Tackling Occupational Disease – current activity and future plans

Purpose of the paper

1. This paper provides an update on the positive developments since the March 2013 stakeholder event, “Tackling Occupational Disease – Developing New Approaches. The Board is asked to endorse the ongoing work and to support the new initiatives outlined in this paper to capitalise on the growing engagement of others on this topic.

Background

2. The Board has agreed that occupational disease is a critical issue and that HSE should focus its intervention activities on the priority areas of respiratory disease and occupational cancer. Annex I provides a chronology and summary of previous Board papers and presentations on occupation cancer and occupational disease.

3. To tackle occupational disease HSE uses an intervention strategy to focus efforts on areas where we will have the most impact, using a variety of methods depending on the nature, severity and extent of the risk to health. This strategy has resulted in many industry-wide and workplace specific initiatives and given the success we do not propose to change this approach. Practical examples of interventions and initiatives for a range of occupational disease areas which have had real impact are provided in Annex 2.

4. The event held in March 2013 was designed to provide the ‘catalyst’ for further improvements in occupational disease numbers by encouraging others to work with and through HSE. Attendees were supportive of HSE’s current approach to dealing with occupational disease and agreed that a particular focus should be given to occupational cancer and respiratory disease.

5. A growing number of organisations are now starting to come forward with ideas and suggestions for future action, having taken time since the March 2013 event to consider what more they can offer and importantly can commit to do.

Argument

6. Since March 2013, HSE has continued to take forward a range of activities geared towards stimulating and driving further action by others and these are summarised at Annex 3.
7. The recent publication of the Triennial Review (see www.gov.uk/government/uploads/system/uploads/attachment_data/file/270015/hse-function-form-governance-triennial-review.pdf ) endorsed HSE’s approach of using sustained programmes of activity to address occupational disease, including "work to understand the relevant audiences and to design approaches that address the behavioural changes needed to improve occupational health outcomes". Specifically the report made the following two recommendations:

- “I recommend that HSE continues to seek new and innovative ideas for interventions that maximise its impact on the continuing high levels of work-related ill health. This will include opportunities to use all forms of media, including social media, to reach the relevant audiences.”
- “Those who promote wellbeing in the workplace should not allow it to be confused with health and safety requirements. I recommend that HSE should ensure its own guidance sets out clearly what employers must do to control work-related health risks and be prepared to challenge others if they inadvertently misrepresent what the law requires to promote the wider wellbeing agenda.”

8. To capitalise on the work done so far and address the recommendations in the Triennial review, we plan to do more to clarify and develop HSE’s role as a ‘catalyst for action’. This will include reaffirming the expectation from HSE’s strategy\(^1\) that those who create the risk are the ones best placed to design and carry out the interventions; positively communicating these expectations to organisations such as trade associations, professional organisations and businesses; and providing the necessary tools, developed using HSE’s insight and evidence, to enable and empower others to take action - no matter how small that action may be.

9. The Board is asked to agree that HSE should resource work to:

(a) Further develop our insight and evidence about those bodies and organisations with whom we do not currently engage but who could be active and influential in tackling occupational disease.

(b) Build on our current information and advice portfolio to develop a framework which provides businesses and all those with an interest with a package of tools and information that steers and directs them to design and deliver their own interventions to tackle occupational disease.

(c) Develop a more co-ordinated approach to deliver and present HSE’s work on occupational disease, drawing together activities undertaken through HSE’s Sector Strategies and inspection/enforcement programmes to underpin HSE’s role as a ‘catalyst for action’.

(d) Engage more proactively with other public bodies involved with the Health and Wellbeing agenda, so that, where appropriate, there is a clear demarcation between those factors that are clearly public health-related and those where there is an occupational element. Where the latter is the case, we should ensure that it is clear in any guidance and communication activities that there is a requirement for risk

\(^1\)The Health and Safety of Great Britain – Be Part of the Solution
(e) Continue our successful partnership working approach with those industries where we have most concern and where we have a proven working partnership.

**Annex 4** provides four examples of how we have already achieved success demonstrating the different types of activities that we believe can promote change and encourage good practice:

(i) the ‘proactive’ action of a large individual company,
(ii) the results of early horizon scanning by HSE to work with an emerging industry sector on nanotechnologies,
(iii) through continued work with an established industry
(iv) through in-depth partnership working between HSE and an industry sector that includes both large and small companies.

