

INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – 16 January 2020

Present:

Dr Lesley Rushton	IIAC (Chair)
Prof Neil Pearce	IIAC
Prof Karen Walker Bone	IIAC
Prof Raymond Agius	IIAC
Dr Sayeed Khan	IIAC
Dr John Cherrie	IIAC
Mr Doug Russell	IIAC
Ms Karen Mitchell	IIAC
Mr Daniel Shears	IIAC
Dr Andrew White	IIAC
Dr Ian Lawson	IIAC
Dr Chris Stenton	IIAC
Dr Kim Burton	IIAC
Dr Max Henderson	IIAC
Dr Jennifer Hoyle	IIAC
Ms Lesley Francois	IIAC
Dr Emily Pikett	DWP Medical Policy
Neil Walker	DWP IIDB Policy
Lucy Wood	DWP IIDB Policy
Stuart Whitney	IIAC Secretariat
Ian Chetland	IIAC Secretariat
Catherine Hegarty	IIAC Secretariat
Professor Anna Stec	External speaker
Siobhan Johnson	DWP observer

Apologies: Mr Keith Corkan, Dr Valentina Gallo, Dr Anne Braidwood, Mr Jamal Saddique, Maryam Masalha

Announcements and conflicts of interest statements

1.1 The chair welcomed:

- Siobhan Johnson, attending as an observer today, she is a DWP member of staff.
- Professor Anna Stec who has agreed to join the meeting to discuss the recommendations of the environmental audit committee, covered later on the agenda.

1.2 Announcement:

- Dr Valentina Gallo has resigned from the Council as she will be taking up a new position in Europe. The Council thanked Dr Gallo for her contribution to its work and wished her well in future endeavours.

2. Minutes of the last meeting

2.1 The minutes of the October 2019 IIAC meeting were cleared subject to minor changes made by correspondence and all action points were either cleared or

carried forward. Amended minutes will be circulated for sign-off ahead of their publication on www.gov.uk/iiac.

3. Melanoma, aircrew and occupational exposure to UV/natural sunlight

- 3.1 The paper presented to the Council in October 2019 and reviewed again by RWG in November 2019 has been amended to include more information on fatigue and the relationship with work patterns of pilots and cabin crew; flying hours and block hours have been clarified and discussed together with pre- and post-flight duties. The potential influence of shift work and circadian rhythm disruption together with potential exposure to UV light has been revisited. It was noted that an International Agency for Research on Cancer (IARC) publication is due on shift work which indicated in its summary prior to full publication that there may be some data indicating a link in animal studies between shift work, melatonin and development of melanoma. However, the evidence of this in humans is inconsistent in studies of pilots and melanoma increase is not being reported in other industries involving shift work.
- 3.2 The causative agent for melanoma is not thought to be cosmic radiation or UVA exposure through plane windshields. A putative explanation is UV exposure during non-flight work or during recreational activities together with circadian rhythm disruption and melatonin production.
- 3.3 A glossary has been added and it was agreed the paper will be passed to the HSE to look at producing a section on prevention.
- 3.4 It was felt the paper would benefit from a short section on employment law.
- 3.5 The Council discussed the recommendation that flying hours be used as a criterion for prescription. It was felt that 5 years full-time equivalent employment or 4500 hours flying would be appropriate and is borne out in the literature.
- 3.6 Another member again mentioned the excess risk, in 1 study, of developing melanoma in air traffic controllers (ATC). It was pointed out that ATC were formerly expected to have flying qualifications but that is generally not the case now. It was agreed to keep a watching brief, through the literature, on this occupational group.
- 3.7 Members commented that the paper is well researched, referenced and rationally reasoned.
- 3.8 All concerns from members were addressed and the Council formally accepted the paper – any subsequent minor edits would be covered by the Chair and prepared for publication as a command paper without having to be reviewed again by the Council.

4. VT/TA tests used in assessments of sensorineural components of PDA11 – hand arm vibration syndrome (HAVS)

- 4.1 Members were presented with a paper from DWP medical policy setting out their request for advice from the Council on VT/TA tests used in assessments of sensorineural components of PDA11.
- 4.2 IIAC's advice in its position paper 43 considered concerns from stakeholders that claimants were being disadvantaged on claims for sensorineural only HAVS. However, it found that there was no such evidence and that the prescription was being applied as intended.

