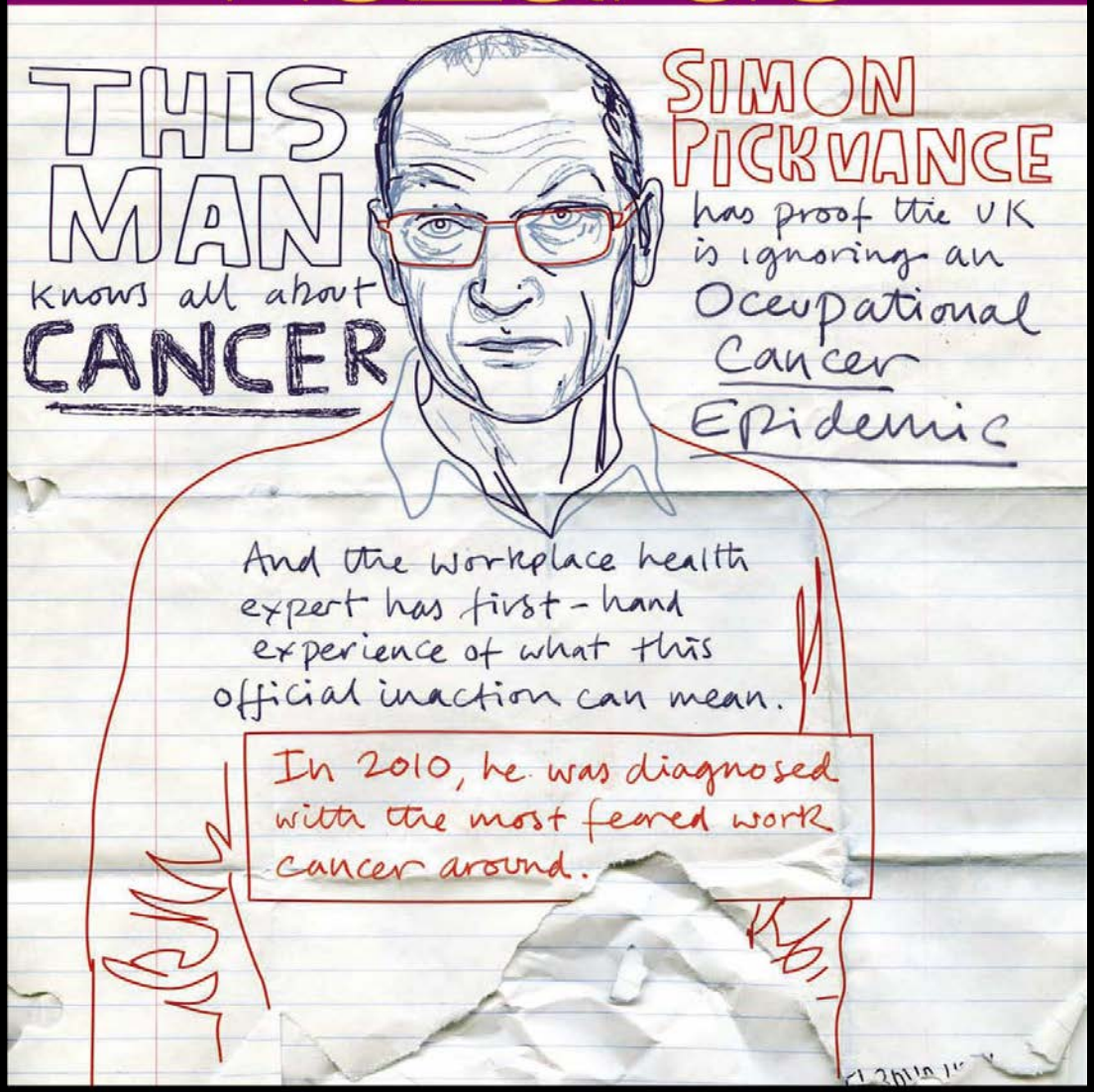
Mad men
Cameron & Co will 'kill safety'

