# RESEARCH WORKING GROUP
# of the Industrial Injuries Advisory Council

## Minutes of the online meeting
## Thursday 28 May 2020

**Present:**

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| Dr Lesley Rushton | RWG |
| Professor Raymond Agius | IIAC |
| Professor Neil Pearce | RWG Chair |
| Dr Chris Stenton | RWG |
| Professor John Cherrie | RWG |
| Professor Karen Walker-Bone | RWG |
| Dr Sayeed Khan | RWG |
| Mr Doug Russell | RWG |
| Ms Lucy Darnton | HSE |
| Dr Emily Pikett | DWP Medical Policy |
| Ms Victoria Webb | DWP IIDB Policy |
| Ms Olivia El-Saiegh | DWP IIDB Policy |
| Mr Stuart Whitney | IIAC Secretariat |
| Mr Ian Chetland | IIAC Secretariat |
| Ms Catherine Hegarty | IIAC Secretariat |

**Apologies:** Dr Anne Braidwood (MOD), Mr Neil Walker (DWP), Ms Maryam Masalha (DWP).

## 1. Announcements and conflicts of interest statements

1.1. From the DWP, Jamal Saddique and Neil Walker have moved on from working in IIDB policy and have been replaced by Victoria Walker and Olivia El-Saiegh.

1.2. This was the first IIAC RWG to be held virtually via videoconference.

## 2. Minutes of the last meeting

2.1. The minutes of the last meeting were cleared. The secretariat will circulate the final minutes to all RWG members ahead of publication on the IIAC gov.uk website.

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

## 3. Environmental Audit Committee (EAC) recommendations for firefighters

3.1. A recommendation from the House of Commons EAC report: ‘Toxic chemicals in everyday life’ has now been referred to the Council by the minister following the Government’s response.

3.2. The report states "*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"*

3.3. The Council are obliged to provide a response as the DWP have asked it to review the evidence and respond accordingly.

3.4. A literature search was carried out and a member reviewed the relevant references. A paper summarising the findings so far were presented to RWG for discussion.

3.5. It was noted that the Council have evaluated the risks, in detail, faced by firefighters in the past, including a commissioned review in 2010.

3.6. From the latest evidence, it would appear that firefighters do not suffer from an excess of general cancers more than that observed in the general population, the relative risk being around 1.0.

3.7. The author of the paper found a review by Casjens et al who carried out a systematic review and meta-analysis after finding methodological issues in previous publications.

3.8. The Casjens review compared cancer risks among professional firefighters with employment starting from different decades (before 1950, between 1950 and1970, after 1970) and different geographic areas.

3.9. Casjens found the overall cancer risks of firefighters was similar to the general population and there was no trend by decade of employment. Statistically significant elevated risk estimates were found for mesothelioma, bladder cancer and colon cancer but no trends over decade of employment. However, increased incidence risks over time exist for malignant melanoma of the skin, overall skin cancer, prostate, and testis cancer. However, there were no doubled or more risks.

3.10. Previously, the Council took evidence from Professor Anna Stec on the risks of exposure to carcinogens for firefighters and this needs to be reflected in the Council's response. However, this is not borne out by the epidemiology.

3.11. A member pointed out that the response to the EAC or any subsequent publication was not commenting on the challenges faced by the firecrews who attended Grenfell Tower.

3.12. It was agreed to draft a paper to submit to the next full Council meeting in July 2020 with input from other members on exposure and who have had engagement with the Firebrigades Union.

3.13. When the paper has been drafted, the formal response of the Council to the EAC recommendations will be considered.

## 4. Covid-19 and its potential occupational impact

4.1. A member presented a slide-deck which summarised Office for National Statistsics (ONS) data relating to deaths and occupation where Covid-19 has been recorded as a factor.