A recent review of partnership activities concluded that any new partnership work should be limited to key partners (working largely via bilateral relationships) allowing any broader networks to grow organically through mutual interests. Possible future subjects for developing stakeholder working partnerships might be around breast cancer associated with shift work (night work) and cancer in painters where we need to develop a better understanding of the causal link/exposure scenarios and continuing developing relationships on the topic of work aggravated asthma.

**Devolved Administrations**

10. We plan to explore and develop new links with appropriate organisations in both Scotland and Wales to build on established relations with bodies such as the Partnership on Health and Safety in Scotland and the Scottish Centre for Healthy Working Lives.

**Action**

11. The Board is invited to:

(1) note the progress made since the “Tackling Occupational Disease – Developing New Approaches” event in March 2013;
(2) endorse and support the approach outlined in the paper for future work in this area as set out at paragraph 9;

**Paper clearance**

12. Cleared by the SMT at its meeting on 5th February 2014.

**Annex 1**: Chronology of Board papers/presentation and overview of HSE’s occupational disease priority areas
**Annex 2**: Examples of HSE’s intervention activities working with and through others
**Annex 3**: Progress since March 2013
**Annex 4**: Case studies on tackling occupational disease

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Annex 1.

**Chronology of Board papers/presentation and an overview of HSE’s occupational disease priority areas.**

**Chronology**

March 2010 – Delivering for Health: a future work plan in response to HSE’s Healthier workplaces strategic goal HSE/10/34 – this paper provided the Board with an outline plan of work for future occupational health delivery including an evidence based approach to prioritising and tackling areas of concern in relation to respiratory disease.

December 2010 – Delivering for health: HSE action on occupational respiratory diseases HSE/10/94 – this paper updated the Board on progress since March 2010 in delivering the priorities on tackling respiratory disease risks arising from exposure to hazardous substances.

December 2011 - an oral presentation was given to the Board by Dr Lesley Rushton, who gave an overview of results from the HSE commissioned research work: *The burden of occupational cancer in GB*, following this the Board asked HSE to provide a paper with a view of the findings and what they might mean for a future intervention strategy and an update on what HSE was already doing in the areas described in Dr Rushton’s presentation.

May 2012 - Occupational Cancer: priorities for future intervention HSE/12/36 - this paper presented proposals for HSE’s future approach to occupational cancer and provided an update on activities, including interventions on asbestos and other carcinogens, and an overview of research commissioned to address evidence gaps. The Board was invited to consider proposals for HSE’s future direction and approach to occupational cancer.

August 2012 - Occupational cancer: priorities for future intervention – supplementary paper HSE/12/64 - this paper provided further information on HSE’s approach to its work on occupational cancer, including the mix of interventions and the resources deployed to tackle each of the priority agents/occupations was given together with options for future cost-effective activities.

22nd May 2013 - Update on HSE Event: Tackling Occupational Disease – Developing new Approaches: Occupational Disease Event 2013 HSE/13/55 - This paper presents an overview of the outcomes from the ‘Tackling Occupational Disease - Developing New Approaches Event’ held in March 2013.

**Overview of HSE’s occupational disease priority areas.**

1. **Occupational cancer**
   - A study looking at the burden of occupational cancer in Great Britain (see [www.hse.gov.uk/cancer/research.htm](http://www.hse.gov.uk/cancer/research.htm)) provides an updated estimate of the current burden of occupational cancer due to exposure to cancer causing agents that occurred in the past and explores the future cancer burden due to occupation. This work has helped HSE to develop priorities for future activity and these priority agents/occupations are:
     - Asbestos

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• Shift work
• Respirable crystalline silica
• Welding
• Painters
• Diesel engine exhaust emissions
• Solar radiation
• Polycyclic aromatic hydrocarbons (PAH’s coal tars and pitches)
• Tetrachloroethylene
• Radon

This priority list has not changed.

