# RESEARCH WORKING GROUP
# of the Industrial Injuries Advisory Council

## Minutes of the meeting
**Thursday 26 May 2016**

**Present:**

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| Professor Paul Cullinan (Chairperson) | RWG |
| Dr Ira Madan | RWG |
| Professor Keith Palmer | RWG |
| Mr Hugh Robertson | RWG |
| Dr Karen Walker-Bone | RWG |
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| Dr Emily Tucker | DWP |
| Ms Catherine Nalty | DWP (for discussion on II reform) |
| Mr Steve Brookes | DWP (for discussion on II reform) |
| Dr Anne Braidwood | MoD |
| Mr Andrew Darnton | HSE |
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| Mrs Rebecca Murphy | IIAC Secretariat |
| Dr Marianne Shelton | IIAC Secretariat |
| Ms Catherine Hegarty | IIAC Secretariat |

**Welcome:** Ms Catherine Nalty from the Disability Employment and Support Directorate has taken over from Jane Edwards to lead on IIDB policy and Mr Hugh Robertson who has agreed to be temporarily seconded to the RWG

**Apologies:** Professor Damien McElvenny, Professor Neil Pearce and Mr Richard Exell

## 1 Announcements and Conflict of interest statements

1.1 Secretariat staff changes – The Head of the Secretariat/IIAC Secretary and IIAC's scientific advisor will be leaving the Secretariat at the end of May for new roles within the civil service. Replacements are currently being sought.

1.2 Publication of IIAC reports The following reports were published on www.gov.uk/iiac on 24 May 2016 – Information notes on 'Neurodegenerative diseases in sportspersons', 'Carpal tunnel syndrome and wrist/forearm rotation' and 'Osteoarthritis of the knee and work in the construction industry'.

1.3 Conflict of interests - No conflicts of interests were raised.

## 2 Minutes of the last meeting

2.1 The minutes of the last meeting were cleared with minor amendments to paragraphs 6.3, 9.7 and Action point 9. The Secretariat will circulate the final minutes to all RWG members ahead of publication on the gov.uk website.

## 3 IIDB reform

3.1 A review of how employers and insurers could play a greater role in supporting those suffering from industrial injuries was first announced in the 2015 Summer Budget. IIDB policy officials informed the RWG that the Work and Pensions Select Committee had announced the publication of a Green Paper to consult stakeholders about welfare reforms, which will include the Industrial Injuries Scheme. Members highlighted that extended time periods for consultation may be useful for the review (e.g. > 3 months).

## 4 Depression and anxiety in teachers and healthcare workers

4.1 The Council has been reviewing depression and anxiety in teachers and healthcare workers after it was raised by a member at the 2015 Public Meeting. During the course of the review a RWG member has considered literature searches on depression and anxiety in teachers and healthcare workers and most recently an extended search about depression, anxiety, burnout and suicide in workers in general.

4.2 Depression and anxiety are important problems that are common in the general population which may be caused by a multitude of factors, both occupational and non-occupational. Whilst there is a vast literature about depression and anxiety it has not been possible to identify robust evidence of a greater than doubled risk of these conditions for any specific occupational category. Many studies rely on self-reported symptoms. Such studies are useful in targetting prevention strategies, but are of only limited usefulness in the context of recommending prescription under the Scheme.

4.3 A draft information note and comments from a MoD official had been circulated to all members ahead of the meeting. Members suggested amendments to the structure of the report to outline the rationale and scope of the review:

- Review originated from query about mental health conditions in teachers raised at a Public Meeting
- IIAC's approach to prescription
- Evidence to ICD-10 or DSM-IVand standards for anxiety or depression would be most telling for prescription purposes
- Is there evidence of a greater than doubled risk for ICD-10 or DSM-IV disorders for teachers? This question was then widened to include healthcare workers or any other specific occupational groups.

4.4 It is important to highlight in the note that the Council recognises the importance of mental health conditions and their effects on workers. However IIAC must operate within the legal requirements of the Scheme when making recommendatiions about prescription.

## 5 Annual abstracts

5.1 The Autumn 2015 abstracts booklet was published in February. To formalise the review of the articles in the abstracts booklet each section was divided between RWG members for their consideration and comments. A table showing the division of labour for each member was included in the meeting papers.

5.2 There was nothing notably new in the Autumn 2015 abstracts booklet for IIAC's further consideration, with the exception of certain articles which may of interest to the Council about the following topics:

Silica and systemic sclerosis
Asbestos and retroperitoneal fibrosis
Indium tin oxide and pneumoconiosis
Pesticides and cancer
Benzene and myelofibrosis
Prostate cancer in pilots

5.3 Generally when IIAC is unable to recommend prescription for a particular disease or exposure it states (in reports or correspondence) that the Council will continue to monitor emerging evidence. The abstract booklet is the formal way by which IIAC monitors this evidence. Members agreed that distributing the sections of the abstracts booklet had been effective at ensuring that IIAC's commitment to monitoring emerging evidence was being discharged. It would be useful to continue to refine the system by which IIAC keeps a watching brief on certain topics (e.g. listing them in the work programme).

## 6 Medical assessments

6.1 IIAC has been reviewing medical assessments to ensure they adequately reflect current scientific knowledge and are currently focusing on how medical assessments take into acccount mulitple risk factors and historical injuries. The law states that deductions must be made to take into account 'other effective causes' for the prescribed disease in question.

