EU-OSHA findings and activities

Women, work and cancer, ETUI conference, 4-5 December 2018

Elke Schneider, Senior Project Manager, Prevention and Research Unit

European Agency for Safety and Health at Work

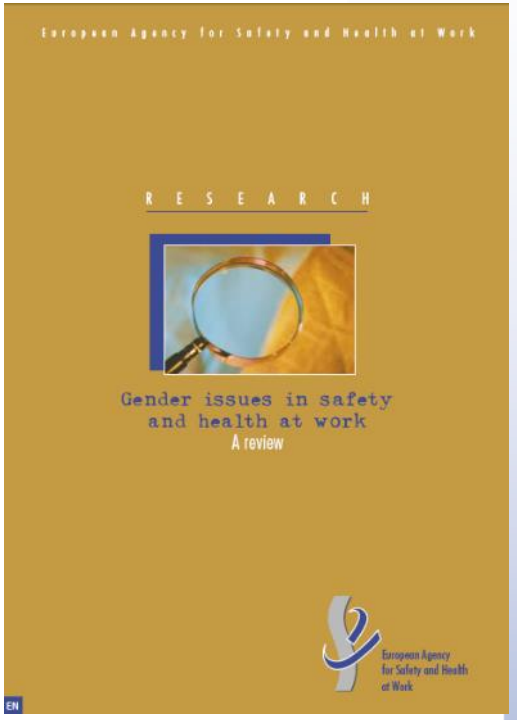
European Agency for Safety and Health at Work

Facts and figures

- **Cancer the 2nd main cause of death in the EU, and 1st cause of work-related death**
- **1 out of 4 deaths are caused by cancer (lung cancer at the top)**
  - under 65, 1 out of 3 deaths
- **4 – 8 % occupational cancer deaths on average, but rates are not the same for all cancers**
- **Cost at least €334 (242 – 440) billion**
- **Exposure to carcinogens cause the majority of fatal work-related diseases in the EU. Every year:**
  - between 91,500 - 150,500 people to develop cancer (RIVM, 2016)
  - almost 80.000 deaths per year.
- **Different cancers for men and women**
- **Taboo on hormone-related cancers**

Gender issues in safety and health at work - EU-OSHA report 2003
Some Recommendations

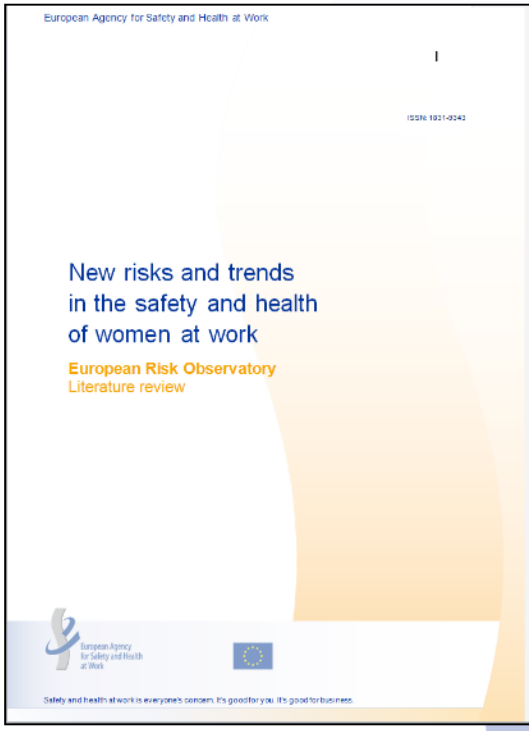
- Include gender in data collection:
  - Assumptions that occupational cancers are more prevalent in men, so women are excluded from studies;
  - Include information on profession in death/cancer registries;
  - Lack of adequate disease registries; difficulty tracing women over time;
  - Change in exposure of women to occupational carcinogens; impact of technology changes.
- Ensure gender balance in research programmes and fill gaps in research
- Assess gender impact of policies, changes in the world of work etc.
- For risk assessment, avoid assumptions, look at jobs women really do, involve women workers
- Investigate and share good practices



http://osha.europa.eu/de/publications/reports/209
Available in: [Deutsch] [English] [Español] [Français] [Italiano] [Polski]

