hackitt and Professor Sir Anthony Newman Taylor (Professor of Occupational and Environmental Medicine - Imperial College). Eight breakout sessions followed, four explored respiratory diseases (asthma, chronic obstructive pulmonary disease (COPD) and lung cancer) developing from the 'inhalation' of hazardous materials in the workplace and the other four focused on occupational cancers that can develop from other routes of occupational exposure.

More information about the structure of the day, the break out sessions and detail on the outputs is presented in Annex I.

Argument

- 7 Delegates were genuinely keen to enter into the discussion and debate, and there was real 'buzz' of activity around the venue. There were no widely divergent views and there was a consensus that occupational disease is a difficult topic to address and, that occupational cancer is particularly difficult requiring a long term sustained effort by a mix of different people. Overall the feedback from the event supports HSE's current approach to occupational disease and particularly occupational cancer as presented in the August Board paper.
- 8 The event was designed to explore what others in the Health and Safety Community can contribute to future interventions on occupational disease including cancer. However, whilst many of the suggestions made were linked to what HSE could/should do there was a small number of organisations who offered to work with HSE to tackle occupational disease. These included the Royal College of Nurses (shift work), the British Occupational Hygiene Society, Safety Groups UK and, the TUC (Welders) and the National Union of Rail Maritime & Transport Workers have recently contacted HSE to explore working together on Diesel fume. We look forward to exploring options with them.
- 9 Despite the call for others to contribute to tackling occupational disease, the focus of the discussions remained on HSE to continue to lead and steer.
- 10 In planning the event the organisers tried to ensure as far as possible to have a 'mix' of expertise and interests, but some delegates felt that the mix of interests was not sufficiently balanced.
- 11 No significant new ideas and solutions emerged on the day itself; and some reassurance can be drawn from the fact that HSE has already considered many of the suggestions that were put forward and that there are no obvious gaps/areas that have been missed.
- 12 Some interesting ideas were presented, however they were predominantly not about what others could do for/with HSE, but rather

what additional activities HSE should take on. The main themes emerging were as follows:

- 1 A long term strategic commitment is needed to tackle these diseases;
 - 2 HSE's current approach for tackling occupational disease particularly respiratory disease and occupational cancer is about right in terms of the priority of topics - e.g. Asbestos, Silica;
 - 3 Responsibility should remain with HSE to drive any future work to tackle occupational disease;
 - 4 Supply chain initiatives and the impact of innovative developments in technology should be further clarified;
 - 5 Education and training of young people should be a key consideration;
 - 6 More information is needed – too many uncertainties remain around the evidence base; the Rushton cancer burden work was based on estimates derived from past exposures and industry practices and these may not be relevant now or in the future;
 - 7 There was a call for further events, particularly focusing on employees and worker involvement;
 - 8 The 'partnership' approach needs to be refreshed and updated to respond to the changing economic environment;
 - 9 A review of the provision of advice to HSE on occupational health/disease issues is timely;
 - 10 Links with NHS and GPs should be strengthened;
 - 11 The 'Hidden Killer' campaign was seen as an exemplar of activity in the 'campaigning/communications area and should be revisited;
 - 12 More enforcement/inspection/SHADs is needed.
- 13 The August Board paper HSE/12/64 sets out in some detail what the Board has already committed HSE to delivering, and addresses many of the points raised, particularly at 1-6.
- 14 There were calls from delegates for more enforcement and inspection. HSE continues to undertake inspection and enforcement activity on matters relating to occupational disease, including on asbestos; and in the construction division respiratory disease is a priority topic for inspection (please refer to the August paper (HSE/12/64) for more details).
- 15 With the Board's agreement HSE could put resources into reviewing progress to date on current partnership work in construction, welding, stone working and quarries. HSE could also undertake a review of the provision of advice to HSE on occupational health/disease and develop proposals for future arrangements.
- 16 In terms of international engagement, HSE is working with the EU to gain a better grasp of initiatives being carried out across the EU, for example by contributing to the organisation of an EU wide occupational diseases conference funded by the Commission. HSE is also

considering the recent call from the International Labour Organisation (ILO) for a global action to fight occupational diseases.

Action

- 17 The Board is invited to note the outcome of the conference and the contributions made by delegates, and to consider what more HSE should do to stimulate others to do more to tackle occupational disease.

Paper clearance

- 18 Cleared by Geoffrey Podger.

