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# The EU-OSHA perspective on carcinogens and work-related cancers

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**International Seminar on Protection of Hospital  
Workers from the Occupational Risks Related to  
Carcinogens  
3 September 2021**



**#EUhealthyworkplaces  
#StopthePandemic**



# Facts and figures

- **Cancer the 2nd main cause of death in the EU**
- **1.3 million deaths in 2020, 2.7 million new cases (estimated)**
- **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**
- **~ 102,500 occupational cancer deaths per year in the EU-28**
- **European Commission priority**
  - Key OSH action: fighting occupational cancer (COM(2017) 12)
  - Changes to the Carcinogens and Mutagens Directive (2004/37/EC)
  - Need for information on exposure to carcinogens
  - Specific focus on healthcare workforce in the new strategic framework
- **Many carcinogens are process-generated substances**
- **Workers likely to be exposed to several carcinogens at a time**
- **Different cancers for men and women**

# Overview of EU-OSHA's work on carcinogens at work

## ■ Research / State-of-the-art reviews:

- Review on occupational cancer and carcinogens exposure - monitoring
- Survey on Occupational Exposure Limits for CMRs in the Member States
- Risks to reproductive health
- Nanomaterials

## ■ Mainstreaming into other activities:

- Sectors, such as cleaners, health care, HORECA, construction, transport, maintenance, etc...
- Workplace health promotion: environmental tobacco smoke
- Groups: young, female, migrant, older workers

## ■ Campaigning and cooperation

- 2003 and 2018-19 EU campaign
- SLIC campaign on asbestos and risk assessment
- Mainstreamed into other campaigns: Risk assessment 2008, young workers (2006),

## ■ Participation in expert groups (SUBSPORT, SCENHIR, nanotechnologies, etc.)



# EU-OSHA work on carcinogens and work-related cancers

- **Member States survey and report on OELs for CMRs (published 2009)**
- **Seminar with DG Employment, ECHA, Member State reps nominated by FOP, ACSH WP Chemicals, SLIC Chemex, SCOEL (Summary published in 2012)**
  - Gaps identified in:
    - Research
    - Monitoring
    - Workplace solutions: collect case studies of successful prevention, examples of company policies, successful interventions by preventive services and labour inspections
    - Policy level: need for back-to-work strategies for workers affected by cancers (currently hardly any in place)
- **2013-2014: State-of-the report to address the gaps identified above, focusing on existing exposure and disease assessment & examples of national policies**
- **2016-2017: Feasibility study for a survey on cancer risk factors**
- **2013-2015: involvement in ISSG ex-post evaluation of OSH aquis**
- **2016-2021: involvement in ISG for carcinogens Directive, and recast of OSH legislation**
- **2020-2021: preparations for the Workers exposure survey on cancer risk factors**



# Changes affecting the healthcare sector

- Huge differences between Member states, e.g. in proportion of the health care working population, health care workforce and migration, e.g. elderly care
- Ageing population: More people needing care
- Globalization and economic crises: Competition, restructuring, precarious work, migration, workforce mobility:
  - Challenges of multicultural working
  - Cross-border healthcare: 'Import' and 'export' of patients, workers, and services (Facilitated by ICT)
- New technologies and innovations: Genomics, biotechnologies, nanotechnologies, robotics
- Increase in informal work, home/domestic services, difficult access for authorities



➤ **Vulnerabilities have become apparent in the Covid-19 pandemic**

<https://osha.europa.eu/en/publications/current-and-emerging-occupational-safety-and-health-osh-issues-healthcare-sector/view>

# Mainstreaming gender into occupational safety and health practice in the health sector

- Implementing gender-neutral OSH regulations in a gender-sensitive way
- Designing and promoting adequate personal protective equipment (PPE) for women, and thereby reducing their having to make do with the ill-fitting and poorly structured equipment that is usually available to them – experiences from the Covid-19 pandemic
- Facilitating working conditions that are suitable for both women and men;
- Assessing gender impact of policies, changes in the world of work etc.
- Gender-sensitive research and assessment of exposures
- For risk assessment, avoid assumptions, look at jobs women really do, involve women workers
- Ensuring access to rehabilitation and return-to-work policies
- Ensuring access to OSH services, worker consultation
- Investigate and share good practices



