# INDUSTRIAL INJURIES ADVISORY COUNCIL
# Minutes of the online meeting
# Thursday 13 January 2022

**Present:**

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| Dr Lesley Rushton | Chair |
| Professor Raymond Agius | IIAC |
| Dr Chris Stenton | IIAC |
| Professor John Cherrie | IIAC |
| Mr Doug Russell | IIAC |
| Dr Ian Lawson | IIAC |
| Professor Kim Burton | IIAC |
| Dr Andy White | IIAC |
| Dr Jennifer Hoyle | IIAC |
| Dr Max Henderson | IIAC |
| Ms Karen Mitchell | IIAC |
| Mr Keith Corkan | IIAC |
| Ms Lesley Francois | IIAC |
| Mr Daniel Shears | IIAC |
| Professor Damien McElvenny | IIAC |
| Dr Gareth Walters | IIAC |
| Dr Rachel Atkinson | Centre for Health and Disability Assessment |
| Dr Mark Allerton | DWP Medical Policy |
| Ms Ellie Styles | DWP IIDB Policy |
| Ms Jo Pears | DWP IIDB Policy |
| Ms Faith Phillips | DWP IIDB Policy |
| Mr Lee Pendleton | DWP IIDB Manager |
| Ms Catriona Hepburn | DWP Legal Team |
| Mr Ian Chetland | IIAC Secretariat |
| Mr Stuart Whitney | IIAC Secretary |
| Ms Catherine Hegarty | IIAC Secretariat |

**Apologies:** Dr Anne Braidwood (MoD), Ms Lucy Darnton (HSE)

## 1. Announcements and conflicts of interest statements

1.1. The Chair welcomed all participants and set out expectations for the call and how it should be conducted. Members were asked to remain on mute and to use the in-meeting options to raise a point.

1.2. The Chair welcomed Professor Damien McElvenny and Dr Gareth Walters as new members to the Council. The Chair also welcomed Mr Darren Bird from the DWP IIAC partnership team who joined the meeting as an observer.

1.3. When members were reminded to declare any potential conflicts of interest, the following were noted:

- Raymond Agius stated he is currently acting chair of the BMA occupational medicine committee.
- Damien McElvenny stated he is involved in a number of COVID related projects through the IOM and University of Manchester. It should also be

noted that Professor McElvenny is leading the IIAC commissioned review as the principle scientist employed by the Institute of Occupational Medicine (IOM), who were awarded the contract to carry out the review.

- Chris Stenton declared he is involved in a legal case relating to COVID-19.

1.4. The RWG wll be chaired by the IIAC chair for administration purposes and individual members who were leading on topics would take the chair for those agenda items.

## 2. Minutes of the last meeting

2.1. The minutes of the last meeting in October 2021 were cleared with minor edits required. The secretariat will circulate the final minutes to all IIAC members ahead of publication on the IIAC gov.uk website.

2.2. All action points have been cleared or are in progress.

## 3. Occupational impact of COVID-19

3.1. The Chair started the discussion by introducing the latest draft of the COVID paper and explained it had been significantly revised since the last iteration shared with members, with new sections having been added.

3.2. The Chair opened the discussion and invited members to comment on the revised paper.

3.3. A member who had contributed to the report stated the structure of the paper now worked well, but felt some of the narrative could be reworded to simplify some of the complex medical terminology. The Chair stated the paper, in its current form, was too long and content would need to be placed in appendices. Another member commented they felt a table of contents would help readers navigate the finished paper.

3.4. A member asked if the paper might benefit from an explanation of all the sections in the introduction. They also asked if the degree of disability needs to be defined generally, not for prescription purposes but what the expectation might be.

3.5. Another commented that other scientific terms could be simplified, but the Chair stated this is a scientific report, but felt these terms could be better explained and covered properly by a glossary.

3.6. A member felt it was more important to define the conditions first and referred to the NICE definition of ‘long-covid’ versus the WHO definition, which is why disability has not yet been covered in the paper. Trying to assess disability on something which can’t be diagnosed nor measured is difficult from a prescription perspective. The Chair agreed that having a condition which is definable and could lead to a disability is the correct approach for IIDB. The degree of disability could be covered at the claim stage if prescription is recommended.