Women at work – updated research published 2013

- **Risks, exposures and health problems**
- **Specific occupations where women may be exposed** (leather dust, beryllium in dental work, silica, etc.)
- **Issues not or insufficiently addressed** in other studies
  - combined exposures
  - unpredictable exposures in some professions, e.g. cleaners
  - age dimension as women of different ages work in different professions
  - access to rehabilitation and disability issues from a gender OSH perspective; ensure access for women of all ages.
- **Exposure to biological & chemical agents**
- **Working in service sectors**
- **Working at clients premises**
- **Lack of information and training**
- **Low control, autonomy and support**

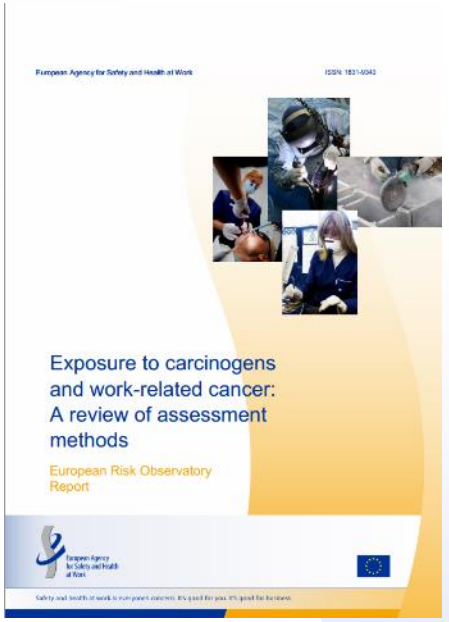


https://osha.europa.eu/en/publications/reports/new-risks-and-trends-in-the-safety-and-health-of-women-at-work/view

Women's exposure to dangerous substances remains largely unexplored

Substance	Source	Circumstances	Occupation, task
Solvents	Cleaning products Fuels Ambient air Paints, inks, glues and varnishes Cosmetics Resins and glues Drugs	Cleaning Dry-cleaning of textiles Printing Laboratory work Handling medication Fabrication of dental and optometric devices	Manufacturing Leather industry Textile industry Cleaners and dry-cleaners Hairdressers Service workers on ships, trains, buses Printing Laboratory work, pharmacists, chemists
Biological and infectious agents	Animals Foodstuffs, perishable goods Insects and other vectors Contact with passengers, patients, clients	Cleaning Contact with foodstuffs Contact with infected clients and goods Contact with animals Cuts and stings Contact with infectious agents when travelling abroad	Farmers and agricultural workers Cleaners Service and maintenance workers Healthcare staff Hairdressers Catering staff Teachers and nursery school workers Retail workers Home care

