WORKSHOP 2

GOOD PRACTICES – THE VIEWS OF THE WORKPLACE LEVEL ON WORKPLACE RISK MANAGEMENT AND HEALTH MONITORING.
SURVEY AMONG EU-OSHA FOCAL POINTS – ACTIVITIES ON CARCINOGENS

• SMEs
• Groups: young construction workers, young people.
• Sectors: agriculture; aquaculture; basic chemistry; cleaning; construction, engineering, hairdressers; healthcare; leather; metallurgy/ metalworking; repair of cars and motorcycles; rubber & plastics; transport (road, sea and rail); wood.
• Substances: asbestos, benzene, classified CMR substances, chromium(VI), diesel/DME, nickel, UV, welding fumes, silica, (hard)wood dust.
THE RESULTS – SO FAR

- Launch of a dedicated website: www.roadmaponcarcinogens.eu
- 1039 friends: individual persons, organisations, companies and 17 European countries (October 2019)
- 100+ events
- 82 solutions published (and counting)
- 18 factsheets on specific substances
- General factsheet
HSA CONSTRUCTION SECTOR STRATEGY 2019-2021

Implementation & Steering Group

- Sub group Working at Height
- Sub-group Duty Holders
- Sub-group Traffic Management

Key Strategic Areas (KSA) for each Sub-group to address

1. Inspections
2. Legislation & Policy
3. Stakeholder & Communication
4. Advice, Tools and Guidance

Sub-group Occupational Health & Hygiene

Key Focus
Respiratory health - carcinogens e.g. respirable crystalline silica, asbestos
Musculoskeletal disorders
INSPECTION CAMPAIGN 2019

• 480 Inspections completed
• 6% Formal Enforcement
• 58% of sites issued with reports of inspection
• 80% of sites had appropriate controls

• Initial Positive Findings
  • Dust risk assessments completed
  • Water suppression methods in use or available
  • On tool extraction in use or available
  • FFP3 and FFP2 CE marked respirators & fit testing
  • Block splitters
  • HEPA vacuums for housekeeping
  • Dedicated work stations
  • Tool box talks
  • Good general awareness amongst workers on associated health risks

• Limited or no designing out of hazard, health surveillance & personal air monitoring observed.
MONITORING STRATEGIC OUTCOMES

• A range of Key Performance Indicators (KPIs) will be utilised to assess impact of interventions and monitor implementation of the 2019-2021 Construction Strategy

Inspections
Number of inspections completed, level/ type of enforcement issued, Question sets completed and data trends over the three years etc.

Policy & legislation
Number of relevant legislations and codes of practice developed etc.

Stakeholder and Communication
Number of meetings, briefings, seminars and conferences, website & social media hits, trend data from other stakeholders e.g. CSPAC, National Cancer Registry, Irish Workers Health Trust etc.

Advice, Tools & Guidance
Number of E-learning courses developed/ completed, guidance downloads, information leaflets disseminated on sites etc.
Please prioritise the following interventions: what is needed to tackle exposure to carcinogenic substances?

1st: Legislation, binding occupational exposure limits
2nd: Monitoring of actual exposure in my sector/country
3rd: Campaigns & communication aimed at businesses and workers
4th: Toolboxes, practical solutions
5th: Development of interventions, innovation
6th: Inspections
PROBE STUDY

Assessing the exposure of Belgian workers to dangerous chemicals by means of sentinel surveillance.
RESULTS: LACK OF PREVENTIVE MEASURES: NO CPM, NO PPE

<table>
<thead>
<tr>
<th>Chemical agent</th>
<th>% of workers with no CPM and no PPE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>PROBE</td>
</tr>
<tr>
<td>diesel engine emission</td>
<td>54</td>
</tr>
<tr>
<td>welding fumes</td>
<td>8</td>
</tr>
<tr>
<td>toluene</td>
<td>12</td>
</tr>
<tr>
<td>wood dust</td>
<td>32</td>
</tr>
<tr>
<td>benzene</td>
<td>16</td>
</tr>
<tr>
<td>RCS</td>
<td>20</td>
</tr>
<tr>
<td>formaldehyde</td>
<td>15</td>
</tr>
<tr>
<td>asbestos</td>
<td>19</td>
</tr>
<tr>
<td>lead and -compounds</td>
<td>9</td>
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</table>
Costs: ~ 100,000 EUR

Strengths:
• Through a limited sentinel surveillance network a large number of workers can be reached.
• A large amount of data can be obtained in a relatively short period of time.
• Occupational physicians have the medical and technical expertise, knowledge of the companies and the activities of the employees.

Limitations:
• adds to the workload of the occupational physicians.
• Knowledge about the level of exposure limited.
  − estimations can be subjective,
  − measurement results depend on several parameters,
  − some OELs are outdated,
  − for some chemicals no OEL is defined.
Do occupational physicians in your country participate in research/surveys?

- Yes: 12
- No: 2
- Don't know: 7
How would you spend 100 million Euro’s of investment funds to gain max. impact?

- Raising awareness (campaigns/communication) 18%
- Better/more inspection 16%
- Training/instruction of employees 16%
- Development of practical interventions/solutions 12%
- Implementation of solutions 11%
- Availability of good practices and solutions 8%
- Development of more and lower binding exposure limits 7%
- Measuring exposure 6%
- Sensoring/biomonitoring 4%
What is the message you would send to someone who works with carcinogenic substances? (more answers possible)

<table>
<thead>
<tr>
<th>Be aware of risks!</th>
<th>Be careful!</th>
<th>They REALLY are dangerous! Always protect yourself the best way possible. If your employer is not aware try to educate him.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk assessment</td>
<td>RETIRE!</td>
<td>To inform himself for dangerous substances at work and to work a right way</td>
</tr>
<tr>
<td>Protect yourself!</td>
<td>Call an inspector</td>
<td></td>
</tr>
<tr>
<td>Take care!</td>
<td>Use PPEs</td>
<td>Be strong! Continue!</td>
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<tr>
<td></td>
<td>STOP!</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understand and know your substance BEFORE you start</td>
<td></td>
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<tr>
<td></td>
<td>You have only one life</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Find information!</td>
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</tbody>
</table>