



EU-OSHA findings and activities

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

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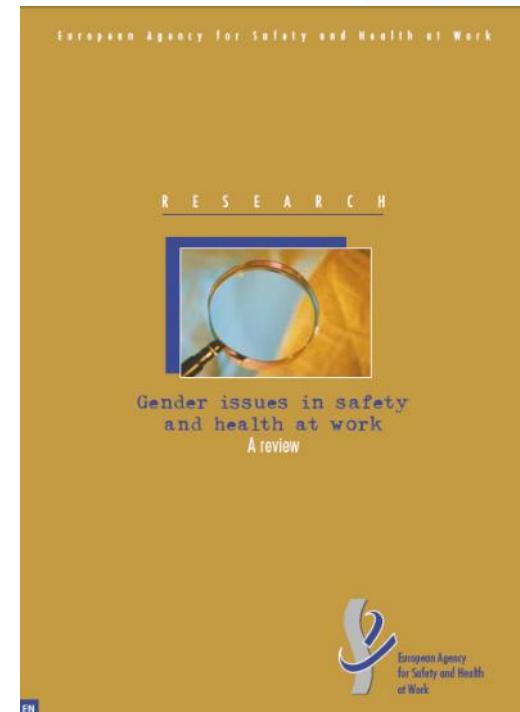
Facts and figures

- **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



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

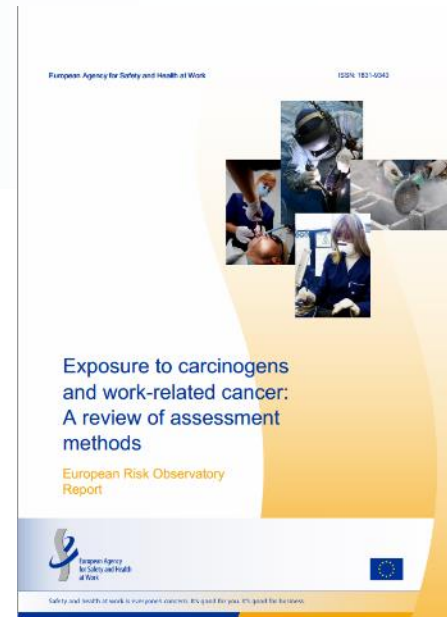
Substance	Source	Circumstances	Occupation, task
Solvents	Cleaning products Fuels Ambient air Paints, inks, glues and varnishes Cosmetics Resins and glues Drugs	Cleaning Dry-cleaning of textiles Printing Laboratory work Handling medication Fabrication of dental and optometric devices	Manufacturing Leather 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>

The screenshot displays the EU-OSHA website interface. At the top, there's a navigation bar with the agency's logo, social media icons, and a search bar. Below this is a horizontal menu with categories like 'Themes', 'Emerging risks', 'Surveys & Statistics', 'Legislation', 'Campaigns & Awards', 'Tools & Publications', and 'About EU-OSHA'. The main content area is titled 'Roadmap on carcinogens' and features a grid of logos for partner organizations: the Austrian Federal Ministry of Labour, Social Affairs and Consumer Protection; BUSINESSEUROPE; the European Agency for Safety and Health at Work; the European Commission; the SYNDICAT EUROPEAN TRADE UNION; and the Dutch Ministry of Social Affairs and Employment. A circular seal on the right reads 'FRIENDS OF THE ROADMAP ON CARCINOGENS' and 'SHARING GOOD PRACTICES'. Below the logos, a section titled 'Taking action on work-related cancer' provides context on the initiative's goals and lists the participating partners.

Home » Themes » Dangerous substances » Roadmap on carcinogens

Themes

- Ageing & OSH
- Benefits of OSH
- Dangerous substances
- REACH
- CLP
- Roadmap on carcinogens
- Commission's proposal on carcinogens
- Leadership & worker participation
- Mainstreaming OSH into education
- Micro and small enterprises & OSH
- Musculoskeletal disorders
- Nanomaterials
- Stress & psychosocial risks
- Women & OSH
- Young people & OSH

Roadmap on carcinogens

Taking action on work-related cancer

Cancer is estimated to be the leading cause of work-related deaths in the EU. It is clear that more can be done to reduce the number of cases of occupational cancer, and that's why, on 25 May 2016, six European organisations signed a covenant committing them to a voluntary action scheme to raise awareness of the risks arising from exposures to carcinogens in the workplace and exchange good practices.