Work-related cancer and exposure to carcinogens EU-OSHA findings



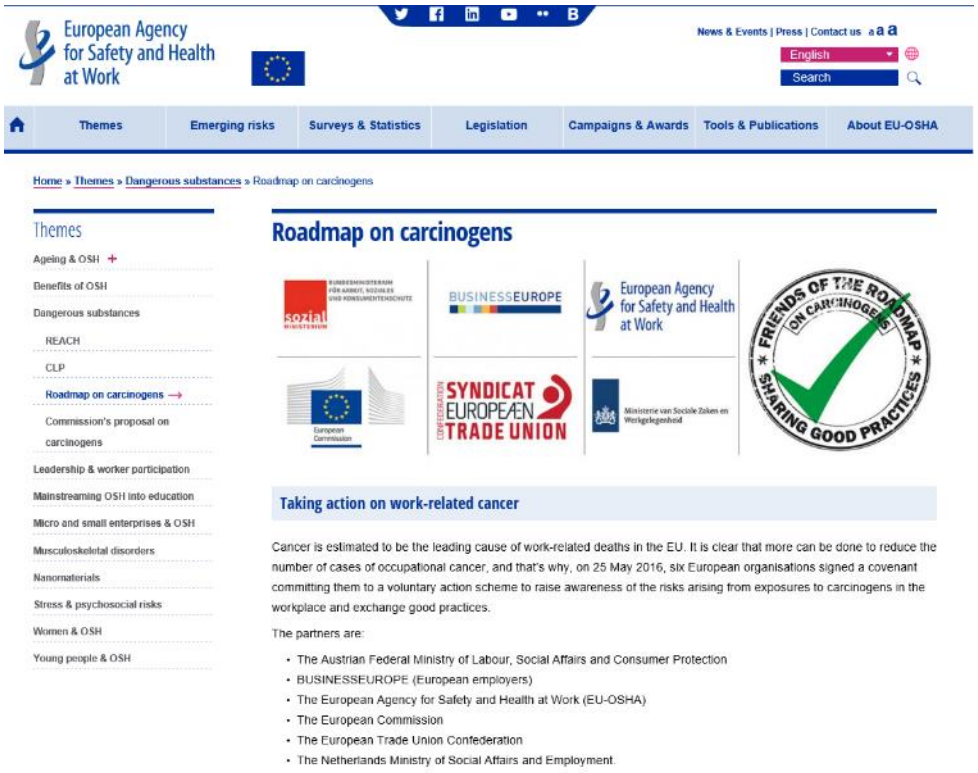
- Services not covered by data/recognised diseases
- Vulnerable workers exposed, but exposure under-assessed
- Work organisational factors important
- Part-time workers may be excluded from some studies

- Lifestyle factors influenced by work
- Return to work strategies for sufferers of cancer limited
- Need for workplace solutions

https://osha.europa.eu/en/publications/reports/report-soar-work-related-cancer
https://osha.europa.eu/en/tools-and-publications/publications/reports/summary-on-cancer/view

EU-OSHA support to action on carcinogens – roadmap on carcinogens

https://osha.europa.eu/en/themes/dangerous-substances/roadmap-to-carcinogens



A joint information sheet sheet with the signatories

Promotion of ongoing actions on the webpage

An annual event

Promotion of selected tools and instruments

EU-OSHA Healthy Workplaces Campaign 2018/19

Aims – promote prevention culture on dangerous substances while targeting specific groups of workers

- Reinforce the substitution principle and hierarchy of control measures (in EU OSH Directives)
- Share information on newly developed tools and instruments
- Raising awareness of risks linked to exposure to carcinogens at work
- Communication up and down the supply chain
- Addressing new risks, changes in work, sectors and workforce
- Issues relevant to vulnerable workers and gender issues

Survey among our Focal Points - Actions

- Vocational school visits – Truck: game, NAPO film, quiz
  Day of chemical safety at work for primary school children
- Inspection campaigns, e.g. rel. to specific carcinogens
  Exposure assessment – inspection and measurement
- Training, guidance/tools, incl. linked to new legislation
- Health surveillance incl. spec. guidance, e.g those formerly exposed to occupational carcinogens
- National or regional strategies, e.g. on the prevention of occ. diseases
- Includes REACH/CLP, e.g. focus on safety data sheets and labelling, and how to translate info for workplaces
- 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.

National campaigns and guidance

- Guidance for risk assessment and its documentation
- Substance information
- Sectoral guidance
- Guidance for substitution
- Technical, organisational and personal prevention measures

