

EU-ISRAEL WORKSHOP

ISSUES ASSOCIATED WITH SILICA AND ARTIFICIAL STONE

1 Introduction

Risks related to working with Respirable Crystalline Silica (RCS) have long been of concern in the EU and internationally. Many initiatives have been undertaken at different levels to combat these risks, as demonstrated by the list of national initiatives on the ILO website: http://www.ilo.org/safework/areasofwork/occupational-health/WCMS_108566/lang--en/index.htm. Despite the ongoing activities aimed at preventing silicosis and other health issues related to RCS, there is still more work to be done, both at EU and national level.

Although the risks associated with the use of silica have long been known, recent research from Israel and Italy has indicated an emerging concern with the use of artificial stone, which generally has a much higher silica content than natural stone. With this information in mind, EU-OSHA hosted a workshop in Bilbao to highlight this research and discuss new and existing initiatives in the EU and beyond aimed at preventing health problems associated with Silica and Artificial Stone.

The workshop included representatives from the European Commission (DG EMPL), the UK, Italy, Spain, Israel, the ILO, the WHO and the European Network on Silica (NEPSI) and was organised with the support of the European Commission as part of EU-OSHA's European Neighbourhood Policy (ENP) project. It was held on 28 January 2015 at EU-OSHA's offices in Bilbao and was a good opportunity to bring people together who have a shared concern about the risks associated with silica and, in particular, artificial stone.

2 Presentations

Dr Christa Sedlatschek, Director of EU-OSHA introduced the participants and highlighted that although risks associated with silica have been known for a long time in Europe, we still need to do more to try to prevent them.

2.1 Ms Karola Grodzki – DG EMPL

Ms Grodzki presented the view from the European Commission. The Commission has been working on the issue of silica and silicosis for many years and will continue to do so. It has been a topic for consideration by the Scientific Committee on Occupational Exposure Limits. Some scientific debates have yet to be resolved despite the fact that the health effects have been known for a long time. Some of the debates relate to the different classifications used by different bodies. Further debates concern the most appropriate mechanisms for controlling silica and the different legal and non-legal options available, which are ongoing and yet to be resolved. The Commission will continue to explore the different legal and non-legal mechanisms for controlling silica in the EU.

2.2 Ms Varda Edwards, Dr Luba Pushnoy, Dr Asher Pardo – Israeli Delegation

Colleagues from both the Israeli Ministry of Economy and the Israeli Institute of Occupational Safety and Health were present to provide attendees with information on the situation in Israeli, with some new information on an emerging issue related to the use artificial stone. The number of new cases of silicosis in Israel has risen dramatically in recent years, from 3 in 1996 to 63 in 2014. There have been 193 new cases of silicosis since 2009 in a workforce of about 3000. Research indicates that this is linked to the use of artificial stone which has become prevalent in Israel over the last 25 years. The product is used to make kitchen tops and other household furnishings and most of the cases occur, not during the production of the stone, but in the small workshops that

cut and shape the product into an item ready for installation. The research indicates that artificial stone has a significantly higher silica content than natural stone and, as such, the levels of exposure to workers are also much higher. Furthermore, research suggest that using traditional preventative methods such as wet processing do not necessarily reduce the airborne silica to an acceptable level. Our colleagues in Israel want to alert their European and international counterparts to this issue as the relatively recent prominence of artificial stone as a material in household fittings and the long latency period of silica related health problems, means that many countries may have a problem that they are not yet aware of.

2.3 Ms Karen Clayton - Health and Safety Executive and SLIC CHEMEX

In May 2014 at the Athens plenary session of the Senior Labour Inspectors Committee (SLIC), the Committee agreed to focus its long latency diseases project on RSC. The aim of this will be to identify a collaborative approach to dealing with silica and to provide information and guidelines for inspectors across the EU. Work related cancer is a serious issue in the UK, as with other countries. The UK government has been targeting the issue of silica through a strong legal framework and consistent and targeted HSE activity in different sectors and will continue to do so.

2.4 Ms Ludovica Malaguti, Mr Mario Mecchia – Italian Initiative on Silicosis

The National Health Institute and other organisations in Italy joined together to create the Italian Silica Network (INS) in 2002, with the aim of facing up to the challenges of silica exposure. In Italy, as in Israel, the issue of artificial stone is of particular concern with their research also demonstrating the higher silica content and the increased exposure levels for workers who use artificial stone as opposed to those using natural stone. Health monitoring of workshops processing natural and artificial stone were undertaken and the results indicate the increased risk to workers working with artificial stone. Among 31 workers in 14 facilities where only natural stones were used, one case of silicosis was identified. Among 29 workers in 8 facilities where both natural and artificial stones were used, seven cases were identified with one of those cases being severe. The INS will be publishing more information on this issue which they will happy to share.

2.5 Mr Javier Madera Garcia – Spanish National Institute of Silicosis

The National Institute of Silicosis (NIS) was established in Oviedo, Spain, a region with a long history of mining and also silica related health issues, with a mandate to tackle issues related to silica exposure in Spain. The NIS has both a hospital and technical department, providing another example of a national initiative to tackle this problem. The NIS engages in different activities, including control and advice and also research and data collection and over many years has developed expertise in controlling silica exposure, which they have been sharing both in Europe and internationally.

Other institutions in Spain such as the Basque Institute of Occupational Safety and Health (OSALAN) have been working to prevent health problems related to silica, including problems related to the use of artificial stone.

2.6 Dr Michelle Wyatt-Remy – NEPSI Agreement

Social partners in Europe have also undertaken their own initiatives to tackle problems related to silica in Europe in the form of a social partner agreement in 2006, with representatives from a number of employer organisations and IndustriALL representing the worker's side. The agreement aims at protecting the health of employees, reducing exposure to RCS and increasing awareness about the risks associated with RCS. The agreement creates guidelines and a framework for reporting on silica exposures in workplaces across Europe. More information can be found here: <http://www.nepsi.eu/>

2.7 Dr Elke Schneider – EU-OSHA

EU-OSHA has been working on a number of projects in the field of work related diseases, including publishing a report on work related cancers which reviewed the assessment methods in different Member States. Although EU-OSHA has not undertaken a focused study on silica, it remains a serious concern in the EU and EU-OSHA will continue to include it in studies related to work related diseases generally and carcinogens specifically.