The partners are:

- The Austrian Federal Ministry of Labour, Social Affairs and Consumer Protection
- BUSINESSEUROPE (European employers)
- The European Agency for Safety and Health at Work (EU-OSHA)
- The European Commission
- The European Trade Union Confederation
- The Netherlands Ministry of Social Affairs and Employment

A joint information 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

M 340 SICHERHEIT KOMPAKT



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

Substance-specific information



Fiche d'aide à la substitution FAS 5

Produit à substituer
FORMALDÉHYDE
Cancérogène suspecté catégorie 3 Union européenne
Travaux exposant au formaldéhyde figurant dans la liste des procédés cancérogènes

Activité : Usage des métaux (conservation des fluides aqueux)

> La réglementation impose la substitution lorsque celle est techniquement possible.

Description de l'utilisation du produit à substituer

Les produits aqueux forment un environnement idéal pour la prolifération des microorganismes. Le formaldéhyde, entre ainsi souvent en tant que biocide dans la composition de nombreux fluides d'usage aqueux. Il peut être également rajouté par l'utilisateur pour maintenir le caractère biocide du fluide d'usage tout au long de sa utilisation.

Avis sur la substitution

Le formaldéhyde peut être substitué par des produits ayant des propriétés similaires. Mais il faut être vigilant à leurs effets toxiques qui ne sont pas anodins, notamment en terme d'irritations et d'allergies. En complément de cette substitution de produit, le suivi et la maintenance des fluides d'usage limitant le développement de microorganismes permettent de réduire les quantités de biocide à rajouter au cours du temps.

Substitution de produits

Libérateurs de formaldéhyde

Certaines substances (triazines, oxazolidines...) agissent par libération de formaldéhyde dans certaines conditions de dégradation ou d'évolution du milieu. La quantité libérée est fonction de la teneur en bactéries (caractérisée souvent par un changement de pH par exemple). Rappelons que certaines triazines sont sensibilisantes.

Autres biocides

D'autres molécules ont des propriétés biocides (dérivés du phénol, de la morpholine...). Par ailleurs, dans les solutions de rectification hydroalcools, certains alcools et éthers de glycol limitent la prolifération des microorganismes (effet biostatique). Rappelons que ces produits ont des effets irritants.

Note : Le nitrite de sodium ne doit pas être utilisé car il peut être à l'origine de la formation de nitrosamines cancérogènes.

Suivi et maintenance des fluides d'usage

Filtration

Une filtration permet d'éliminer les particules sur lesquelles des micro-organismes (bactéries, levures, moisissures) peuvent se fixer. Cela permet de prolonger la vie du bain et de limiter l'utilisation de conservateurs.

Déshuilage

La séparation régulière des phases aqueuses et huileuses (centrifugation, décantation, écrémage...) permet d'éliminer les résidus organiques (huiles, graisses, ors...), sources d'alimentation et de développement des bactéries.

Traitement UV

M-plus 540 SICHERHEIT KOMPAKT



CASE STUDY

Minimising formaldehyde exposure through substitution of resins

Country: Slovenia.

Available language: English.

The sector covered in this case study is manufacture of glass fibres.

Task covered: manufacturing.

Worker groups covered (vulnerable groups): all workers (no specific groups).

The purpose of this example of good practice was to act on risk assessment carried out in accordance with REACH and CLP.

The target groups are managers and OSH consultants.

1 Initiator/organisations involved

Ursa Slovenija d.o.o.

2 Description of the case

2.1 Introduction/background

Biological agents: none.

Hazard — health effect: carcinogens, mutagens, skin sensitizers, irritants.

Hazard — physical state: vapours.

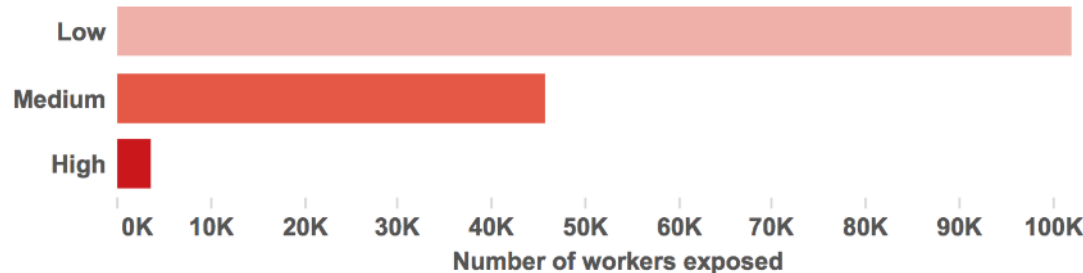
Exposure route: inhalation.