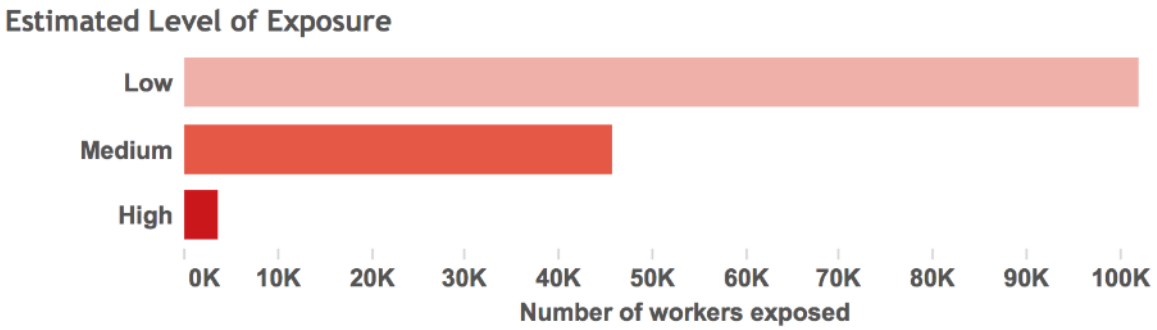
Substance-specific information

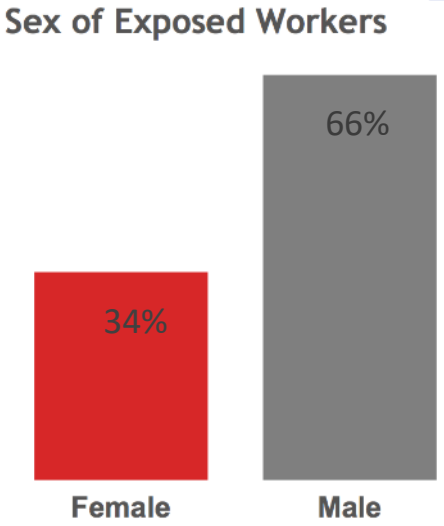
https://osha.europa.eu/en/tools-and-publications/publications/slovenia-minimising-formaldehyde-exposure-through-substitution/view

European Agency for Safety and Health at Work

Exposure estimate results: Formaldehyde

- Industry
- Occupation
- Region
- Exposure level
- Sex





CAREX CANADA

Case study: Controlling exposure when treating surgical instruments


CASE STUDY

CONTROLLING EXPOSURE TO DANGEROUS CHEMICALS WHEN TREATING SURGICAL INSTRUMENTS

1 General information

2 Initiator/organisations involved

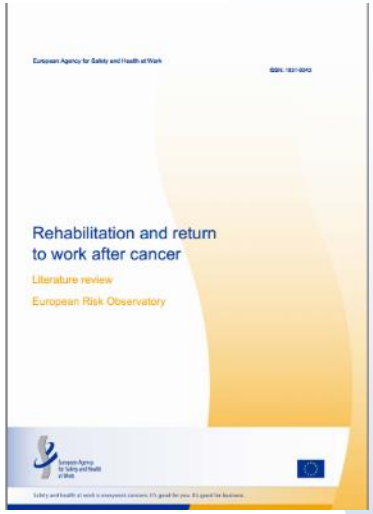
3 Description of the case

3.1 Introduction/background

- **A large hospital with 3,000 workers, more than 300,000 patients/year in Latvia**
- **Ethylene oxide to sterilise surgical equipment and supplies that are heat sensitive or cannot tolerate excessive moisture**
- **Potential mutagenic, reproductive, carcinogenic, neurological, and fire and explosion hazard, causes dizziness and loss of control**
- **All the protective measures:**
  - latest generation of ethylene oxide sterilizer
  - department in groundfloor,
  - closed system
  - local exhaust systems and gas analysers
  - gas masks and other personal protective equipment
  - limited access to premises
  - dangerous chemicals kept in fireproof cabinets or in fireproof compartments that have separate exhaust systems
- **equipment is more expensive (~70 %), but savings are ~ 63 %. Second, loading the equipment is more ergonomic and easier for the operator**

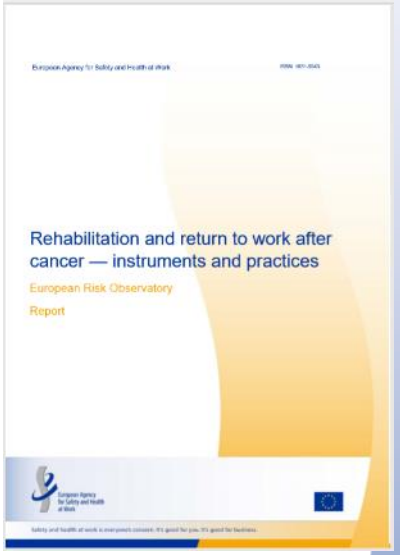
Rehabilitation and return to work after cancer