2. Respiratory disease

Work-related respiratory disease covers a range of illnesses that are caused or made worse by breathing in hazardous substances that damage the lungs such as dusts, fumes and gases. The most prevalent of these diseases are chronic obstructive airways disease (COPD), asthma and silicosis.

There are a number of industries and workplace activities which are linked to a high incidence and greater risk of respiratory disease and these priority areas are:

• Construction workers
• Foundry workers
• Welders
• Quarry and stone workers
• Agricultural workers
• Vehicle paint sprayers
• Bakery workers

These priority areas have not changed.
Examples of HSE’s intervention activities working with and through others

1. Interventions on respirable crystalline silica
2. Bakeries

Promotion channels
- World Asthma Day
- Website
- Direct mail
- Trade press articles
- Distribution of pocket cards by stakeholders

Time to clear the air!
- Pocket cards
- Posters
- Introduction letter

Stakeholder Group:
- Federation of Bakers
- National Association of Bakers
- Bakers, Food Allied Workers Union
- Sainsbury’s
- Local Authorities
- Sector Skills Council
3. Hairdressing

Glove trial - Headline results
62% said they will wear gloves in the future
LA visits had a very positive impact
90% found gloves comfortable to wear
Getting the right glove fit is important

Activities include:
- Seminars for local businesses
- LA's delivering 20,000 information packs
- Regional radio interviews
- Launch on National Hairdresser's Day with celebrity colourist Jo Hansford

Partners:
- Local Authorities
- Habia
- National Hairdressing Federation
- Hair and Beauty Suppliers Association
- BML Polycor
- Marigold
Annex 3.

Progress since March 2013

Following the March 2013 stakeholder event HSE has taken forward a number of additional work strands to continue to promote and encourage further stakeholder activity to tackle occupational disease:

a. Bilateral meetings
   After the March event a number of organisations approached HSE expressing a willingness to do more to tackle occupational disease in the workplace. We are now actively engaging with the Rail, Maritime and Transport Workers Union (RMT), the Royal College of Nursing (RCN), Safety Groups UK (SGUK), Liverpool City Council and Crossrail to discuss plans for future activity including what work can be done in partnership and what is best taken forward individually. Outcomes from these meetings include closer links with the RCN on asthma, shift work and dermatitis; opportunities for closer links with SGUK on skin disease and risks to breathing that builds and expands upon the wider “Health Risks at Work” initiative as well as opportunities to use their established social networking presence to promote occupational disease messages; and closer links with Liverpool City Council and their skin campaign aimed at outdoor workers. Plans are also being developed by the British Occupational Health Society and the International Institute for Risk and Safety Management and we expect to meet with them in the near future.

We are also aware of other key organisations in the health and safety system that we have not engaged with so far but who could do more on occupational disease, such as the Faculty of Occupational Medicine.

b. Promoting the activities and interventions of others
   To encourage further action in the health and safety system and promote innovation we have built new pages for HSE’s website that set out the importance that HSE places on tackling occupational disease. The website pages outline the priority topics (cancer and respiratory disease) and provide an overview of the diseases and the industries most affected. The pages have been designed to encourage the reader to visit a community site that promotes the work and initiatives that organisations, including HSE, are undertaking to tackle occupational disease. The community site provides a focal point for promoting on-going stakeholder activity and a place where others can read and learn about different types of approaches and interventions that are being undertaken. We are aiming to launch the site in the Spring 2014 and we have put together a detailed communications plan to raise awareness and encourage further contributions to the site.

c. Refreshing HSE’s partnership working model
   HSE has established working partnership groups for tackling occupational disease particularly in relation to respiratory disease within the construction, quarries, stoneworking and welding sectors. A recent review of this partnership model highlighted that, as HSE can no longer offer the partnerships funding for communications work, our activity now tends to involve persuading and encouraging the partners to be more active in helping
to raise awareness by disseminating messages via their own networks and other routes.