4.2. This found high Covid-19 death rates in a range of occupations which involve public contact.

4.3. These included taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, and social care workers.

4.4. The findings were adjusted for age, but not for ethnic group, place of residence and deprivation, so it is unclear how much is occupation and how much is ethnicity/deprivation.
4.5. A member commented there is also a problem with the statistics when cases are referred to the Coroner or when an inquest is held as there are significant delays in recording these deaths and may not be reflected on official statistics.
4.6. Where deaths are attibuted to a work-place, there is a statutory duty to report these to the Coroner. However, it is not clear whether, for example in the case of taxi-drivers or bus drivers, this is happening in all occupational settings; it is most likely to be happening for health care workers.
4.7. There are other factors which may need to be considered - some occupations may have low mortality with PPE but high mortality without PPE and there will be some cases (e.g. ITU workers) who clearly have a workplace exposure and get Covid-19 even when the 'group' relative risk is less than 2.
4.8. It was pointed out that there is little known about the exposure potential of this virus; most exposure studies have been carried out in hospitals measuring concentrations in air or on surfaces and there are insufficient data to determine anything useful at this stage. However, it was not clear if monitoring of workplaces such as buses or taxis is being carried out.
4.9. There is also the risk of non-occupational transmission which is likely to be determined by geography – workers living in London are more likely to be at higher risk of exposure than those living in a less crowded rural area.
4.10. Members discussed the points raised and it was pointed that if the Council were to consider prescription then disability would need to be considered, short- or long-term.
4.11. A literature search was carried out to establish if any evidence had been published linking Covid-19 to occupation, but there was little of any use.
4.12. It was felt that it was important for the Council to publicise it was concerned that certain occupations are being impacted by this virus, so a number of members volunteered to draft an information note and present this to the Council at its next meeting. Whilst at an early stage, the Council could publish periodic updates along with progress to date on the work programme. This might encourage researchers to carry out the kind of studies the Council needs to feed into its decision making process.
4.13. A member also highlighted that infectious diseases in general had not been considered for some time and this should probably be addressed. It was suggested this may be a topic for a commissioned review.

**5. Silicosis and prescribed occupations**

5.1. It was decided at the last RWG meeting to form a sub-group of members to look at the impact of silicosis in a wide range of occupational settings. This topic was highlighted by a recent report from All Party Parliamentary Group for Respiratory Health and data obtained from the SWORD scheme.
5.2. Following initial discussions, a member reviewed the current prescription PD D1 Pneumoconiosis (Includes silicosis and asbestosis). In relation to the current occupations impacted by exposure to silica, a paper was presented to RWG for discussion.
5.3. The paper concluded it is not clear any anything needs to change in the prescription. Most of the risks reviewed in the paper have been known for

many years and implicitly no need has been seen to include them in the pneumoconiosis prescription. There is in any case an ‘open’ category 13 of PD D1 that would cover all the circumstances discussed in the paper.

5.4. Members felt that there was a lack of awareness about silicosis when it came to industrial injuries. Some workers who have the condition may be disadvantaged by not making a claim to IIDB.

5.5. Members debated whether the prescription needed to be updated as it was felt that silicosis is exclusively an industrial disease and very unlikely to develop in a non-occupational setting.

5.6. It was pointed out the issue of silicosis often being mis-diagnosed, but it was felt that a confirmed diagnosis should automatically qualify for IIDB.

5.7. Options were discussed around publishing a position paper to highlight silicosis and raise awareness of its eligibility for IIDB or to produce a command paper, which is laid before Parliament, to recommend changes to the regulations governing the prescriiption PD D1.

5.8. Members decided to take this to the next full Council meeting for discussion.

**6. Annual Abstracts exercise**

6.1. The secretariat has completed the annual abstracts exercise and the complete document is now available for members to review.

6.2. It was decided to split the topics between individual members who have relevant expertise of those topics. The full document will also be distributed to all Council members.

**7. AOB**

7.1. No AOB

7.2. The next Council meeting is scheduled for 9 July and is likely to be held online via videoconference, details to be confirmed.