- **Various effects of cancer and its treatment on health, including mental, cognitive and physical symptoms; consistent across cancer types.**
- **No reports of the costs to companies, total economic loss to EU from lost workdays estimated at EUR 9.5 billion in 2009**
- **Factors that influence return to work:**
  - when work is perceived as a return to normal life or as a marker of being healthy
  - depend on economical needs and support of the worker
  - RTW more problematic for the self-employed and those working in small enterprises
  - attitudes and behaviours of colleagues and other people involved
  - no unsolicited workplace adaptations! Always consult the worker!



Rehabilitation and return to work after cancer

- **Employers' positive attitude and understanding is crucial**
- **SMEs should be provided with help:**
  - Information and resources for RTW programmes are lacking
  - Fewer alternative jobs and tasks
  - Family-like atmosphere: more supportive environment
- **Work should be assessed earlier - early in the diagnosis and treatment process**
- **Focus not only on RTW but also on remaining in work once a worker has returned**
- **No programmes aimed at RTW after occupational and work-related cancer**
- **Return to work influenced by the context of a country, especially the length of paid sick leave.**
- **Possibility to work part-time?**



https://osha.europa.eu/en/tools-and-publications/publications/rehabilitation-and-return-work-after-cancer-instruments-and/view

Detailed description of programmes for rehabilitation or RTW with or after a diagnosis of cancer

- Cross-organisational working through cancer programme, **MacMillan**, UK, includes separate modules aimed at different stakeholders: workers, employers and health care professionals.
- Municipality-based occupational rehabilitation programme, Denmark:
  - involves different stakeholders (hospital, employer, job consultant and employee);
  - is innovative thanks to the **early onset of the occupational rehabilitation** (earlier than usual).
- In-hospital-based rehabilitation intervention, the Netherlands:
  - involves different stakeholders (occupational physician, supervisor and employee);
  - offers an early intervention during the **early phases of cancer treatment**.
- Reintegration bureau **Rentree**, Belgium, is a pilot programme and involves different stakeholders among which the worker can choose the ones involved in her/his **personal RTW process**.
- Reintegration bureau **Re-turn**, the Netherlands, includes **issues regarding home**, family, relations and physical/mental effects of treatment next to RTW.
- Reintegration bureau **oPuce**, the Netherlands, provides help to **unemployed** cancer patients.
- Booklet/guide developed by the Irish Congress of Trade Unions, Ireland, aims to:
  - break the stigma of cancer and RTW;
  - provide assistance to unions who are representing members diagnosed with **breast cancer**.

Feasibility study for a survey on exposure to cancer risk factors at work

- Assessing the feasibility of a survey
- Proposing a list of cancer risk factors that could be assessed
- Possible pilot exercise in a selection of or all EU Member states