The review concluded that new partnership activities should be limited to key partners (working largely via bilateral relationships) allowing any broader networks to grow organically through mutual interests. Possible future subjects for developing stakeholder working partnerships include breast cancer associated with shift work (night work) and cancer in painters. We would also look to continue developing relationships on the topic of work aggravated asthma. An overview of the outcomes of the review for each specific partnership group is provided below:

**Construction:** Construction remains one of the top priorities for HSE in relation to occupational cancer and respiratory disease, with exposure to asbestos and other dusts (primarily respirable crystalline silica (RCS)) being significant in this sector. With the appointment of a new dust partnership manager, this partnership continues to build on what has already been achieved in promoting dust messages. Links with the Construction Industry Advisory Committee (CONIAC) have been strengthened and the March 2014 agenda will be dedicated to taking forward the health agenda. Stronger links within this sector will ensure a more joined up approach bringing together different aspects of HSE’s and stakeholders work in relation to occupational ill health in this sector. Already there are signs that this approach is having an effect with proposals for interventions to support the UK Contractors Group’s “Bin the Broom” campaign and Working Well Together groups highlighting dust messages and controls at events across the country in the coming year. Further opportunities are also being identified through the Construction Industrial Strategy 2025 and thought given on how we can target ‘hard to reach’ audiences.

**Quarries:** Exposure to RCS and other dusts remains a concern in the quarrying sector with respect to the development of respiratory disease. The partnership achieved a considerable amount and we have considered whether it should become self-sustaining and also broaden its current remit into other aspects of occupational health. We believe that we should be working towards broadening the remit of the partnership to develop closer working relationships with the National Quarries Inspection Team (NQIT) and the Quarries National Joint Advisory Committee (QNJAC) and its occupational health and communications working groups with a view to achieving greater influence with the industry and providing a more joined up approach both towards the industry and within HSE.

**Stoneworkers:** This partnership has been inactive for almost two years despite attempts to revive it. We are now seeking to re-evaluate and better understand the risk profile of the stone working sector in order to decide where/how best to make an impact before identifying future partnership interventions.

**Welding:** Given the widespread use of welding activities across a range of industry sectors, there is no clear sectoral focus; this has made it challenging to engage effectively across this partnership. However, there has been some progress, though this has depended on relatively few partners with a lot of
encouragement from HSE. We are therefore seeking views from the individual partners on the future direction. The outcome of this review, which is being carried out by HSL, should be available by the end of March 2014 following discussion with the partners.

d. Research into areas of concern
For those priority topics where we need to develop a better understanding of the exposed populations, we are undertaking specific research to investigate current workplace exposure scenarios and explore the impact of new technology on workplace exposures now and into the future. Examples include research on diesel engine exhaust emissions, painters and foundries as well as HSE/HSL strategic research programmes on (1) health surveillance and health impact assessment and (2) exposure and response profiling.

e. The provision of expert advice on occupational health issues to HSE
HSE receives specialist advice from a range of advisory committees, boards and councils. These bodies may be concerned with health and safety in a particular industry or sector, or with particular hazards that may be present across a range of industry sectors. We are at the early stages of a strategic review of the advisory committees, boards and panels that deal with toxic substances, occupational diseases and for managing health at work. We have undertaken a zero-based review of how HSE might access external expert advice on the prevention of occupational diseases. The strategic review will next consider the future role for the various committees including the Advisory Committee on Toxic Substances (ACTS) and its sub committees including the Working Group on Action to control Chemicals (WATCH), the Group of Occupational Respiratory Disease Specialists (GORDS) and the Occupational Health Reference group (OH Reference Group). We expect to develop proposals for Board consideration towards the end of this year.

f. Engaging in European events and initiatives
We are seeking opportunities to influence the European agenda. For example in December HSE staff contributed to the organisation and delivery of an EU wide occupational diseases conference. The event was well attended and HSE presented the UK perspective, providing details of its activities and interventions relating to our priority areas on cancers and respiratory diseases. It appeared from this event that the UK is more active on a wider range of occupational disease issues than many other Member States.