6.2 Members discussed the rationale for deductions (offsets) based on risk factors (e.g. an increased risk of OA knee from a prior injury, where the injury had subsequently healed) rather than the effects of an injury or disease. The Secretariat had consulted with Departmental lawyers who had provided a copy of the regulations, but stated that they were unable to provide legal guidance about the interpretation of the legislation in relation to risk factors due to a potential conflict of interest. The legislation is plain but it is the

interpretation of the legislation and its relation to policy intent that IIAC would like clarified. Does the current legislation deliver the policy intent? The Secretariat will discussed this matter further with Departmental lawyers and policy officials.

6.3 There may be a number of Upper Tier Tribunal cases involving War Pensions where legal opinions have been expressed about offsets where the judgement suggested that predisposition was not the same as predestination. It would be helpful to view these judgements.

## 7 Occupational cancer and exposure to trichloroethylene

7.1 This agenda item was held over to the September RWG meeting.

## 8 Noise induced hearing loss and nail guns

8.1 The Council has been considering noise induced hearing loss (NIHL) and the use of nail guns in woodworking, having received correspondence from a MP. During the course of the review the RWG has considered a literature search for NIHL and nail guns or fastener drivers in carpentry and woodworking, which was uninformative, and a HSE research report on noise exposure and fastener driving tools. This report stated that "Noise from fastener driving tools is likely to be a significant contributor to risk of hearing damage if a person is exposed to more than about 500 events per day (an *L*pA,1s value in the region of 98 to 100 dB giving an equivalent eight-hour daily personal exposure, *L*EP,d, of approximately 81 dB). For other tools the risk could be significant after only 100 events per day (an *L*pA,1s value of 105 dB giving an equivalent *L*EP,d of approximately 80 dB)."

8.2 The RWG consulted with the HSE Principal Inspector for Noise and in his opinion it would be feasible for workers to be exposed to the number of nail gun actions required to reach the threshold for prescription (>98bA $L_{eq}$ over an 8 hour working day), which is higher than currently used in worker protection. It was advised that there may be wide variation in hygiene measurements about noise exposure to nail guns, depending on the type of nail gun, where the measurement is made from etc. Thus, the HSE research report may not be fully representative of nail gun use in general in the UK workforce. A call for evidence did not receive any responses. The RWG agreed that based on current evidence there was insufficient robust data to confidently recommend extending prescription for PD A10 to include the use of nail guns. A member agreed to draft an information note.

8.3 At the April IIAC meeting members discussed IIAC's approach to prescription for PD A10. The Council use a pragmatic approach to extending the terms of prescription for PD A10 whereby evidence is sought that the noise of the exposure in question matches or exceeds the noise exposure levels of the occupational exposures already prescribed. The Secretariat circulated a report drafted by the Chair when IIAC had last considered reviewing this

condition, which described the complexities of NIHL and the prescription for PD A10.

8.4 Better legislation, better regulations and the possibility of civil litigation have led to workers being at less risk of NIHL. This has resulted in a fall off in research to quantify risks of hearing loss. There have been no useful exposure response studies on noise published in recent years. The matter is further complicated by the fact that NIHL is due to the cumulative effects of noise and age; degrees of hearing loss are increasingly common in the 5th decade of life.

8.5 Members discussed publishing a 'green paper' (consultation paper) about NIHL within the IIDB Scheme. There may be some relevant evidence published around acute acoustic trauma.

## 9 Idiopathic pulmonary fibrosis and exposure to asbestos

9.1 A MP has written to the Council on behalf of a representative of the National Union of Mineworkers (NUM) asking IIAC to consider idiopathic interstitial fibrosis (IF) in coal workers exposed to asbestos as a binding agent.

9.2 IIAC previously considered this matter after it was raised at a Public Meeting by the NUM and published a position paper in April 2006 about coal miners. In the paper the Council noted that certain forms of IF are part of coal worker's pneumoconiosis, and the associated disability would be covered in PD D1 (pneumoconiosis) or PD D12 (chronic obstructive pulmonary disorder). There was no evidence to support prescription for idiopathic IF in its own right (which by definition is of cause unknown).

9.3 However, IIAC has not considered IF in relation to exposure to asbestos in coal mines. Few mines used asbestos for lagging, but members were unclear about the use of asbestos as a binding agent. However, if IF had been diagnosed in a patient with an occupational history of asbestos exposure, then the diagnosis should be amended to asbestosis. This would be a matter for the clinician to decide and would not require legislative changes to the IIDB Scheme. It would be useful to clarify with the MP the nature of the exposure.

## 10 AOB

10.1 Rheumatoid arthritis and cadmium – Genetics, smoking and environmental factors have been suggested to be risk factors for rheumatoid arthritis (RA). A RWG member circulated a recently published research article about the novel finding of an association between cadmium and RA. The RWG discussed whether a review of occupational autoimmune diseases should be considered.

10.2 **Dichloromethane and bladder cancer** - The Council received correspondence from a MP regarding exposure to methylene chloride

(dichloromethane) during paint stripping and bladder cancer on behalf of his constituent.

10.3 Exposure to dichloromethane is not prescribed for any disease and does not appear to have been considered by the Council previously. IARC has considered dichloromethane and a relevant summary document was included in the meeting papers. A literature search undertaken by the Secretariat resulted in no relevant evidence to support prescription. A monograph on dichloromethane is currently being prepared by IARC; members agreed to await publication of this report before considering this issue. The Secretariat will send a holding response to the original correspondent.

**Date of the next meeting: 15 September 2016**