

**MINUTES OF THE 32nd MEETING OF THE
TEXTILES INDUSTRY ADVISORY COMMITTEE
14 March 2007 at HSE Leeds**

Present

Huw Jones (Chair)
Angela Worthington
Alan Edmond
Elaine Davies
Bev Clarkson
Robert Sneddon
Peter Booth
Anne Carvell
Tim Small (Secretary)
Steven Kay
Rosie Bricis
Wendie Drammeh

Representing

British Clothing Industries Association/Knitting Industries Federation
Confederation of British Wool Textiles
Community Union
British Footwear Association
TGWU
Community Union
TGWU
British Clothing Industries Association
HSE
HSE
HSE
Minutes Secretary

Apologies

Clive Champion - British Footwear Association – resigned
Stephen Walsh – Lancashire Textile Association

Please Note - these minutes consist of:

- a summary of key action points and
- a full set of minutes

In order to maintain momentum, Committee Members are requested to implement as many of the Action Points as possible by the end of April 2007.

No	Min	SUMMARY AND ACTION POINTS
1	1.2	Secretary to invite Paul Pearson, BLC's Chief Executive, to join TEXIAC.
2	2.4	Secretary to invite Tim Price (TFA) to join TEXIAC.
3	2.7	Ms Bricis to contact Sarah Haynes about the possibility of speaking to TEXIAC about noise.

No	Min	SUMMARY AND ACTION POINTS
4	2.8.1	Chair and Mrs Davies to provide Ms Bricis with examples of measures showing noise reduction at source for the textiles website.
5	2.8.2	Ms Bricis to contact Gary Dickson for examples of noise reduction at source in the tanning industry.
6	2.13.1	Mr Sneddon to send Ms Bricis information on accident claims.
7	2.13.2	Committee Members to send Miss Bricis ideas for video clips for the textiles website.
8	2.13.3	Ms Worthington to send Miss Bricis the latest CBWT accident and ill-health survey. Complete.
9	2.15.1	Ms Bricis to forward noise documents to Committee Members. Complete – copies attached to e-mail.
10	2.15.2	Committee Members to send their comments on the noise documents to Ms Bricis.
11	2.19.1	Ms Bricis to forward RIDDOR and other industry statistics to Committee Members for their comments.
12	2.19.2	Committee Members to forward their own industry intelligence to Ms Bricis.
13	2.20.1	Ms Bricis to contact Skillfast regarding their industry mapping exercise.
14	2.20.2	Ms Bricis to review information held on JoFIT and summarise for Committee Members if appropriate.
15	3.2	Ms Bricis to forward to Committee Members website links with information about young people at work. Complete – website links included in minutes, see Minute 3.2 below.
16	3.5	Committee Members to send Ms Bricis their industry information and statistics on knife injuries.
17	3.6	Committee Members to forward to Ms Bricis any information they have on bullying and harassment issues within their industry.
18	3.7	Mr Small to investigate possibility of promoting stakeholder events on HSE's website.
19	4.1	Committee Members to e-mail Mr Small with nominations for TEXIAC.

No	Min	SUMMARY AND ACTION POINTS
20	5.1.1	Committee Members to send Ms Bricis details of events and initiatives they are promoting.
21	5.1.2	Mr Small to include an Industry/Union section on the workplan to detail Committee Members' events and initiatives.
22	5.2	Ms Worthington to send Ms Bricis details of the audiometric testing scheme offered by CBWT for distribution to other Committee Members.
23	5.4.1	Ms Bricis and Mr Edmond to work together to summarise the warehouse safety draft document for Committee Members (if feasible in terms of HSE publication and business needs).
24	5.4.2	Mr Small to collate Committee Members' suggestions for inclusion in the workplan.
25	6.1.1	Ms Bricis to send the Chair HSE's cotton dust document.
26	6.1.2	Ms Bricis to confirm definition of COPD and to speak with Paul Pearson at BLC and John Hubbard at SATRA for further information. Ongoing – see website links given at Minute 6.1 and the information at Annex 1 and Annex 2 (pages 11-18) of these minutes.
27	6.1.3	Committee Members to give Ms Bricis feedback on the COPD documents attached at Annex 1 and Annex 2.

