

Tackling Occupational Diseases: working together to make a difference

Kären Clayton CChem FRSC

Director Long Latency Health Risks Division,
UK Health and Safety Executive

Workshop on occupational burden of disease Brussels

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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





~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







Occupational cancer



- 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

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
- Thinking outside traditional boundaries Occupational







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

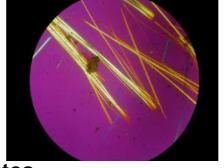


- Toxic Compounds
- Carcinogens
- Sensitisers



Welding **Fume**





Asbestos



Silica dust





Organics









- 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

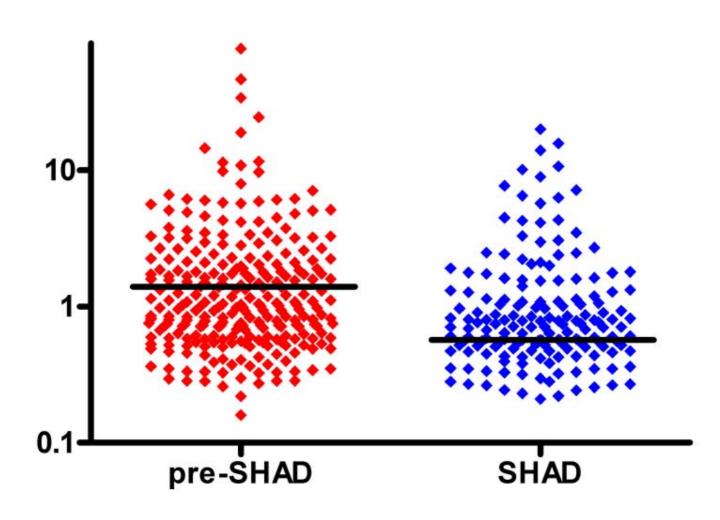
SHADs

- 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



Isocyanate 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









On-tool extraction Hire Association Europe



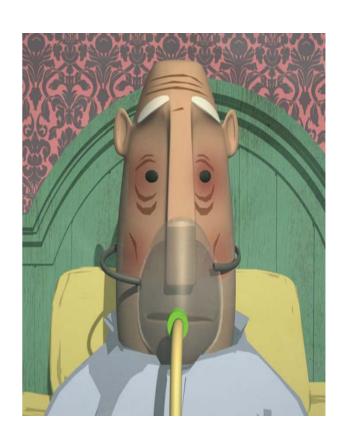


Glove trial - Headline results
62% said they will wear gloves in the future
LA visits had a very positive impact
LA visits had a very positive impact
80% found gloves comfortable to wear
80% found gloves comfortable is important
Getting the right glove fit is important

'Stop dust before it stops you'



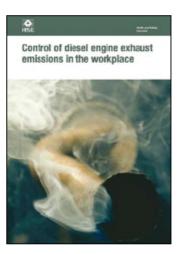




2. High activity / develop understanding







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



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

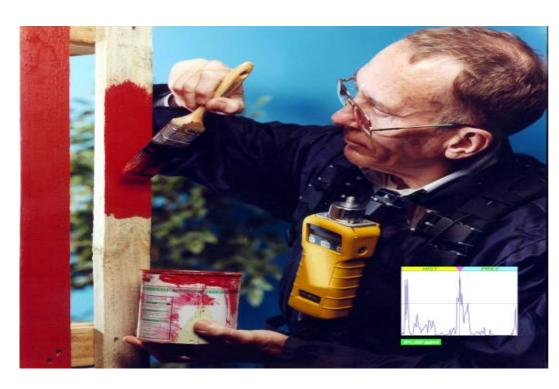




Real time measurement



Airborne Exposure

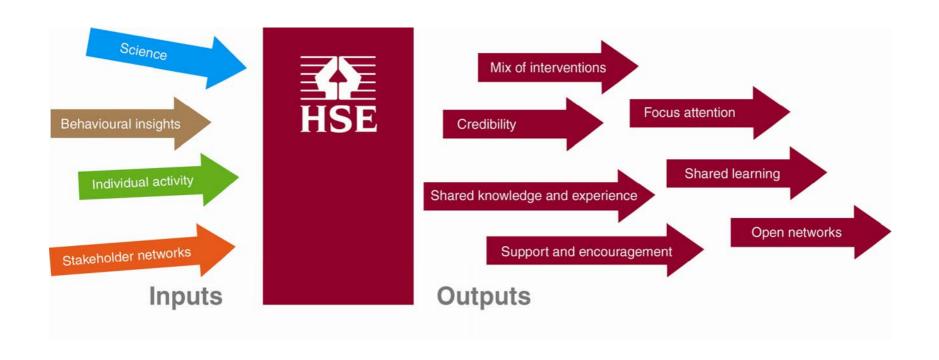


- Organic and inorganic gases and vapours
- Real time detection
- Video visualisation
- Peak exposures
- Identify tasks requiring control
- Risk communication