Annex I

Details of the break out sessions

Attendees for the event were drawn from:

- Industry e.g. Chemicals Industry Association (CIA);
- Trade Associations e.g. National Association of British and Irish Millers;
- Trade Unions e.g. UNISON, UNITE, Prospect;
- Academia e.g. Universities and other research bodies;
- Occupational Hygiene and other professional bodies and consultants e.g. British Occupational Hygiene Society (BOHS), Royal College of Nursing;
- Regulators e.g. HSE including HSE Board members
- Third Sector e.g. British Lung Foundation;
- Other relevant bodies e.g. Institute of Occupational Safety and Health (IOSH), Scottish Centre for Health Working Lives;
- EU Institutions e.g. DG Employment and Social Affairs

The eight breakout sessions were divided into two 'themes' respiratory disease and cancer caused by 'other' routes of exposure to provide a balance for discussion.

In preparation for the event, attendees were provided with detailed briefing material for both themes for the breakout sessions. This included a breakdown of the incidence of occupational disease, the industries and work activities involved, the applicable regulatory framework, any gaps in the evidence base and, an overview of both past and current HSE interventions.

Parallel sessions were run on each breakout theme, which provided an opportunity for everyone to fully contribute to the whole event.

Leaders and co-ordinators were appointed to steer the sessions and further details of these are provided below:

Leader Occupational Cancer:

Professor Alastair Hay - Professor of Environmental Toxicology, University of Leeds.

HSE co-ordinator:

Kären Clayton – Head Long Latency Health Risks Division.

Leader Occupational Cancer:

Dr Alister Scott – Director of Health Group, Johnson Matthey plc.

HSE co-ordinator:

Stephen Williams – Head of Operational Strategy Division.

Leader Respiratory Disease:

Professor Sir Anthony Newman Taylor – Principle of the Faculty of Medicine, Imperial College of Medicine.

HSE co-ordinator:

Philip White - Head of Construction Division.

Leader Respiratory Disease:

Martin Steer – Occupational Hygiene Consultant.

HSE co-ordinator:

Dr Andrew Curran - Head, Science and Delivery, HSL.

Delegates were split into 'tables' of about 6 people, and the organisers tried to ensure as far as possible to have a 'mix' of expertise and interest in each session. After a brief introduction and 'scene setting' from the session leader, delegates were tasked to discuss a variety of topics and were provided with materials – flip charts, 'post it' notes etc ... to visualise their thoughts, each table was asked to give a verbal feed back at the end of the allotted time, which was also captured on flip charts by the HSE co-ordinator.

The sessions were all audio recorded and a transcript produced; many of the outputs presented below are from the transcript and are in the 'raw' format in which they were originally presented.

There was a lot of duplication and repetition which has been removed. The comments have not been attributed to any particular individual or stakeholder group.

Outputs from the break out sessions:**1. Occupational Cancer:****Shift Work:**

- HSE's guidance is good but needs to be pushed more.
- An improved evidence base is needed. However, we should not wait for the results of research before acting.
- We need to look to the EU.
- Offers of help/support on Shift work were received from the Royal College of Nurses and the British Occupational Hygiene Society.

Asbestos:

- A return to targeting professionals is required e.g. property developers.
- Could a reward scheme for dealing with asbestos or a compensation scheme be introduced'?
- Hidden Killer – need an ongoing theme
- Construction is the key sector here.
- Targeted training is required.
- Work should be HSE driven but with input from others.
- More inspections are required.
- There is enough information out there and no need to create more.
- In the future positive messages rather than the fear factor should be the focus.
- There is a need to reach non-UK workers.
- Ignore DIY as these are 'one off' exposures.

- Surveyors could include the removal of asbestos as part of mortgage conditions.

Silica:

- There is a need to raise awareness with a focus on education as solutions are known but not implemented
- The key is supply chain dust suppression and utilising hire companies.
- More training for GPs is required as people listen to their GPs.
- There are ongoing issues with PPE/RPE.
- Publicity materials need to feature in different languages.
- Could there be a focus on workers whose primary role does not expose them to silica but throughout their working day they undertake different tasks that can generate exposure?
- It is key to have shop floor workers at events, these are the people that industry will listen to.

Diesel Engine Exhaust Emissions (DEEEs):

- The change in IARC classification has raised DEEEs profile and there is current activity at EU level – what more could/should the UK do?.
- Further research is required to determine the scale of the problem and who is exposed now – there are too many uncertainties about the evidence base.
- Staff exposed could wear masks.
- A competition to design your own mask could be run to involve workers.
- Involve the Environment Agency in future work.
- Advances in engine and fuel technology may be the answer, are 'old' vehicles the problem?.
- UNITE are running a campaign on DEEEs with a focus on confined areas – is there the opportunity to work together on this?
- Current HSE guidance is well received.