MINUTES

1.0 CHAIR'S INTRODUCTION

1.1 Apologies received from Stephen Walsh.

The Chair welcomed Angela Worthington (CBWT) and Bev Clarkson TGWU), who were attending for the first time.

1.2 Clive Champion has resigned from the Committee but has suggested BLC's Chief Executive, Paul Pearson, as a replacement.

(Min 1.2) Secretary to invite Paul Pearson to join TEXIAC.

2.0 MINUTES, ACTIONS AND MATTERS ARISING

The minutes of the last meeting were agreed.

2.1 **Actions and matters arising**

2.2 **(Meeting 31, Min 2.4) Mr Gates** to contact Mr Booth and Mr Davies about TU attendance at TEXIAC. **Complete.**

2.3 **(Meeting 31, Min 2.4) Mr Gates** to send Mr Small addresses for Peter Booth and Phil Davies. **Complete.**

2.4 **(Meeting 31, Min 2.7) Action carried over: Ms Carvell** to speak to the Textile Finishers Association (TFA) concerning nomination to the Committee.

Complete - TFA has nominated Tim Price.

(Min 2.4) Secretary to invite Tim Price to join TEXIAC.

2.5 **(Meeting 31, Min 2.11) Mr Jones and Ms Bricis** to review Textile Audit on HSE's website to identify where revisions required. Meeting scheduled for after the Committee meeting. **Complete.**

2.6 The Chair asked Committee Members to think about 'Hot Topics' for discussion at future TEXIAC meetings. Fire risk assessment and smoking were discussed at today's meeting.

Ms Bricis to keep in close contact with members between meetings to follow up actions. Similarly, Committee Members to keep Ms Bricis informed of their activities.

2.7 **(Meeting 31, Min 2.15) Mrs Drammeh** to chase Bruce Appleton regarding noise presentation.

Action ongoing – it is proving difficult to track down the presentation. See Minute 2.15.

(Min 2.7) Ms Bricis to speak to Sarah Haynes, an HSE Inspector who is training as a noise specialist, to confirm if she can speak to TEXIAC about noise, if required, in the future.

2.8 The issue of noise was discussed, particularly the difficulty of ascertaining the current level of the problem. Ms Bricis is researching the situation as regards noise as part of the current industry-mapping process.

(Min 2.8.1) Chair and Ms Davies to provide HSE with examples of how the industry has reduced noise at source.

(Min 2.8.2) Ms Bricis to contact Gary Dickson of Scottish Tanning Industries for other examples.

2.9 **(Meeting 31, Min 2.17) Ms Bricis** to send updated TEXIAC work plan to members as soon as possible. See Minute 5 below.

2.10 **(Meeting 31, Min 4.1) Mr Kay** to contact HSE's web team to chase addition of MSD case studies on textiles website. Mr Small explained that there are some technical issues concerning the way in which files are configured for the web and that this was causing some delay - he is awaiting an outcome from the web technical team.

2.11 **(Meeting 31, Min 4.1) Mr Kay** to contact Gary Dickson to discuss MSD filming for website. See Minute 5.

2.12 **(Meeting 31, Min 4.1) Mr Small** to invite Gary Dickson to the next TEXIAC Meeting.

Complete - Mr Dickson was, unfortunately, unable to attend today's meeting because of a prior commitment. However, he is keen to attend in future. A copy of this meeting's minutes will be sent to him.

2.13 **(Meeting 31, Min 4.2) Mr Edmond** to contact Richard Rogerson (Morrish & Co) to discuss accident claims. **Complete.**

MSD injuries, accidents and claims were discussed.

(Min 2.13.1) Mr Sneddon to send Ms Bricis any useful information on accident claims.

(Min 2.13.2) Committee Members to send Ms Bricis ideas for video clips for the website.

(Min 2.13.3) Ms Worthington to send Ms Bricis a copy of the latest CBWT accident and ill health survey. **Complete.**

2.14 **(Meeting 31, Min 4.3) Mrs Drammeh** to send Committee Members web link for new guidance on Warehouse Safety. **Complete.**

2.15 **(Meeting 31, Min 4.4) Mrs Drammeh** to contact Mr Appleton to chase progress on 'reducing noise at source' document. Some information had been received, which Mr Kay had incorporated into two papers for the proposed noise page on the website.

(Min 2.15.1) Ms Bricis to forward these documents to Committee Members.