- 4.3 The Department requested IIAC's advice on whether there is a need to replace its aging VT/TA testing kits which are used by assessors to help with assessing the sensorineural component of HAVS.
- 4.4 This advice is requested on the basis that CHDA consider a thorough history and examination the most appropriate way of diagnosing the sensorineural component. They feel that claimants would not be disadvantaged if they meet the current referral criteria and the kits were not replaced.
- 4.5 The tests are requested to confirm condition following the initial assessment. Most of the time the results are positive, but even when a rare negative result is obtained, claimants are generally given an award if the history and examination mean the criteria of the prescription is met.
- 4.6 Claimant numbers have significantly declined recently and should the kits need to be replaced, this would be at significant cost coupled with ongoing maintenance and updating. The Council would need to consider if this was suitable value for money given the claimant numbers – 31 referrals were made in last 14 months.
- 4.7 The issue of testing in a home environment, due to an aging claimant population, was also raised as this is difficult with this type of equipment.
- 4.8 A member with expertise in this area asked how the assessors determine if claimants meet the criteria for the prescription. It was suggested the assessors' handbook be provided to answer this query as guidance on this topic is extensive. The member also stated the prescription was complicated to write and may need to be revised in light of the request to not replace the testing kits.
- 4.9 It was suggested there is some evidence in recent literature that in certain areas of the private sector, the move is towards more testing, not less. It was also mentioned that stakeholders have expressed disquiet at engagement events where testing has not been available.
- 4.10 It was stated that the workplace health advisory committee (WHEC) who advise the HSE were also looking at this but from a different perspective. The Council agreed to engage with this committee to get a view on their work.
- 4.11 It was agreed that members with musculoskeletal expertise would review this request and draft a short paper for review at the next RWG meeting in February 2020. It was suggested that a member observe an assessment for PDA11.
- 4.12 There is also the possibility of collaborating with a former Council member who was involved with writing the prescription.

5. Environmental Audit Committee recommendation – firefighters and cancer

- 5.1 **Professor Anna Stec** was invited to give her views on the risks firefighters face and the exposures they are subjected to. Professor Stec gave evidence to the Environmental Audit Committee hearing where the outcome was to recommend cancers in firefighters be added to the list of prescribed diseases: *“The Government should update the Social Security Regulations so that the cancers most commonly suffered by firefighters are presumed to be industrial injuries. This should be mirrored in the UK's Industrial Injuries Disablement Benefits Scheme.”*
- 5.2 Anna Stec is a professor in fire chemistry and toxicity at University of Central Lancashire. Research interests include: quantification of toxic hazards in fires, understanding the factors that affect fire gas toxicity, and the relationship

- between the physiological effects of the concentration and dose of different toxicants. She is also an expert witness for the Grenfell Tower public enquiry.
- 5.3 Professor Stec gave an overview of the challenges faced by firefighters at Grenfell – many did not appear to wear appropriate respiratory protection and were exposed to a number of different toxins. The type of toxins present will depend on the type of fire attended – large urban building fires will be different to those in a rural setting.
 - 5.4 Contaminants can be transferred to firestations via the personal protective equipment (PPE) as these are generally not professionally cleaned. Some of this equipment is shared and can be up to 10 years old. PPE can be permeable, allowing toxins to contaminate the skin. Dermal risks are a concern.
 - 5.5 The types of toxins and their relative concentrations were described across a variety of workplace environments.
 - 5.6 Professor Stec is currently involved in a very large study of UK firefighters where they will be surveyed by questionnaires. Cancer at younger ages was thought to be a major cause of death for firefighters. A member commented that age of diagnosis would need to be adjusted because of working age – most people die of cancer as this is the most common cause of death in the general population.
 - 5.7 Testing in a real-time fire environment is difficult so the majority of work was carried out at training facilities.
 - 5.8 The types of carcinogens were described and ranked – these included benzenes & polycyclic aromatic hydrocarbons, flame retardants (organophosphate, halogenated and nitrogenated organic compounds), isocyanates, phthalates and dioxins. These are often not degraded in fires but become airborne. In testing of soil samples, these type of contaminants were found 6 months post-Grenfell fire.
 - 5.9 Firefighters did not have routine health screening following Grenfell – occupants of the tower were closely followed by the NHS.
 - 5.10 The types of potential toxins & carcinogens are often not known when firefighters attend a fire. Their exposure could be large over a relatively short period.
 - 5.11 The Chair thanked Professor Stec for her comprehensive and interesting presentation.
 - 5.12 It is the role of the Council to evaluate whether firefighters are more likely to develop cancer as a result of their work and the published literature in this area has been obtained. Members were provided with a comprehensive review sourced by the HSE and an updated literature search carried out by the secretariat.
 - 5.13 IARC reviewed carcinogenicity and exposure assessment data but found this to be inconsistent.
 - 5.14 The Council debated whether the traditional route of reviewing published literature and the doubling of risk for firefighters is suitable as firefighters are not a homogeneous group and the exposures they face are very different in different situations.