Banana link
Abused in the plantations

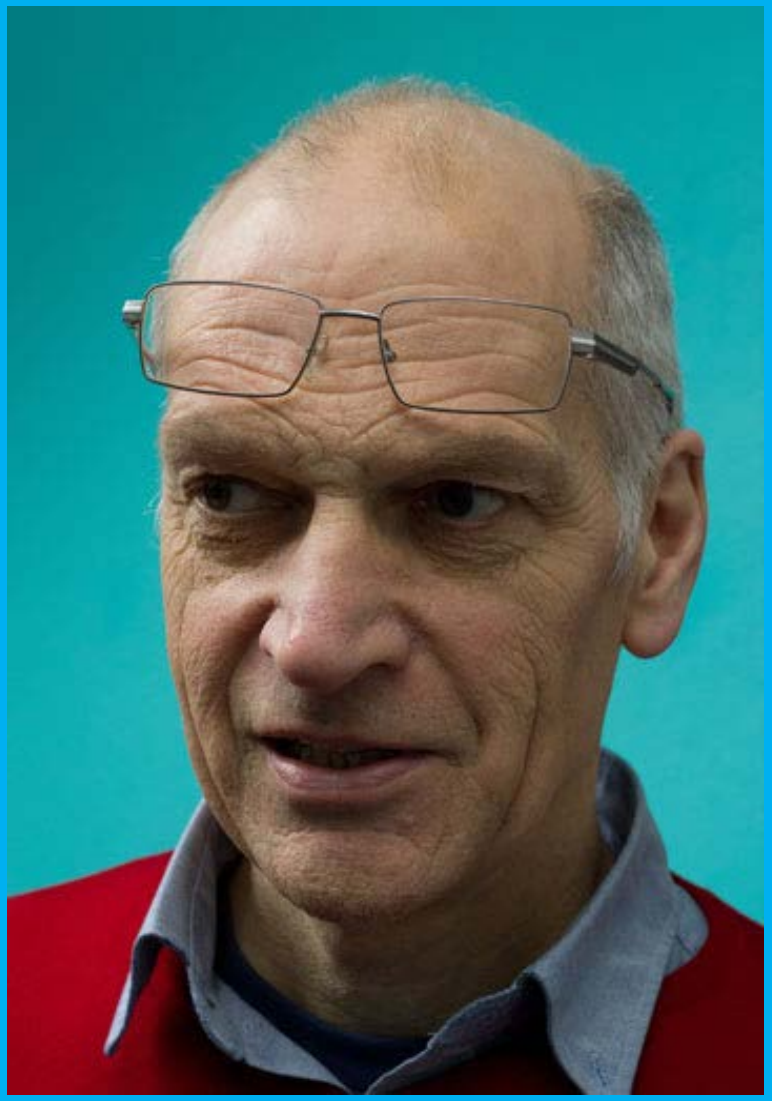
Just fight
Grieving families demand justice

JANUARY-MARCH 2012 • THE WORKERS' HEALTH AND SAFETY MAGAZINE • NUMBER 117

hazards



IF THE DOCKS ARE 'LOW RISK', HOW COME THEY KILL SO MANY WORKERS? CENTREPAGES.



Simon Pickvance
Set up the Sheffield Occupational Health Advisory Service over 30 years ago
www.sohas.co.uk

Written and published extensively on bladder and other occupational cancers…

Honorary Research Fellow at the University of Sheffield and so much more…..

Boiler room after the conversion to oil burning, 1921.
RMS MAURETANIA 'Tyne & Wear Archives & Museums'

Main groups of carcinogens at work

- Metals
  - Arsenic, beryllium, cadmium, chromium, cobalt, lead, nickel,
- Pesticides, herbicides, drugs
- Asbestos, silica, refractory ceramic fibres
- Radiation (solar, ionising, non-ionising)
- PAHs (also coal-tar pitch products)
  - Vehicle exhausts, mineral oils, tobacco smoke, combustion products, creosotes
- Solvents and *chlor* compounds
- Chlorination by- products
- Various chemicals
  - Aromatic amines, benzene, formaldehyde, nitrosamines, PCBs, endocrine disruptors
- Shiftwork (‘long-term night work’)

How strong is the evidence ?

There are three classes of carcinogens normally recognised by IARC –International Agency for Research on Cancer - based on the strength and nature of evidence that they cause cancer:

- Group 1 where the evidence is strongest –sufficient to say that a factor causes cancer in humans
- Group 2A where it is strong enough to say that this substance probably causes cancer with strong evidence for cancer in animals but inadequate evidence in humans and
- Group 2B where the evidence is more limited for animals and not sufficient for humans.

In practice substances start as Group 3 – unclassified and then become Group 2 before becoming Group 1 as evidence builds up. It is exceptional for a substance to fall in the rankings.

What needs to be done ?– but the question should be - *what is HSE doing ?*

HSE dithering, in denial and delaying on workplace cancer

Its seems increasingly clear that HSE cannot be expected to meet these expectations.

- We need to know **where** the carcinogens are at work
- We need measures in place to **replace** them, with **enforcement** to make sure this is being done.
- For the currently exposed – we need to know how exposed they are and make sure that **surveillance** is done.
- **Compensation** should be available to those who get cancer through their work
- We need to be part of a process by which new substances are **classified and tracked** if they enter materials used at work (the purpose of REACH).

The HSE priorities

- **Solar radiation** and
- **Radon** were being dealt with conveniently by other departments, but HSE ‘active’ on these
- **Tobacco smoke**
- Work around **asbestos** was spelled out in detail. HSE then started to propose ways of controlling and eliminating exposures particularly on
- **Silica** (also a little on **welding fumes**). Respiratory crystalline silica is an extremely widespread component of stone, concrete, brick and other building material.

(**Occupational cancer, priorities for future intervention – supplementary paper HSE 12/64)**

The HSE’s figures are grossly underestimated (10,000)

Just for some lorry and bus driving jobs Simon has identified 600K exposed

What about exposures on journey to work?

DEE has been group 2A carcinogen since 1988

HSE hope maybe the problem may just go away?

What is to be done?

- Contact workers to build up and inventory of processes used in your industry. Use a checklist to make sure that any exposures that may have occurred in the past are tracked down.
- Use local internet forums to share knowledge of what went on in local factories
- Contact local specialists, hospital social workers, Macmillan nurses, patients' groups to ask to interview patients about their work exposure. Start with lung cancer patients (there's a compensation scheme if they were exposed to coke oven fumes), nasal cancer, leukaemia and bladder cancer are all worth investigating.
- Work with Trade Union and other personal injury solicitors to investigate cases that are reported to them.
- Use databases to find relevant research as members in many unions have already done. (e.g. surveyors in PCS)

We need nothing less than a trade union enquiry into carcinogens at work


TH
END
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