(Min 2.15.2) Committee Members to send their comments on the documents to Ms Bricis.

2.16 **(Meeting 31, Min 4.5) Mr Kay** to speak to TSA (Textile Services Association) about taking a seat on TEXIAC.

Complete - it was agreed that an exchange of meeting minutes would be an appropriate first step.

The TSA is a self-tasking organisation and has an excellent website for its members, www.tsa-uk.org. (Note: only limited information is available to non-members).

2.17 **(Meeting 31, Min 4.6) Mrs Drammeh** to investigate whether the TEXIAC publication, *Fire precautions in the clothing and textile industries (ISBN 07 1761 7866)* was still available and if copyright could be waived.

Complete - the publication was withdrawn in January 2006, although it can be freely reproduced as it was issued under the TEXIAC badge (it is still available via *HSEdirect*). However, revised fire regulations and emphasis on risk assessment mean that much of the document is no longer current and a degree of caution is necessary if it is to be used.

- 2.18 **(Meeting 31, Min 4.6) Committee Members** to devise their own model fire risk assessments and present them at the next meeting.

The Chair spoke about the new fire regulations, which are a clarification of existing legislation. Ms Davies and Mr Edmonds supplied copies of the fire risk assessment produced by the Footwear and Leather Industries Health and Safety Committee. The Chair proposed that other Committee Members compile their own documents, using other industries' best practice.

- 2.19 **(Meeting 31, Min 4.7) Ms Bricis** to speak to Committee Members individually to improve intelligence about the structure/profile and nature of the industry and to capture activities/initiatives already delivered, as well as those planned for the forthcoming year.

Ms Bricis has already met with Ms Carvell and Ms Worthington and has had discussions with Mr Edmond and Ms Davies.

(Min 2.19.1) Ms Bricis to forward RIDDOR and other statistics to Committee Members for their comments.

(Min 2.19.2) Committee Members to forward to Ms Bricis the information they hold on their own industries.

Ms Carvell suggested contacting the economic development departments in local councils for information, as they were one of the best places for intelligence on SMEs in an area. She also mentioned that Skillfast had carried out various mapping exercises in different parts of the industry.

- 2.20 **(Meeting 31, Min 4.9) Mr Gates** to contact Skillfast to arrange a meeting with them and Mr Small and Mr Jones.

Complete - Mr Small met Skillfast in December and found the meeting very useful.

(Min 2.20.1) Ms Bricis to contact Skillfast about acquiring copies of the mapping exercise (see Minute 2.19).

(Min 2.20.2) Ms Bricis to review information in the JoFIT ((Joint Fashion Industry Team) file and summarise for Committee Members if appropriate. JoFIT was a joint initiative between HSE, Customs and Excise, Inland Revenue and the Benefits Agency.

- 2.21 **(Meeting 31, Min 5.0) Mr Jones** to circulate a safety alert on knives. **Complete.**

- 2.22 **(Meeting 31, Min 5.2) Mr Small** to contact Community Union to invite Barry Morris to replace Paul Gates on the Committee.

Complete – Mr Small awaiting reply from Community Union.

3.0 INDUSTRY REPORTS

3.1 Footwear and Leather Industry Health and Safety Committee – Elaine Davies

Footwear and Leather Conference held in Northampton last autumn. 70 delegates attended and the main themes were work at height and slips, trips and falls. HSE's *Fallington* webpages were used in the programme and went down very well with delegates.

Copies of the FLI Fire Risk Assessment and a Guide to Knife Safety were distributed to Committee Members.

3.2 Knitting, Dyeing and Lacemaking Industries H&S Committee – Robert Sneddon

The KDLI event had focused on fire and occupational asthma.

Mr Sneddon advised the Committee of the *SafeStart* website, which was an excellent self-learning tool for young people.

(Min 3.2) Ms Bricis to forward useful website addresses to members. These include:

www.ew2006.osha.europa.eu/risq (the *SafeStart* campaign run by the European Agency for Safety and Health at Work)

www.youngworker.co.uk (RoSPA)

www.wiseup2work.co.uk (IOSH)

3.3 Confederation of British Wool Textiles – Angela Worthington

No meetings held since the last TEXIAC meeting in October 2006.

3.4 Lancashire Textile Manufacturers Association - Alan Edmonds

A course had been held on fire dangers and the latest fire regulations.