3.7. A member commented on the need to have simplified language and this could be achieved by ensuring the summaries at the end of each section illustrate the findings in an easier to understand way.
3.8. At this point an observer stated that claims had been made to the accident provision listing, for example, fatigue as a consequence of COVID-19. These claims are currently being assessed and subsequent assessments for disability may result.
3.9. A member stated they felt the numbers of claims using the accident provision could increase and asked if guidelines had been drawn up to assess these cases? The observer stated nothing formal had yet to be drawn up and internal discussions were ongoing. It was agreed that all COVID related cases would be reviewed to give the Council an overview of the current status of these types of claims.
3.10. A member stated that there would be useful information in the paper and guidance would follow.
3.11. A member asked if 'post-covid interstitial lung syndrome' (pcoils) had been considered as this had been reported recently which has been described to distinguish between lung and cardiovascular complications from others related to 'long-covid'. The member was asked to draft a paragraph setting out the salient points. The Chair also invited this member to join the respiratory disease sub-group to have input into the paper.
3.12. An observer asked about the definition of 'long-covid' and its associated timeframe. A member explained that it would be important to include people who continue to experience symptoms after 12 weeks which can't be readily explained. They felt that 'long-covid' could become a disease of exclusion.
3.13. A member commented on explicability where there is a difference between knowing how something occurred versus understanding how something may have occurred and cautioned that the knowledge around COVID is evolving. Consequently, they felt the Council shouldn't feel pressurised into rushing into premature judgement of understanding of pathology or diagnoses or disability.
3.14. The issue of doubling of risk test was raised by a member who referred to the narrative quoted in the legislation where the balance of probabilities is apparent as opposed to more likely than not which is quoted in the paper. The member was asked to draft a paragraph for the paper setting out the legal perspective.
3.15. The Chair moved the discussion onto general sections of the proposed paper and asked members to comment. The Chair also asked that members review the sections and provide feedback on how these could be improved.
3.16. The Chair stated they would like the sections on patterns of infections and risk reduction measures to be reviewed – when the data are analysed relating to occupation, it is apparent the results from studies are inconsistent due to the variations in the general population at the time. This is related to various waves and restrictions imposed at those times – what happened nationally was often not reflected locally, so this has to be taken into account when looking at the data. It should be made clear how complex this has been, making it more difficult for the Council to make decisions. When looking at

occupations in the results section, the numbers can be very small. The impacts of different variants of the virus also need to be considered.

3.17. A section on transmission and exposure was discussed, with work patterns now included. A member stated that job exposure matrices (JEM) related to COVID could provide a mechanism to identify jobs which are at greater risk which may assist the Council if prescription is recommended. It was agreed that this section in the paper could be expanded further, but felt that the important point could be made in the discussion of evidence and where conclusions are being drawn. However, a short paragraph illustrating where the Council could expect potential for exposure in jobs would be drawn up. Health & social care workers came out on top, but education was not reflected due to school closures.

3.18. A member stated JEMs are useful tools, but felt a summary in lay-language would be beneficial to assist readers (without referring to JEMs) and how these particular tools have relevance to potential prescription. The Chair also restated how the sparcity of the studies related to occupation and how some of these studies analysed their outcomes using statistical methodology needs to be taken into account as in some instances the numbers were low.

3.19. Work patterns were discussed and attention drawn to how work patterns have changed over the last 2 years – this is important when considering a prescription. There was redeployment, people worked from home and many workers were on furlough; the latter are counted in the total employed but would not be working. This can have a dilution effect on the data, but for IIAC purposes furloughed workers would be classed as not working. This section is important, needs further work and an accessible executive summary drafted.

3.20. The discussion moved onto the risks of infection where attempts have been made to collate the data related to occupations, which has proved to be challenging. The Chair thanked members for their detailed input into this. It was acknowledged the section is long and information would need to be moved into appendices. It was felt that H&SCW data could be a benchmark when looking at other occupations as this group was, initially, heavily exposed and is the group most studied. Establishing risks for this group would be an important lead on to what the estimates of risks could be for other occupational groups.

3.21. In general terms, the profile in the general population was reflected in occupational groups – the mortality data for COVID mirrored that of all mortality in terms of age, sex etc. For H&SCW, the evidence for risk was strong, but not specific enough to pick out certain jobs. However, those who were patient/public facing were likely to be at greater risk.

3.22. A member commented that further work was required on the narrative to ensure subjective, qualitative terms were not used. The Chair made the point that it was difficult to carry out a critical evaluation of all the studies used and felt the discussion needs to be drafted which pulls in all the data reflecting the strengths and weaknesses of the information.

3.23. A member asked for clarification around homeworkers and those on furlough. New working practices for homeworkers assumed the home is now a

workplace, so would homeworkers be excluded from any prescription as the IIDB regulations may not be clear. A member pointed out there were 3 elements to consider when making decisions around a potential prescription – the disease, the exposure and/or the job. The evidence assessed so far for occupation is derived from the workplace and not the home. Those on furlough were not considered to be working. The Council needs to be clear on this topic in its paper.