5.15 The RWG will consider this in detail and report back to the Council.

6. Commissioned review into malignant and non-malignant respiratory conditions

- 6.1 The scientific adviser updated the Council on the process required to appoint suitable researchers to carry out the review based on the specifications drafted.
- 6.2 The appointment will need to follow the DWP commercial framework and comply with the required governance. Potential suppliers of research will need to be added to the Dynamic Purchasing System (DPS) provided by Crown Commercial Service.
- 6.3 Members were encouraged to provide names of potentially suitably qualified researchers to the secretariat who could be added to the DPS.

7. IIAC Work Programme

- 7.1 The secretariat will update the list as some of the long-standing investigations are coming to a close and will shortly be published.
- 7.2 Some new topics will need to be added, such as VT/TA testing used in assessments of sensorineural components of PDA11.
- 7.3 Members were encouraged to consider what could be added to this list.

8. RWG update

- 8.1 Most topics under current consideration were discussed at the meeting

9. ANCA vasculitis following silica/asbestos exposure.

- 9.1 Correspondence from a MP brought this topic to the Council's attention concerning a constituent who thought they had developed anti-neutrophil cytoplasmic antibody (ANCA) vasculitis following exposure to silica and asbestos dust.
- 9.2 A comprehensive review of the published literature was carried out to determine if there was a link to silica/asbestos exposure and the development of ANCA vasculitis (AAV).
- 9.3 Several individual studies were found and were considered together with a meta-analysis of silica exposure results. None of the published reports pinpointed a link between AAV and asbestos/silica exposure. However, there was some evidence to suggest a tentative link to agricultural workers developing AAV following silica exposure.
- 9.4 A recent paper had been published which was initially thought to be of relevance, but was discounted as it didn't separate silica from other dusts so is essentially non-contributory.
- 9.5 The paper presented to the Council summarised the findings of the investigation and, identified several inconsistencies and biases in the available studies. The Council considered that the evidence to link AAV to silica/asbestos exposure was not sufficient for prescription. However, the Council will keep a watching brief over any developments in the topic and monitor the published literature.
- 9.6 A prevention section was discussed and it was decided to publish this as a position paper due to the detailed investigation.
- 9.7 The Council formally accepted the paper – any subsequent minor edits would be covered by the Chair and prepared for publication without having to be reviewed again by the Council.

9.8 The chair will write to the correspondent informing them of the Council's investigation and the publication of the information note and explaining how the Council's conclusions were reached.

10. COPD and coke oven workers

- 10.1 Coke oven workers are not covered under the Industrial Injuries Scheme for COPD. In August last year, BBC Wales online reported that a widow of a former British Coal coke oven worker was awarded compensation along with four other test cases in a landmark out of court settlement.
- 10.2 A member submitted a paper for consideration following a review of published literature.
- 10.3 The paper summarises mortality and lung function studies of specific working populations - mortality rates were modestly elevated with a less than doubled risk of death from respiratory disease; these studies can underestimate the overall COPD burden.
- 10.4 Although there are several lung function studies, including 4 fairly large ones, there were inherent problems with data and heterogeneity in their approach.
- 10.5 The Council agreed with the RWG conclusions that at this moment there is insufficient evidence to recommend prescription.
- 10.6 The paper presented was discussed and some minor edits suggested. The Council formally accepted the paper – any subsequent minor edits would be covered by the Chair and prepared for publication as a position paper without having to be reviewed again by the Council.
- 10.7 The Chair thanked members for their extensive efforts in bring this investigation to its conclusion.

11. AOB

- 11.1 The DWP press office received a query from a key Dupuytren's stakeholder about the involvement of the limitation of the prescription to exclude metacarpophalangeal joints. The musculoskeletal experts will provide comments for DWP press office to respond.
- 11.2 The Council received MP correspondence relating to noise-induced hearing loss in police firearms officers, which are not covered by the prescription PD A10, whereas firearms training officers are. A holding response has been issued and the topic will be referred to RWG for comment.
- 11.3 The position paper on osteoarthritis of the knee in footballers is close to completion – the section on prevention will be further considered by the musculoskeletal experts with a view to publishing this paper shortly.

Date of next RWG Meeting: 5 March 2020

Date of next IIAC Meeting: 2 April 2020 – Meeting cancelled due to Covid-19 pandemic