3.5 Mr Edmond made the point that, in the footwear and leather industry, 5 out of every 30 cases with solicitors relate to knife injuries.

(Min 3.5) Committee Members to send Ms Bricis any information and statistics that they hold in relation to knife injuries.

3.6 There was a general discussion about safety representatives, worker involvement, bullying and harassment.

(Min 3.6) Committee Members to forward to Ms Bricis any information they hold on bullying and harassment issues within their industry.

Mr Sneddon mentioned that all unions have training on bullying and harassment and suggested the Suzy Lamplugh Trust (www.suzylamplugh.org) and Andrea Adams Trust (www.andreaadamstrust.org) as useful websites.

- 3.7 Mr Edmond asked if it would be possible for Committee Members to publicise their events on HSE's website, particularly as HSE requires TEXIAC to show that it is contributing to achieving PSA targets.

Mr Small mentioned the community-style website that the Wood Action Group is to set up and which would enable everyone to share information and good practice.

(Min 3.7) Mr Small to investigate possibility of promoting stakeholder events on HSE's website.

4.0 FUTURE WORK OF TEXIAC AND RECRUITMENT OF NEW MEMBERS

- 4.1 A discussion was held on the future of TEXIAC and current vacancies.

(Min 4.1) Committee Members to e-mail Mr Small with nominations for TEXIAC.

5.0 TEXIAC WORKPLAN – REVIEW OF PROGRESS

- 5.1 Mr Small outlined the two blocks of ongoing work: noise and manual handling.

Mr Edmonds suggested that the work plan should reflect the initiatives/events held by Committee Members.

(Min 5.1.1) Committee Members to send Ms Bricis details of any events and initiatives that they are promoting.

(Min 5.1.2) Mr Small to include an "Industry/Union" section on the work plan to show Committee Members' events and initiatives; this could be used by HSE to monitor TEXIAC's achievements.

- 5.2 **Noise**

(see also Minute 2.15)

Audiometric testing was discussed and Ms Worthington mentioned the new audiometric testing scheme launched by the Confederation of British Wool Textiles.

(Min 5.2) Ms Worthington to send **Ms Bricis** details of the CTWT audiometry scheme for her to distribute to Committee Members.

- 5.3 **MSDs**

TEXIAC initiatives need to fit in with HSE's Public Service Agreement (PSA).

"Moving Goods Safely" was suggested as a topic for the Open Meeting as this incorporates the issues of workplace transport and MSDs.

Ms Carvell made the point that many small companies had become warehousing and logistics organisations now that much of their manufacturing has gone abroad. Lone-

working, particularly at night, is now an issue. In addition, many small businesses have difficulties engaging occupational health providers, eg physiotherapists, for rehabilitation; the cost of doing so is also a large burden on small businesses.

5.4 Warehousing

Mr Edmond is involved with CACTUS and its work on the new warehousing publication.

(Min 5.4.1) Ms Bricis and Mr Edmond to summarise the draft publication for Committee Members (if this is feasible in terms of HSE publication and business needs – the publication is very close to being completed).

Min 5.4.2) Mr Small to collate Committee Members' suggestions for inclusion in the work plan, eg:

- lifting, moving, fitting and taking down racking;
- safe use of fork-lift and pallet trucks;
- manual handling;
- lifting heavy boxes from racking whilst standing on step-ladders.

5.5 Open Meeting

(also discussed at Minute 5.3)

It was agreed that the TEXIAC Open Meeting, which was planned for May 2007, would be postponed until the autumn as HSE still does not have confirmation of funding.

6.0 Chronic Obstructive Pulmonary Disease (COPD)

6.1 Mr Small gave some background information on the disease and distributed a paper on HSE's development of a workplace strategy. It is estimated there are 30,000 deaths per year that are linked with COPD and smoking but workplace exposure to dust/fumes also contribute.

Mr Booth made the point that it was not only the cotton industry where the problem was found – it has also been an issue in the wool industry in the past and has been well documented by TEXIAC over the years.

Information about wool dust can be found on the Confederation British Wool Textiles website (www.cbwt.co.uk/new/TIS9%20Wool%20Process%20Dust.pdf).

(Min 6.1.1) Ms Bricis to send the Chair HSE's document on cotton dust (Note: OC 742/2 (issued May 1998, review date May 2008) is not an open document but "*may be copied to interested persons outside HSE*").