3.24. A member made the point that during the lockdowns, most teaching assistants continued to work full time to support key workers and teachers worked from home, so the section of the paper which covers education should be amended to reflect this. However, teachers were often on a rota system and the risks were greater as the children were from families of key workers such as healthcare staff who were at greater risk of infection. The Chair stated that hybrid working needs to be considered. Low pay and low vaccination rates appear to be related, which should be considered.

3.25. Another member stated that their thoughts were that furloughed workers should be excluded from any prescription and this would be relatively straightforward to check. Their views on homeworking were that it was the occupation which was important and this should not rule out those who had to work from home. This was supported by another member.

3.26. A member thought the potential prescription could include a series of questions to establish if the occupation was recognised in the prescription and whether the exposure was due to work. If this was the case, on the balance of probabilities, were the conditions caused or materially contributed to by the exposure, then they would be eligible to claim. They also made the point that low paid workers were impacted by COVID more because those types of job were generally public facing. This member also felt that the paper needs to be clear from the outset whether the Council would be recommending prescription and set out the reasons accordingly.

3.27. The Chair stated that any potential prescription would need to be straightforward and able to be implemented from a practical perspective. They stated that the evidence for H&SCW appeared to be strong and there was an association. Certain transport occupations also appeared to show some strong evidence as does food preparation and retail. The situation for education was not clear at this point.

3.28. A member stated that if the Council were to decide to prescribe, then if this was accepted the claims process could determine eligibility through its normal course of gathering the evidence. They also thought the regulations stated, ‘reasonably assumed to be as a result of the occupation’, so this could be applied where evidence appeared to be strong.

3.29. A member asked if the roll-out of the vaccination programme needs to be considered. It was felt this is apparent in the declining numbers of cases and is covered in a section of the paper but may require more work.

3.30. A member stated that if the case was made to be able to prescribe for H&SCW, other occupations where the evidence is not yet there could be

continued to be monitored and a decision taken on prescription at a later date, but recognised this in the paper.

3.31. An observer asked if there was a risk, if prescription isn't made or made to a limited occupational group, that numbers of claims through the accident provision would greatly increase, which would be more difficult to legislate for. The Chair stated that the evidence would speak for itself and was a little too early to predict. A member felt that numbers would increase as some trade unions are recommending their members consider making claims.

3.32. The Chair stated that time was moving on and it would be useful to have an updated version of the paper for further discussion at the April IIAC meeting. They urged members to review the paper with a view to making suggestions for edits to improve.

3.33. A member raised a number of points which the Chair stated were covered by the paper and again reiterated that any recommendations for prescription would need to be pragmatic and able to be translated into a workable prescription. It was also pointed out that a prevention section could cover the impact of the vaccination programme.

3.34. Due to the complex nature of the topic, it was suggested that the next RWG meeting in February be devoted to an all members discussion of COVID – it was also suggested that an extraordinary IIAC meeting could be held in March to help progress the paper to a version for a decision at the April IIAC meeting. A member suggested that sections be worked on and a version of the paper circulated to members with a definitive decision on whether prescription could be recommended. Subsequent meetings could then focus on the finer detail.

3.35. A member pointed out that much of the information on the epidemiology, risk of infection and disease sections were unlikely to change much, so suggested it might be appropriate to attempt to make a decision on prescription. The Chair felt it needed more work and would want all members to be involved in discussions around decisions for prescription.

3.36. It was decided that the RWG meeting on 24 February would be opened up to all members and availability would be sought for an additional meeting in March.

## 4. RWG Update

### a) Proposed revision of PD D1 – pneumoconiosis/silicosis

4.1. The Chair introduced the topic stating the PD D1 prescription had been reviewed and changes proposed to simplify the prescription for both claimants and administrators. The author gave a brief verbal update on progress to date.

4.2. A draft command paper was circulated to external respiratory disease experts for their views. These views have been collated will be considered, but in general terms, there were some dissenting views, but not on the major general principle. Some concerns were expressed around how

pneumoconiosis was diagnosed and the subsequent disability associated with it, but the author stated that was not a proposed change.

4.3. The author stated that additional work would be needed as consideration would need to be given to flock workers' lung disease and a number of other conditions which may not fit with the prescription.

4.4. Another point made was it may fit better if hard-metal disease be incorporated into the prescription along with chronic Beryllium disease, which is currently a separate prescription.

4.5. It was also proposed to incorporate mineral dust fibrosis and silicosis under silica related dust disease and this will be explored.

4.6. The command paper will be further revised and contributions sought from respiratory disease experts on the Council.

**b) Proposed revision of PD A11 – hand/arm vibration**

4.7. The 2 papers circulated to members were discussed, namely a command paper which sets out proposals to change the prescription and an accompanying position paper which reviews the eipidemiology related to the topic.