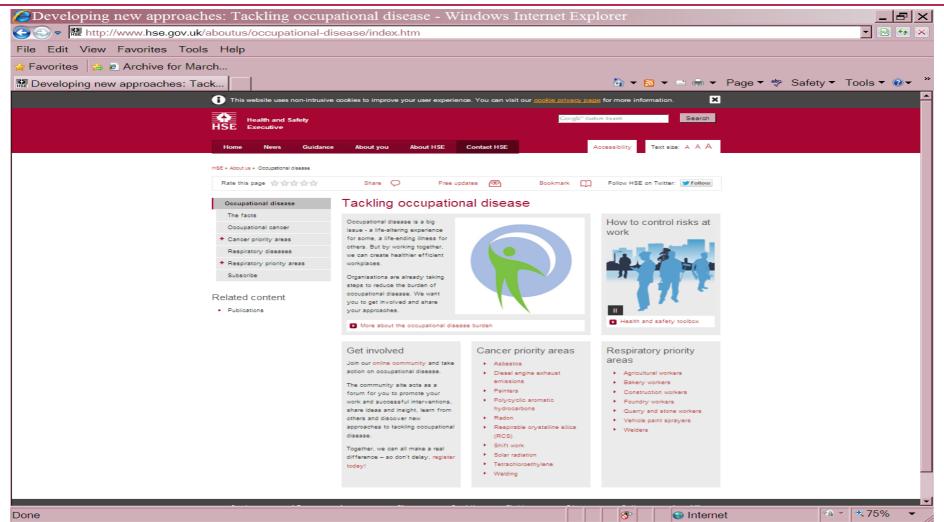






Tackling occupational disease - developing new approaches



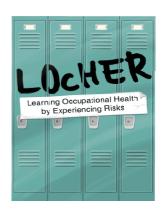


One example of a 'new approach'



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)











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





Primary:

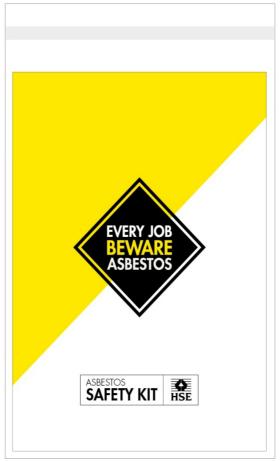
 The most at risk workers – trades people working on small sites and projects n the construction and maintenance industries.



Secondary:

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





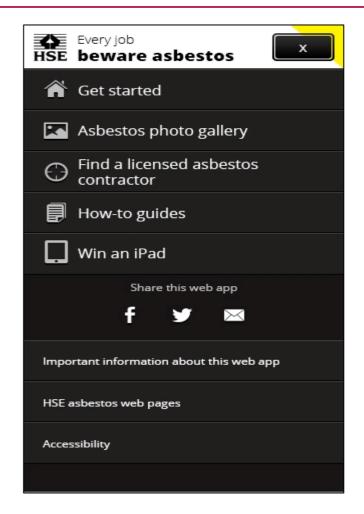


what it looks like



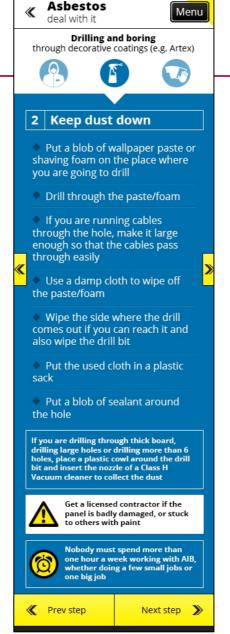




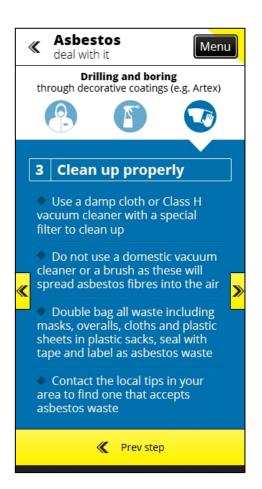


Asbestos web app









HSE's ambition



....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