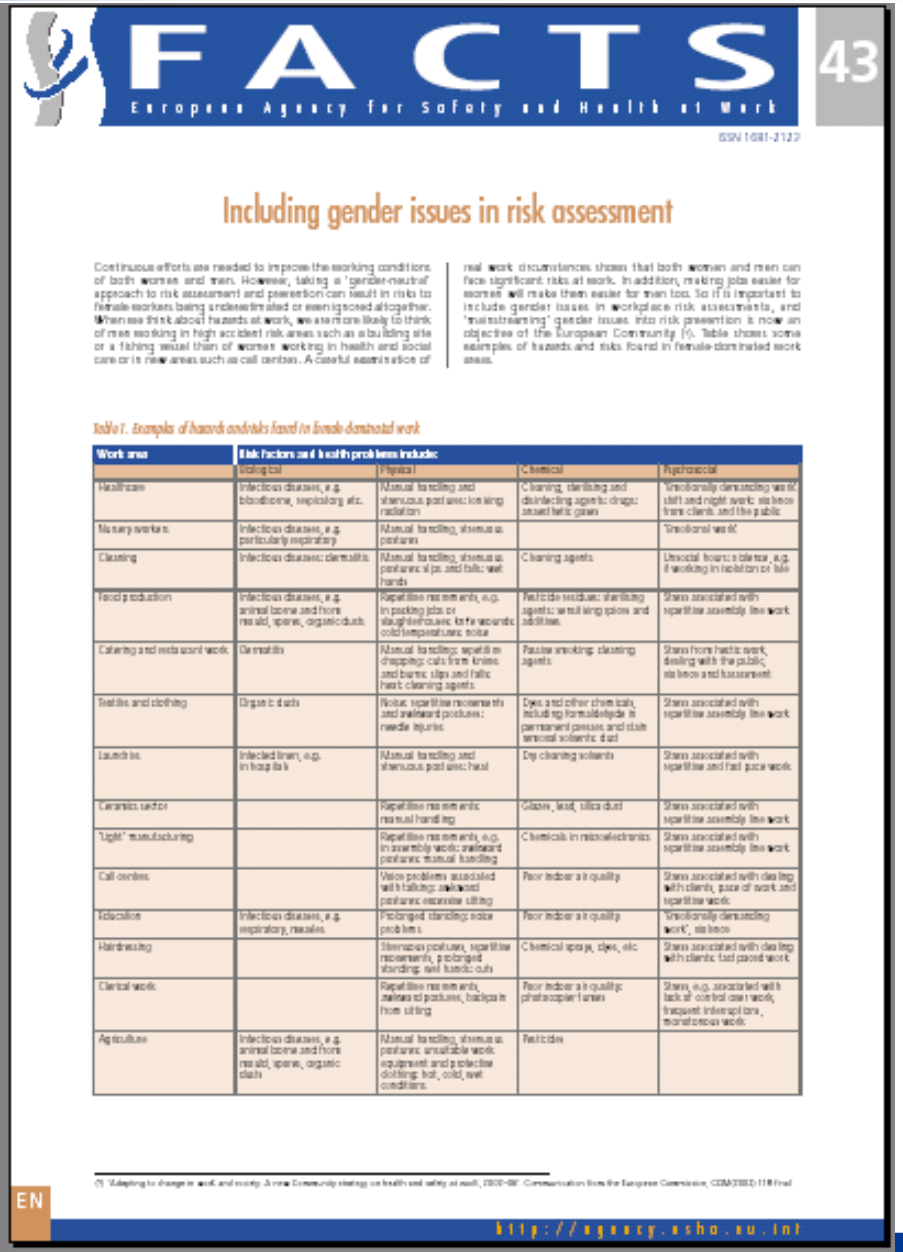
- Estimate how many workers are exposed and to which extent
- Inspired by research conducted using a methodology developped in Australia

Gender issues



- **Exposures underestimated and awareness low**
- **Men and women work in different sectors, and within one sector, in different jobs**
- **Risk assessment of exposure to dangerous substances needs to be targeted to women**
- **Occupational diseases reflect male industry jobs**
- **Personal protective equipment to be designed for women**
- **Identify combined exposures typical for female jobs**
- **Accidents data not available for major sectors,** includes for example needlestick injuries, which can lead to serious diseases
- **How to ensure OSH for female workers in multiple jobs (e.g. cleaning, home care) and informal work**
- **Access to rehabilitation tailored to female jobs and wider conditions**

Gender mainstreaming
Developing risk assessment tools



FACTS 43

European Agency for Safety and Health at Work

ISSN 1681-2123

Including gender issues in risk assessment

Continuous efforts are needed to improve the working conditions of both women and men. However, taking a 'gender-neutral' approach to risk assessment and prevention can result in risks to female workers being underestimated or even ignored altogether. When we think about hazards at work, we are more likely to think of men working in high accident risk areas such as a building site or a fishing vessel than of women working in health and social care or in new areas such as call centres. A careful examination of real work circumstances shows that both women and men can face significant risks at work. In addition, making jobs easier for women will make them easier for men too. So it is important to include gender issues in workplace risk assessments, and 'mainstreaming' gender issues into risk prevention is now an objective of the European Community (1). Table shows some examples of hazards and risks found in female-dominated work areas.

