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Health and Safety Executive



Tackling Occupational Diseases: working together to make a difference

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Context



- **1.1 million** working people suffering a work related illness (estimated)
- 13,000 deaths & 450,000 new cases each year (estimated)
- Cost to society estimated to be around 'double figure' billions
- Wide spread of diseases and industries
- HSE priorities: cancer and respiratory disease





Cancers and respiratory diseases

~9 bus loads dying each month from occupational cancer

~108 bus loads dying each year from occupational cancer

another ~50 bus loads
dying each year
from respiratory diseases









- 2005 HSE commissioned Cancer Burden Study (http://www.nature.com/bjc/index.html)
- Prioritisation exercise:
 - knowledge of industry
 - strength of evidence of causal link
 - estimates of future cancer burden
 - number of workers potentially exposed
 - likelihood of successful intervention
- HSE Board agreed priorities: Occupational Cancer and Respiratory Disease

HSE

Cancers and Respiratory Disease

Cancers

- Asbestos
- •Shift work
- •Welders
- Painters
- •RCS
- •DEEEs
- Solar radiation
- •PAHs coal tars & pitches
- Tetrachloroethylene
- •Radon

Respiratory disease

- Industries / workplace activities that have high incidence and/or large number of workers potentially exposed:
- Construction workers - Foundry workers
 - Welding
- Quarry & stone workers
 - Agricultural workers
- Vehicle paint sprayers
 - Bakeries

Intervention mix



- Changing behaviours
- Working with others
- Stakeholder event March 2013
- Invigorating activities



Developing New Approaches

HSE's ambition



Reduce the incidence of occupational disease through:

- ✓ Prevention and control
- ✓ Sustained HSE activity
- ✓ Focus on improving compliance with the law by supporting evidence based targeted interventions in high risk areas

Work Environments - Hazards



- Toxic Compounds
- Carcinogens
- Sensitisers





Asbestos





Silica dust

Infections







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Case study: Isocyanates





 Isocyanates are the biggest cause of occupational asthma in the UK

 Control of exposure relies on RPE

• Is it working and/or being used properly?

Biological Monitoring for Isocyanates





Behaviour:

•96% sprayers knew they should not lift their visors *but* 40% admitted to doing so.

•No awareness of clearance times for spray booths

SHADs

- Hazards of isocyanates
- Concept of clearance times
- Proper use / maintenance of controls
- Using Biological Monitoring to check controls
- Need for health surveillance
- What HSE expects

Bodyshops attending SHADs have lower average isocyanate exposures



lsocyanate Exposure (urine)



What else is happening?





- Lots of activity already underway across range of disease areas
- Evidence based approach
- Promoting and encouraging others to take action - no matter how small



'Stop dust before it stops you'







www.safequarry.com/qpt

2. High activity / develop understanding







Diesel engine exhaust emissions

✓ Research

- -The likely impact that developments in fuel and engine technology could have on the perceived trajectory of the problem
- -Identification and chemistry of the disease-causing components
- -Developments in quantitative and qualitative analytical techniques and equipment
- ✓ EU Carcinogens and Mutagens Directive
- Stakeholder activity workplace exposure
- ✓ Guidance

3. Well understood / steady activity HSE

Tetrachloroethylene / PAHs

Research and horizon scanning

Nanotechnology

Strategic activity and facilitation





4. Develop understanding / steady activity

Shift work

✓ Oxford EPIC/Million Women Study

Painters

- ✓ Current exposures/working practices
- ✓ Awareness good general working practice

Strategic research programmes

- ✓ Advanced manufacturing/ novel materials
- ✓ 3-D printing plus others







Real time measurement



Airborne Exposure



- Organic and inorganic gases and vapours
- Real time detection
- Video visualisation
- Peak exposures
- Identify tasks requiring control
- Risk communication



Maximising impact





Work streams for 2014/15





Tackling occupational disease developing new approaches





3

Internet

One example of a 'new approach'

The LOcHER Project

- aims to engage with young people
 in innovative ways to get
 their attention about occupational health
 risks:
 - Tackling Occupational Disease
 - Developing New Approaches
 - Learning Occupational Health by Experiencing Risks (LOcHER)





Others getting involved



IDi201? Industrial Disease Initiative





•Construction Respiratory Disease initiative

•BOHS Worker Health Protection Conference (WHPC 2014), to take place in Abu Dhabi, United Arab Emirates, from 20 to 23 October 2014.





Asbestos Behaviour Change Campaign Autumn 2014

www.beware-asbestos.com

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Campaign Audience

Primary:

• The most at risk workers – trades people working on small sites and projects n the construction and maintenance industries.

Secondary:

• Workers employed by larger businesses in the construction and maintenance industries.







Note cards explaining where asbestos hides and what it looks like

www.beware-asbestos.com







Asbestos web app



Asbestos Menu deal with it Drilling and boring through decorative coatings (e.g. Artex) 2 Keep dust down Put a blob of wallpaper paste or shaving foam on the place where you are going to drill Drill through the paste/foam If you are running cables through the hole, make it large enough so that the cables pass through easily Use a damp cloth to wipe off the paste/foam Wipe the side where the drill comes out if you can reach it and also wipe the drill bit Put the used cloth in a plastic sack Put a blob of sealant around the hole If you are drilling through thick board, drilling large holes or drilling more than 6 holes, place a plastic cowl around the drill bit and insert the nozzle of a Class H Vacuum cleaner to collect the dust Get a licensed contractor if the panel is badly damaged, or stuck to others with paint Nobody must spend more than one hour a week working with AIB, whether doing a few small jobs or one big job Prev step Next step





www.beware-asbestos.com



....is to reduce the incidence of occupational disease through:

- Emphasis on prevention and control of exposure
- ✓ Sustained HSE activity
- Focus on improving compliance with the law by supporting evidence based targeted interventions in high risk areas.

To lead and harness the actions of others toward achieving this ambition