In addition, HSE is proactively encouraging collaborative activity on long latency health risks through its involvement in the European Senior Labour Inspectors Committee (SLIC) and its working groups on chemicals and enforcement. Here we have proposed activity to reduce exposures to harmful substances through the respiratory route and supply-side interventions relating to noise and vibration.
1. Activity by an individual company

As part of the design and delivery of Europe’s largest infrastructure project, Crossrail have taken a proactive approach to managing work-related ill-health. This has been critical for them in the development of the Department of Health Public Health Responsibility Deal for the construction industry and the utilisation of the supply chain to engage in dialogue and creating a closer link between occupational ill-health and general health and wellbeing. HSE has provided general advice and support where appropriate. Their approach has included:

- Promoting the management of occupational ill-health issues as part of its overall business plan, including producing a guide for its design teams, “Healthy by Design” which aligns with most of HSE’s messages on managing occupational health risks.
- A commitment to commission research into diesel engine exhaust emission exposures.
- Designing and delivering the “999 – Health emergency” dust campaign. This ran for one month and included a toolbox talk delivered on site, a “Dust for managers” course, posters, in-house magazine articles and on-site “Lung Olympics” events to raise awareness amongst its contractors and workforce of the dangers of dust and suitable control methods. Other campaigns have focused on risks from sun exposure and the development of skin cancer.
- Encouraging project contractors to work together to reduce occupational ill-health, for example a contractor working group has been set up to design best practice guidance for reducing exposures to dust.
- A commitment to share learning with others.
2. HSE working as a catalyst with a new industry group

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<th>Emerging technology - Nanotechnology</th>
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<td>• HSE was involved at the start of an emerging technology industry and positioned itself as a facilitator by working across government, academia and industry. The aim was to assist the industry in developing a sensible risk-based approach for the regulation of nanotechnologies so that UK industry can fully maximise the benefits of this new technology.</td>
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<td>• HSE has established a good working relationship with the UK NanoSafety Group. HSE worked with them to help produce health and safety guidance aimed at academics, employers, managers, health and safety advisers, and users of nanomaterials in research and development establishments, which HSE endorsed.</td>
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<td>• A number of universities have developed small start up ‘innovation centres’, and we know that (through surveying using questionnaires and site visits) the good occupational health and safety messages and practice measures have been rolled out into these enterprises and they, in turn, are developing their own specific guidance materials. These scientists will then go on to work in larger companies and it is hoped that they will take the good health and safety messages with them.</td>
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3. HSE working as a catalyst with an established industry

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<th>Chemical and Downstream Oil Industries Fourm (CDOIF)</th>
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<td>The Chemical and Downstream Oil Industries Forum (CDOIF) – brings together many of the sectors most influential people and organisations, to inform regulatory and industry approaches on issues affecting to the safety and health of workers. The nature of the chemical sectors’ business means exposure to chemicals is a long standing risk, with standards for protecting workers well documented and widely understood across the sector. The expectation is that businesses should actively manage and demonstrate performance in managing risks arising from exposure to harmful substances. There is evidence that diseases such as dermatitis, asthma and cancer caused by (or made worse by) work, have links to the chemical sector. Responding to this emerging picture and understanding the overall performance in controlling the risks that can lead to occupational disease is a priority for industry.</td>
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A working group, led by unite the Union, has been established under the direction of CDOIF to:

- To identify occupational health issues specifically linked to the chemical sector;
- To find out ‘the facts behind the published figures’;
- To develop improvement strategies linked to the above;
- To develop a methodology to monitor improvement;
4. in-depth partnership working

- Composed of the big 4 quarry operators, Trade Associations, Trade Unions, Training organisations specific to the quarry industry, SMEs representing the smaller quarries, Health and Safety consultants who work with the quarry sector and HSE, have:

- produced a logo and portal within the Safe Quarries website to establish a focal point for businesses and employees to access guidance on dust and silica. They have developed a strap line, "Stop dust before it stops you", for use in messaging material;

- produced an ‘online animated film to highlight the health risks associated with workplace exposure to respirable crystalline silica (RCS). The film consists of a mix of cartoons and real-life footage lasting only eight minutes and tells the story of animated character – George – a ‘happy-go-lucky’ individual who ignores the advice and equipment available to him to control his exposure to hazardous workplace dust. George drives mobile plant with windows open, without using air conditioning and he sweeps up spillages in a way that just spreads the dust around. In contrast, the real-life footage guides the audience on how, taking simple steps, each task should be performed;

- a short film was shown at the Mineral Products Association annual Health and Safety awards ceremony promoting the work of the quarries partnership which was attended by 200 quarry owners, managers, H&S representatives. At the same event the audience was also shown a promotional film of the dust animated material.