(Min 6.1.2) Ms Bricis to confirm definition of COPD* and to speak with Paul Pearson at BLC and John Hubbard at SATRA for further information.

* The definition of COPD, together with further information, can be found on the HSE website at <http://www.hse.gov.uk/copd/>. Information about COPD is also attached at *Annex 1* and *Annex 2* to these minutes.

Min 6.1.3) Committee Members to give Ms Bricis feedback on the COPD information.

6.2 **Smoking Ban – July 2007**

The Chair stressed the importance of employers planning ahead, considering the implications of the smoking ban and determining policy. He distributed a model smoking policy document for Committee Members to modify for their own industries and also suggested two useful websites:

www.gosmokefree.co.uk
www.smokefreengland.co.uk

7.0 **AOB**

Mr Sneddon commented on the price increase in HSE's Newsletter. He also asked if free topic packs were available for HSE campaigns in the coming year. There is a campaign on upper limb disorders planned for later in the year but it is not yet known if topic packs would be available.

8.0 **Dates and Venues for Future Meetings**

16 May 2007	Open Meeting - postponed until funding from HSE can be confirmed.
9 October 2007	This meeting may be moved to a different date, possibly early September 2007, and rescheduled as the Open Meeting if HSE funding is confirmed.
19 March 2008	Conference Room, HSE Nottingham.

ANNEX 1

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND TEXTILE WORKERS

BACKGROUND INFORMATION AND FURTHER INFORMATION REQUIRED

Background information

- Chronic Obstructive Pulmonary Disease (COPD) is a lung condition that encompasses chronic bronchitis and emphysema. Symptoms include cough, excess sputum production, wheeze and breathlessness. The disease is characterised by impaired flow of air from the lungs that is not fully reversible.
- There are approximately 30,000 deaths each year from the disease in the UK (NICE 2004). Smoking is the main cause, but evidence suggests that occupational exposures, to fumes, chemicals and dusts also have a role, and that the current burden of COPD would be approximately 15% lower if such past exposures had not occurred (amounting to approximately 4000 fewer deaths annually in the UK).
- COPD is a chronic disease of long latency that may, therefore, only be recognised many years after any occupational exposures that may have contributed to an individual's disease occurred.
- COPD can develop in non-smokers but this is uncommon. In a recent clinical study in the UK, 44% of people with COPD were below retirement age, 24% of these could not work and 11% had limited work capacity (Meldrum et al 2005).
- HSE has summarized the available statistics on work-related COPD for the first time this year (www.hse.gov.uk/statistics). However, it recognised that The Occupational Health Reporting scheme (THOR) has a number of limitations and work-related COPD cases are likely to be under-reported because of the difficulty of distinguishing those cases due to work from those where smoking is the main cause and because of the long delay in the development of symptoms.
- A wide range of substances in a variety of occupations has been associated with an increased risk of COPD. However, the extent to which current occupational exposures continue to present a risk is not well understood. An initial assessment based on currently available evidence of the industries likely to result in most cases of occupational COPD is attached at Annex 1 and we have recently launched a new COPD website (www.hse.gov.uk/copd). HSE has now begun the process of seeking further information to understand the industries where there may be a current risk of COPD and the scale of any risk that is present. In particular, the information required includes: historical exposures, how these have changed over the years and what the short- to medium-term future might hold in the way of potential new exposures.

Information relating to COPD and the textile industry

- The 2005 IEH review (Review of literature on chronic bronchitis and emphysema and occupational exposure. Institute for Environment and Health, January 2005) outlined numerous scientific studies in relation to COPD in cotton textile workers and evidence for chronic bronchitis and short and long term decline in lung function was presented.