4.8. The member who authored the papers suggested members review the discussion and recommendation sections of the command paper and consider the recommendations for the wording of the new prescription. The author also stated that should the recommendations for prescription be accepted, guidance has been drafted to help support the claims process.

4.9. A member questioned whether the revised prescription removes presumption, which is included in the current prescription, so that is a major change. This member felt that there should be more on the discussion of the link between quantifying the exposure and the list of vibrating tools proposed. They also asked if any tools had been excluded.

4.10. The author responded that a list was suggested in a previous command paper but wasn't accepted at that time, but felt it was relevant now.

4.11. The proposed list of tools resulted from discussions held with acknowledged external experts who had been asked for their views.

4.12. Exclusion of tools would be covered by the guidance which would be available for IIDB decision makers and assessors. It was felt that to ensure claimants which were currently excluded by the current prescription but had the condition could now be included.

4.13. An observer asked if the author had any views on the numbers of potential claims which could result from this change and if consideration had been given to length of time for exposure to cause the condition. The author stated they couldn't estimate the number of potential claims and that the current prescription had no time requirement for exposure, so no change proposed. However, the observer had some concerns around the wording of the proposed prescription around exposure. The author responded by stating this type of judgement is carried out presently but the key is 'sigificant exposure'. It was agreed further discussions would be held with DWP officials, assessment officials and the author and the Chair. Practicalities of implementing the

proposed change would be discussed, but guidance supporting the revised prescription would be provided if the change was accepted. The issue of individual susceptibility to vibration was also discussed, but this was considered a clinical decision which would be taken on evidence provided.

4.14. It was suggested that members review the paper and send comments to the author with a view to being discussed again at a subsequent meeting.

### c) Review of assessments for mental health conditions

4.15. This agenda item was carried forward to another meeting due to time constraints.

## 5. Commissioned review into respiratory diseases

5.1. In the previous IIAC meeting, it was confirmed that the Institute of Occupational Medicine (IOM) had been appointed to carry out the commissioned review.

5.2. The review has commenced and Prof Damien McElvenny is leading this from the IOM – this had been previously declared as a potential conflict of interest.

5.3. A presentation of the overview of progress to date was given by Prof McElvenny:

- Developed, piloted and ran searches of systematic reviews and/or meta-analyses and key studies (Web of Science, NLM PubMed, Cochrane Reviews, Embase)
- Developed (first part of - reviews) screening criteria.

5.4. Next steps:

- Full text review of included studies (criteria for this screening?)
- Occupational IARC Group 1/2A (including those included in Burden of Occ Cancer in GB project)
- Review of IIAC documents
- Review of WHEC papers
- Search of relevant UK charity websites
- Included the views of HSE respiratory physicians
- Criteria for prioritising for Phase 2 – draft to be produced for next meeting
- A priori, which associations do IOM think are important? Has to be an element of potential number of successful claims (whether currently prescribed, IIAC has looked at previously and not prescribed, and associations IIAC not looked at before - argues for concentrating on COPD and lung cancer. Clearly smoking an important issue).

5.5. A member asked how environments such as foundry work, which is a carcinogenic environment, would be investigated. It was stated that all environments and workers would be covered and reviews or epidemiological studies sought.

5.6. Another member stated they were surprised lung fibrosis wasn't more apparent in the findings, but this may be due to nomenclature used. COPD was the main focus, but searches could be rerun to focus on other aspects which members felt important.

## 6. AOB

### Update from DWP IIDB policy

6.1. The Chair invited DWP officials to give an update to members on topics which are relevant to the Council:

- A debate on 'long-covid' which the minister was due to speak at was postponed.
- Dupuytren's contracture regulations have been laid.
- Melanoma in air crew is still being evaluated and impacted.

### Correspondence

6.2. The correspondence from the NUM has been responded to, but further investigation would be required.

6.3. The change to guidance, recommended by IIAC, to PD D11 which stated miners should not be excluded, had been accepted and the change implemented by DWP.

6.4. A meeting has been arranged with the NUM, at their request, to discuss changes to PD D1.

### AOB

6.5. A member drew the attention of the Council to a recent civil court case where a painter sued the MoD relating to the development of multiple sclerosis caused by their job as a painter. This topic could be added to the work programme to determine if there are any wider implications as there may be a causal link to organic solvents which are present in paint. On that point, a member declared they had been involved in that court case.

**Date of next meetings:**

IIAC – 24 February 2022, changed to full member meeting from RWG.
IIAC – March 2022 – extraordinary meeting to be arranged.