Health and Work strategy plan:

Occupational lung disease

Occupational lung disease continues to contribute substantially to work-related ill health. It includes a wide range of conditions, from those that develop shortly after exposure (e.g., legionella infections, work-related asthma) to those that develop many years later such as pneumoconiosis, COPD, lung cancer and pleural mesothelioma which are life-limiting and/or life-altering.

It can occur in most industry sectors and is caused by a wide range of agents, from biological organisms through to dusts, fumes and vapours. Asbestos and respirable crystalline silica (RCS) are particularly substantial contributors to the burden of lung disease.

Current position

In 2016 occupational respiratory disease was estimated to result in approximately 12,000 deaths each year. Estimates from the 2013/14 to 2015/16 Labour Force Survey indicate that around 36,000 people who worked in the previous year (and 141,000 who had ever worked) reported lung or breathing problems that were caused or made worse by work.

There are an estimated 14,000 new cases of breathing or lung problems caused or made worse by work each year, resulting in an estimated 568,000 working days lost.

HSE statistics site: www.hse.gov.uk/statistics

Priorities

As occupational lung disease is associated with a wide range of different agents and working environments, differentiated and targeted intervention approaches will be needed in specific industry sectors. We also need to galvanise learning about ‘what works’ across all those different sectors, and provide national, cross-sector leadership on the prevention of such diseases.

Our aim is to reduce the incidence rate and number of new cases of occupationally-related lung disease through improving the control of exposure to causative agents. Because much occupational lung disease is long-latency in its development, leading indicators are needed to track the effectiveness of our interventions.

As well as tackling the diseases outlined above, HSE continues to develop the evidence base through its research activities to improve understanding and identify any potential new concerns.

The next page shows how we'll tackle these priorities.
What HSE will do to #HelpGBworkwell

We will use relevant and appropriate communication activity and tools to raise awareness and drive behaviour change by:

- doing insight research to determine the most appropriate means to influence our target audiences;
- using ‘across the board’ and targeted communications to help deliver the programmes of work determined by the new leadership body.

We will work with a wide range of partners representing employers, workers, public-sector and third-party organisations to raise awareness and improve exposure control by:

- establishing and facilitating a new, authoritative leadership body with a recognised identity and a broadly-based membership drawn from across the whole health and safety system. This will provide direction and coordinate activity on occupational respiratory disease. It will be established and begin implementing an agreed action plan by the end of 2017;
- managing existing respiratory disease-related sector and topic-specific partnerships (and creating new ones), to ensure comprehensive coverage is in place by the end of 2017. These will be integrated with the leadership body’s activities to gain maximum impact and coverage across affected sectors;
- continuing to work closely with existing partners, eg BOHS, IOSH, SGUK and BSIF, that have their own initiatives on respiratory disease.

We will focus regulatory activities on those sectors and activities which give rise to the greatest risk of respiratory disease by:

- prioritising interventions, inspection activity and enforcement on those sector/activity combinations where lung cancer, occupational asthma and legionella pose the highest risks;
- regulating the supply of substances that could cause occupational lung disease so restrictions and sanctions on their supply and use are available and appropriate (eg as UK Competent Authority for a number of EU regulatory permissioning regimes for chemicals).

We will develop the evidence base to continue our understanding of current occupational lung diseases, identify emerging issues, seek new and improved means of controlling exposures, and monitor the impact of our activity:

- Asbestos: continuing research on asbestos thoracic lung burden to understand current/past exposures.
- Respirable crystalline silica (RCS):
  - continuing to gather evidence about exposure across a range of sectors, and publishing the results;
  - developing methods (including population modelling) for evaluating progress on achieving reductions in RCS-related respiratory disease, and implementing this approach.
- Asthma: continuing our research across relevant sectors and topics on the potential for occupational asthma and infectious disease. This will include woodworking, waste and recycling, livestock and vegetable farming, fish/seafood processing, and using metalworking fluids. Research to be published by March 2018.
- Legionella: doing research in collaboration with others to develop alternative and rapid techniques for identifying legionella in water storage systems. Research to be published by March 2018.
- Monitoring impact: developing a suite of leading indicators to monitor the impact of the occupational lung disease programme by December 2017.