- The review suggested that there is clear evidence that working in the cotton textile industry causes both short-term (meaning over the period of work shifts) and accelerated longer term decline in lung function, and that cotton dust can start to affect workers within a year of being hired. There was evidence from one study of an improvement in lung function after exposure ceased.
- The review also highlighted the difficulty in interpreting the various studies and assessing the separate influences of cotton dust per se, exposure to allergens such as endotoxins and the subsequent development of atopy, the development of byssinosis and the interaction with other causes of COPD – in particular, smoking.
- In addition, guidance issued by the Confederation of British Wool Textiles states that people exposed to wool dust can suffer from chronic bronchitis and breathlessness.
- **Other longer latency respiratory diseases** – Byssinosis is a prescribed disease under the Industrial Injuries Disability Scheme. Cases who have worked in any room where any process up to and including the weaving process is performed in a factory in which the spinning or manipulation of raw or waste cotton or of flax, or the weaving of cotton or flax, is carried on are eligible for compensation. The numbers of compensated cases have been in single figures for more than the last decade. The number of death certificates per year with byssinosis recorded as the underlying cause of death is also low: there were just 4 cases in 2004 – of which 3 were among women. This disease is associated with substantial exposures to cotton dusts over many years.
- For consistency with other sectors HSE has used figures taken from SIC codes for the number of textile workers but we recognise that the majority of these may not be exposed to potential work-related COPD agents.

Further Information Required

HSE's Disease Reduction Programme has identified four broad categories where further information is required:

1. What were textile workers exposed to in the past that may have caused COPD and are workers still exposed to these substances?
 - Is there any unpublished information, for example surveillance data on respiratory disease amongst textile workers, that could help build an evidence base for this industry (this could include information on symptoms such as chronic bronchitis but may not mention COPD).
 - Is there any information on the number of smokers in the industry?
 - Could the reported cases identified be linked to historical exposures?
2. How much of these dusts/gases/fumes could textile workers have been exposed to in the past compared with the current situation?
 - Have there been changes to levels of exposure (due to changes in work practices) over the last 20-50 years?
 - How have controls changed over time?
 - What has not changed?
 - What do people breathe in during a particular work process that might be in excess of what might be considered 'normal' for day-to-day life (for example we know that textile workers are exposed to biologically active dusts)?

- What processes lead to this exposure?
 - How long do these exposures last (eg minutes during a day)?
 - How regularly does this happen (days/week, weeks/year)?
 - Is respiratory protection used by textile workers in any circumstances? If so, which and for how long has this been a common control measure?
3. Are there new work practices or new materials used that may generate excessive dusts, gases and fumes?
- One growth area is believed to be in specialist, non-woven textiles - are there any risks from working with these products?
 - How many firms and employees are involved in processing imported cotton waste and using it in the manufacture of mop heads, stuffing furniture etc? It is understood that this involves opening, blowing and carding - activities that are amongst the dustiest.
4. How many people currently working in the industry could be exposed to the substances that may cause COPD?
- How many are likely to be exposed to the substances identified in the previous questions and is this figure likely to increase or decrease?

Textiles – Current Entry in COPD Prioritisation Matrix (see Annex 2 below for background)

Priority Level	Industry	Total Number of Workers <i>(This information will be refined to reflect the numbers of workers significantly exposed)</i>	Evidence Base <i>(This is a starting point only based on HSE's initial assessment of the literature. The need for specific reviews of high risk sectors will be considered as part of the next phase of the process)</i>
1/2	Textiles <i>(work needs to be done to understand number of those exposed in specific high risk tasks)</i>	200 000	A number of studies have shown an increased risk of COPD in this industry. Cotton dust is highlighted in the IEH Review (2005) as causing a reduction in lung function.

Annex 2

Advisory Committee on Toxic Substances		ACTS/25/2006	
Meeting date:	30 November 2006	Open Govt. Status:	Fully Open
Type of paper:	Below the Line	Paper File Ref:	
Exemptions:	None		

ADVISORY COMMITTEE ON TOXIC SUBSTANCES Development of work place COPD strategy and position on health surveillance

A Paper by Emma Turner
Cleared by Steve Coldrick

Issue

1. The development of a strategy for tackling work related COPD.

Timing

2. Routine.

Recommendation

3. That ACTS note the work done so far, offer comments on the planned approach and consider how members can help with its development and implementation.

Background

COPD and the scale of work-related COPD

4. Chronic Obstructive Pulmonary Disease (COPD) is a lung condition that encompasses chronic bronchitis and emphysema. Symptoms include cough, excess sputum production, wheeze and breathlessness. The disease is characterised by impaired flow of air from the lungs and is not fully reversible
5. COPD has been identified as a priority for HSE. There are approximately 30,000 deaths each year from the disease in the UK (NICE 2004). Smoking is the main cause, but evidence suggests that the combination of smoking and occupational exposures, to fumes, chemicals and dusts, accounts for 15% of the burden of COPD (that is approximately 4,000 deaths annually in the UK). People can get COPD without smoking but this is uncommon. Additionally, 44% of people with COPD are below retirement age, 24% of these can't work and 11% have a limited work capacity. This year, for the first time, HSE has published statistics on work related COPD (www.hse.gov.uk/statistics).