Table 1. Examples of hazards and risks found in female-dominated work

Work area	Risk factors and health problems include:			
	Biological	Physical	Chemical	Psychosocial
Healthcare	Infection diseases, e.g. bloodborne, respiratory, etc.	Manual handling and strenuous postures; ionising radiation	Cleaning, sterilising and disinfecting agents; drugs; antineoplastic gases	'Emotionally demanding work'; shift and night work; violence from clients and the public
Nursery workers	Infection diseases, e.g. particularly respiratory	Manual handling, strenuous postures		'Emotional work'
Cleaning	Infection diseases; dermatitis	Manual handling, strenuous postures; slips and falls; wet hands	Cleaning agents	Unsocial hours; violence, e.g. if working in isolation or late
Food production	Infection diseases, e.g. animal borne and from mould, spores, organic dusts	Repetitive movements, e.g. in packing jobs or slaughterhouses; in the vessels; cold temperatures; noise	Pesticide residues; sterilising agents; smell-ling spices and additives	Stress associated with repetitive assembly line work
Catering and restaurant work	Dermatitis	Manual handling; repetitive chopping; cuts from knives and burns; slips and falls; hard cleaning agents	Passive smoking; cleaning agents	Stress from hectic work; dealing with the public; violence and harassment
Textiles and clothing	Organic dusts	Noise; repetitive movements and awkward postures; needle injuries	Dyes and other chemicals, including formaldehyde in permanent presses and stain removal solvents; dust	Stress associated with repetitive assembly line work
Laundries	Infected linen, e.g. in hospitals	Manual handling and strenuous postures; heat	Dry cleaning solvents	Stress associated with repetitive and fast pace work
Ceramics sector		Repetitive movements; manual handling	Glazes, lead, silica dust	Stress associated with repetitive assembly line work
'Light' manufacturing		Repetitive movements, e.g. in assembly work; awkward postures; manual handling	Chemicals in microelectronics	Stress associated with repetitive assembly line work
Call centres		Voice problems associated with talking; awkward postures; excessive sitting	Poor indoor air quality	Stress associated with dealing with clients; pace of work and repetitive work
Education	Infection diseases, e.g. respiratory, measles	Prolonged standing; voice problems	Poor indoor air quality	'Emotionally demanding work'; violence
Hairdressing		Stereotypic postures, repetitive movements; prolonged standing; wet hands; cuts	Chemical sprays, dyes, etc	Stress associated with dealing with clients; fast paced work
Clerical work		Repetitive movements, awkward postures, backpain from sitting	Poor indoor air quality; photocopier fumes	Stress, e.g. associated with lack of control over work; frequent interruptions, monotonous work
Agriculture	Infection diseases, e.g. animal borne and from mould, spores, organic dusts	Manual handling, strenuous postures; unsuitable work equipment and protective clothing; hot, cold, wet conditions	Pesticides	

(1) 'Adapting to change in work and society: A new Community strategy on health and safety at work, 2002–06'. Communication from the European Commission, COM(2002) 118 final

EN

http://agency.osha.eu.int

- Mainstreaming, gender-sensitivity means: ensuring both women and men are included in all h&s activities and doing a 'gender-check'
- EU-OSHA factsheet 43 provides a basic approach:
  - Avoid assumptions of who is at risk
  - Include women's jobs and consult them
  - Look at real work situations
  - Match jobs, equipment to real people
  - Incorporate into a holistic approach
- Examples of practical tools and their application needsharing

http://osha.europa.eu/en/publications/factsheets/43/view

schneider(a)osha.europa.eu