Welding:

- There are different issues depending upon the size of the company.
- Lots of guidance is available and HSE has the right level of advice out there.
- However, is 'cancer' a new area for some welders and not one which they may be aware of?
- The TUC are considering a campaign for welders – should this be a joint venture?

Painting:

- It is not clear what the link is and the evidence base is very thin.
- There are many unknowns about work activities.
- HSE needs to take the lead by working with paint manufacturers.
- Reinforcement of good practice from COSHH is needed.
- Could free masks be supplied with paint or messages placed on bar mats and pocket cards?
- New paint technology.

- A possible route is to engage with colleges where painters are trained.
- Are there bigger priorities than this?

Radon:

- This is an unknown area and there is uncertainty as to whether this is a problem.
- Stopping people smoking and radon proof housing is a way forward.
- But is this an occupational issue?
- There are methods already available to protect people.
- This is not for HSE – it's a public health issue.

Solar Radiation:

- Is this an issue for HSE when exposure takes place at work?
- PPE could be designed to incorporate a sunscreen.
- It is not, and should not, be a priority.
- Key industries would need to be brought together if progressed.

Poly-aromatic hydrocarbons (PAHs):

- Is this an issue for today?
- We need to know where the exposures are taking place and more information is required on the evaluation of known health points.

Tetrachloroethylene:

- Dry cleaning is well regulated.
- Smarter fabrics are being used that do not require dry cleaning.
- More research may be required to determine if there is an issue and the scale of the issue.

2. Respiratory Disease:

Construction:

- There needs to be a focus on getting health and safety messages to the young.
- A recommendation scheme for contractors could be introduced which encourages companies to employ 'safe' contractors rather than the cheapest contractor.
- More work is required to change behaviour within the industry (Can this link in to the current partnership team work being undertaken by HSE within the construction industry?).
- Some positive improvements have been made within hire shops where equipment can only be hired with the appropriate accompanying protection (ie: water suppression).
- The focus should be on control at source.
- Sunglasses are becoming a fashion item in construction - how could this be built upon in terms of encouraging the use of PPE?
- Good health is good business!

Bakeries:

- Clarification sought on what happened to the DRP work on bakeries?,
- The problem lies in smaller artisan bakers.
- A key focus needs to be on supermarket in-house bakeries. Supermarkets are very competitive and this could be utilised to champion a particular supermarket, highlighting their 'safe and healthy' treatment of employees, encouraging others to follow.
- A labelling scheme could be introduced (like the fat content labelling on food) but it would be replaced with how much ill-health was caused during the food production.
- Use the current resurgence in baking to get messages across – Mary Berry, Paul Hollywood.

Agriculture:

- There needs to be messages in schools and awareness needs to be raised from a peer perspective (ie: a well respected group of farmers who can inspire others).
- More SHADS would be welcome.
- Agricultural colleges are a good way into the industry as are farmer's wives and families.

Motor Vehicle Repair:

- A lot of work has already been undertaken in this area.
- Awareness needs to be improved on when and how exposure occurs. There is an assumption that people understand COSHH but to what degree in reality do people in the paint spraying industry understand that paint is a substance let alone a chemical?
- One of the main issues is that workers lift their PPE to check their work as soon as they have finished spraying, leaving them exposed.
- There are solutions available but no real consequences if you do not comply.
- Isocyanates can be substituted for water based paints but is this being taken up by industry?
- There are no paint spraying associations or obvious training bodies as routes to disseminate messages.
- The issues are at the smaller end of the market and how you reach these people.

Other general cross cutting comments:

- People don't understand workplace limits or the ALARP principle.
- Dust is the generic problem – a dust campaign is needed.
- Story lines in the media – Coronation Street/Eastenders etc... have been tried and tested and don't have any effect.
- Sales of carbon monoxide detectors did increase after a particular episode of Coronation Street – so they do have some influence!

- The Royal Institution Christmas lecture approach could be used to promote practical messages to young people/schoolchildren about occupational diseases.
- The way HSE get expert advice on occupational diseases and exposure needs to be reviewed.
- How do we get better compliance – there is no silver bullet, we need to look to what has worked in the past.