ACTS and WATCH involvement

6. In 2004 HSE convened a COPD workshop in Manchester. Two approaches to tackling this issue were put forward; a 'broad brush' strategy, which would promote exposure control/reduction across all potentially relevant industry sectors and/or a 'focused' strategy, which would seek to identify and target specific industries whose workers were deemed to be at risk of developing work-related COPD. HSE acknowledged that in order to follow the focused approach a robust method would need to be established in order to determine where to target efforts and resources and suggested the development of a 'prioritisation matrix'.

7. HSE gave a presentation of its planned work for COPD to ACTS in March 2004. At the WATCH meeting in October 2005, WATCH endorsed the focused approach as an appropriate strategy for reducing the occurrence of work-related COPD and agreed that the prioritisation matrix would be a suitable starting point. WATCH recommended the set of column headings for the prioritisation table.

Current Initiatives

8. HSE is already involved in a number of interventions in industries that information suggests are at greatest risk of COPD, including agriculture, welding and those exposed to stone dust (currently focused on those exposed to respirable crystalline silica). Some other industries identified on the matrix are already being targeted under HSE's occupational asthma (OA) strategy, including interventions in the flour industry. The aim of the current work is to raise awareness of the health risks and good practice by working in partnership with stakeholders.
9. HSE is also developing a cross cutting initiative to improve engineering controls, particularly the effectiveness of local exhaust ventilation (LEV), in the workplace. This will apply to a wide range of industry sectors and tackle all causes of respiratory disease, including COPD and OA. New guidance on the design of engineering controls is being written in partnership with the main professional group and stakeholders. In addition, simple concise guidance to help purchasers of engineering controls including LEV get what they need and then effectively check and maintain what's installed, is being prepared. With this guidance and working with the key stakeholders we will seek to raise awareness amongst employers of the importance of checking and maintaining engineering controls (including, for example, the COSHH requirement for a 14 month inspection) and provide information on how to select the appropriate engineering controls.
10. We are also developing a COPD website for employers, employees and health professionals. The site will raise awareness of the disease and provide clear and accessible good practice advice and will ask for help in developing the work-related COPD evidence base.

Argument

Development of the Prioritisation Matrix

11. Based on earlier thinking and the recommendations of WATCH, HSE is currently developing a prioritisation matrix as the basis for its programme of work to tackle occupational COPD. The matrix tabulates the industries where COPD has been associated, the causative agents, the numbers of workers exposed and any exposure information that is available. It comprises information from a range of sources including peer-reviewed evidence from the scientific literature and anecdotal evidence from HSE experts. HSE decided to take a broad view when reviewing the evidence for COPD and has included studies relating to chronic bronchitis (with or without lung function tests) and emphysema as well as those reporting on decline in lung function. The matrix is a starting point to identify areas that need further investigation.
12. In order to summarise and profile the information in the matrix we used the prioritisation criteria illustrated in the checklist flow chart (annex 1) and outlined below;
 - Priority 1 was assigned to industries in which evidence of COPD was identified and where approximately 100 000 or more workers are potentially exposed to dusts, gases and/or fumes.
 - Priority 2 was assigned to industries in which evidence of COPD was identified but where less than 100 000 workers are potentially exposed to dusts, gases and/or fumes.
 - Priority 3 was assigned to industries where only very limited evidence of COPD had been identified.

13. The data in the matrix was subjected to the criteria outlined in the flow chart and a COPD priority table was produced (annex 2). All industries in priority groups 1 and 2 will be examined in more detail; the key differences in approach are likely to relate to the type and extent of the intervention.
14. There are a number of assumptions and other caveats that should be noted when considering the priority table. For the majority of industries it was necessary to use SIC/SOC codes to give an indication of the size of the workforce. In most cases this is likely to produce a significant overestimate of the number of exposed workers.
15. Improvements in good practice and raised awareness will be used as surrogate measures of success. This is because COPD takes many years to develop and a decline in the number of cases cannot be measured over a reasonable time scale.