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

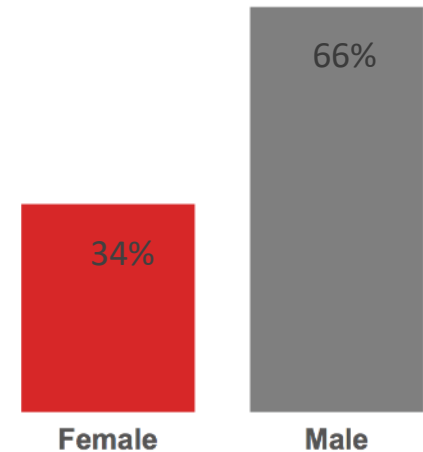
Exposure estimate results: Formaldehyde

- Industry
- Occupation
- Region
- Exposure level
- Sex

Estimated Level of Exposure



Sex of Exposed Workers



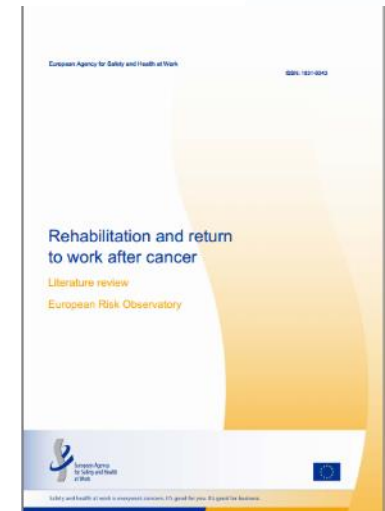
Case study: Controlling exposure when treating surgical instruments

- 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



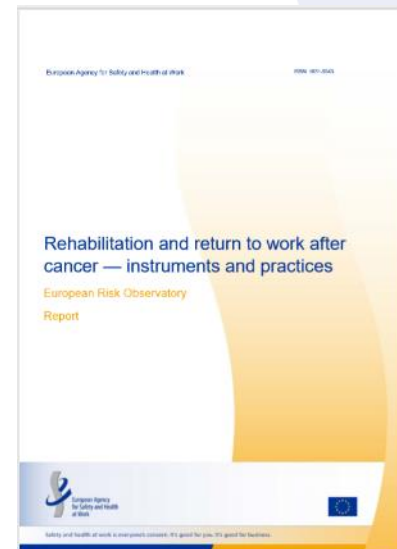
Rehabilitation and return to work after cancer

- **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 developed 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



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 lead to 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 (5). 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:	Physical	Chemical	Psychosocial
Healthcare	Infectious diseases, e.g. bloodborne, respiratory etc.	Manual handling and strenuous postures: long long radiation	Cleaning, disinfecting and disinfecting agents; drugs; sexual harassment	Unusually demanding work shift and night work; work hours from clients and the public
Muscle workers	Infectious diseases, e.g. particularly respiratory	Manual handling, strenuous postures		'Emotional work'
Cleaning	Infectious diseases; dermatitis	Manual handling, strenuous postures: lifting and carrying heavy loads	Cleaning agents	Unusual hours to clean, e.g. if working in isolation or late
Food production	Infectious diseases, e.g. animal borne and from raw meat, spores, organic dusts	Repetitive movements, e.g. in packing jobs or slaughtering; knife wounds; cold temperatures; noise	Food products: disinfecting agents; sexual harassment and assault	Stress associated with repetitive assembly line work
Catering and restaurant work	Dermatitis	Manual handling: repetitive chopping, cutting, knives and burners; slips and falls; heat; cleaning agents	Passive smoking; cleaning agents	Stress from hectic work; dealing with the public; no breaks and no harassment
Textiles and clothing	Organic dusts	Repetitive movements and awkward postures: needle injuries	Dyes and other chemicals, including formaldehyde in permanent press and cloth removal solvents; dust	Stress associated with repetitive assembly line work
Laundries	Infected from, e.g. in hospital	Manual handling and strenuous postures: heat	Dye cleaning solvents	Stress associated with repetitive and fast pace work
Ceramics and/or		Repetitive movements and manual handling	Glass, 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	Infectious diseases, e.g. respiratory, measles	Prolonged standing; noise problems	Poor indoor air quality	'Unusually demanding work', no breaks
Handwriting		Strenuous postures, repetitive movements, prolonged standing; neck muscle pain	Chemical sprays, dyes, etc.	Stress associated with dealing with clients; fast paced work
Clerical work		Repetitive movements, awkward postures, awkward sitting	Poor indoor air quality; photocopier fumes	Stress, e.g. associated with lack of control over work, frequent interruptions, monotonous work
Agriculture	Infectious diseases, e.g. animal borne and from raw meat, spores, organic dusts	Manual handling, strenuous postures; unsuitable work equipment and protective clothing; hot, cold, wet conditions	Pesticides	

- 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>
<http://osha.europa.eu>

(5) 'Adapting to change in work and society: Joint Community strategy on health and safety at work, 1997-2010' Commission from the European Communities, COM(2002) 118 Final

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