Next steps

16. We have not undertaken detailed reviews on every key industry sectors and the need for any more detailed assessments of risk will form part of our next steps. HSE has already completed some work, including a review of evidence for chronic respiratory ill health in construction workers¹ that was considered by WATCH earlier this year and a set of conclusions was agreed. We have also commissioned IOM research on coalmine dust and other poorly soluble dusts², ill health in agriculture³ and trends in inhalation exposure⁴.
17. Further work will now be carried out in order to generate more realistic estimates for the number of workers at risk of developing COPD as a result of current work practices. Exposure information was also sought from HSE experts within the field. However it would appear that there is little data that links historic exposures to COPD reported in the literature.
18. Therefore we need to gather more information on exposure patterns and current work practices for industries (particularly where there may have been significant changes from those that could have given rise to disease in the past).
19. Specifically, HSE would welcome input from stakeholders on:
 - evidence of COPD in particular industries;
 - assessment of exposures that may have given rise to this;
 - any emerging new risks (perhaps where possible causative agents are being used more widely or in different processes that may give rise to high exposures).
20. We will also engage with other key stakeholders to take forward the work and continue to develop specific interventions to improve good practice in high priority industry sectors.

Health Surveillance

21. HSE is also discussing further work on the clinical aspects of COPD with the GORDS (Group of Occupational Respiratory Disease Specialists) network.

¹ Review of the evidence for chronic respiratory ill health in construction workers WATCH 2006/3

² Coal mine dust as a benchmark for standards for other poorly soluble dusts (RR470)

www.hse.gov.uk/research/rrhtm/rr470.htm

³ Baseline incidence of ill health in agriculture in Great Britain (RR370) www.hse.gov.uk/research/rrpdf/rr370.pdf

⁴ Trends in inhalation exposure Mid 1980s till present (RR460) www.hse.gov.uk/research/rrhtm/rr460.htm

22. During the development of the welding and silica Control of Substances Hazardous to Health (COSHH) Essential sheets the question arose of whether statutory health surveillance could be required. The key issue is whether there is enough evidence that COPD is caused by a particular substance to require health surveillance as defined in regulation 11 of COSHH (annex 3 sets out the key requirements from COSHH for ease of reference). HSE has reached the conclusion that where a substance definitely causes COPD in the workplace, health surveillance would be *required* for compliance with COSHH. However, where the evidence of a link with COPD is less certain then HSE would *recommend* health monitoring as good practice.
23. The requirements for health surveillance and health monitoring are the same. The COSHH Essentials sheet on health monitoring is attached at annex 4 for information. Briefly, health surveillance or monitoring involves an assessment of individuals' fitness for work at the start of employment by means of symptom enquiry and lung function testing and then regular testing that could involve further questionnaires and lung function tests. Information arising from health surveillance and monitoring can help assess whether controls in the workplace are adequate.
24. Some substances that cause COPD also cause OA and silicosis. Any occupation where there is a risk of these conditions requires regular health surveillance.

Communication Plan

25. HSE aims to work in partnership with key stakeholders to raise awareness of COPD and improve good practice advice. We plan to launch the COPD website on World COPD Day (16th November 2006) which will offer clear and accessible advice on COPD to employees, employers and health professionals.

Evaluation Plan

26. The impact of the industry specific interventions will be evaluated as part of the assessment of the impact of the Disease Reduction Programme. FIT3 employee and employer surveys will give a broad-brush overview of changes in awareness and control practices.

Consultation

27. External stakeholders will be consulted as part of the development of a specific intervention strategy

Cost and Benefits

28. Not applicable.

Financial/Resource Implications for HSE

29. Current work is included under the existing DRP resources.

Environmental implications

30. None.

European implications

31. None.

Other implications

32. In tackling COPD, HSE will be contributing to the government's Health, Work and Wellbeing - Caring for our Future strategy, aimed at working age people.

Actions

33. ACTS members are asked to:

- note the development of the plan, HSE's position on health surveillance and monitoring and the new website;
- consider how they could help identify:
 - evidence of disease in a particularly industry;
 - exposures that may have given rise to disease; and
 - emerging new risks.
- Let HSE know if ACTS members would like to be contacted individually to discuss the above issues further.

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