<http://osha.europa.eu/de/publications/reports/209>

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

# Example: Database and guidance for handling hazardous drugs in the healthcare environment

National Institute for Safety and Health at work (INSST) Spain

- Practical web tool to provide information on hazardous drugs to the healthcare sector
- All pharmaceutical specialties marketed in Spain included in the “medicinal products database”
- Name of medicinal product marketed and galenical form included for each medicine.
- Recommendations: NIOSH, USP 800, ISOPP, Guide of best practices for the preparation of medicines of the Ministry of Health, SEFH Monograph, AMMTAS Guide, were evaluated.
- Database includes general preventive recommendations. The tool is not a workplace risk assessment.

## For whom?

- Pharmacy workers
- Nurses
- Physicians and physicians’ assistants
- Healthcare auxiliary nurses
- Veterinary workers
- Cleaning workers
- Laundry workers
- Hazardous waste disposal workers
- Transport workers

# Nanomaterials in the healthcare sector

## ■ Types of nanomaterials in healthcare applications

- Metallic particles (e.g. iron (III) oxide, gold or silver)); Ceramic nanoparticles; Nanotubes, nanowires, magnetic nanoparticles, etc...

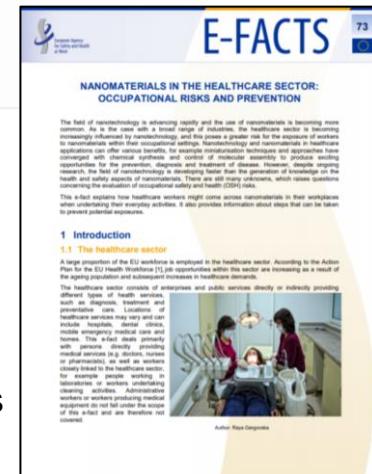
- Some used as vehicles for treatments

## • Unique properties of these materials at the nanoscale

## • Workers likely to be exposed:

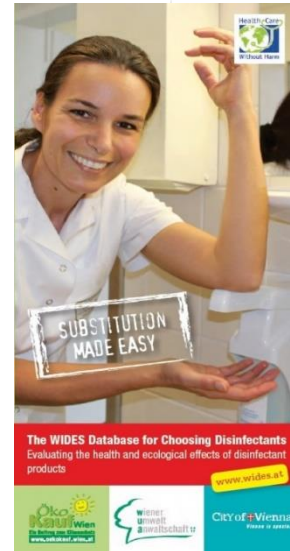
- preparation or administration of nanodrugs or who work in areas where these drugs are used (e.g. pharmacy and nursing staff, physicians, environmental service workers, shipping and receiving personnel).
  - Also: disposal of excreta from patients receiving nanodrugs; spills; handling of contaminated items; cleaning and maintenance of areas where nanodrugs are handled.
  - dental and surgical procedures involving the milling, drilling, grinding and polishing of applied medical materials containing nanomaterials
- ## • Prevention:
- Avoiding dusts and aerosols
  - Engineering controls at source: preparation of drugs containing nanomaterials, e.g. tablets or ointments in glove boxes, clean benches with HEPA filter
  - Organisational measures (dedicated areas, limited access, etc.)

<https://osha.europa.eu/en/publications/e-fact-73-nanomaterials-healthcare-sector-occupational-risks-and-prevention/view>



# Substitution of hazardous disinfectants in public services of the City of Vienna – the WIDES database – HWC Summit 2018-19

- **Vienna Ombuds Office for Environmental Protection Austria; City of Vienna programme for sustainable public procurement**
- **What was done:**
  - Development of a database for disinfectants WIDES in DE and EN
  - Advice to hospitals, nursery schools, schools, swimming pools and other facilities in the City of Vienna on the selection of safer disinfectants (toxicity to humans and environment)
  - Procurers of disinfectants trained to use the WIDES database
- **Success factors:**
  - Free of charge on the internet
  - Substitutes certified by independent institutions such as the Austrian Society for Hygiene, Microbiology and Preventative Medicine
  - Regular updates financed by City of Vienna, Vienna Ombuds Office for Environmental Protection, AUVA and Federal Ministry for Sustainability and Tourism (BMNT)
- **What was achieved**
  - Considerable savings and recommendations from several organisations



# EU Commission guide on health care

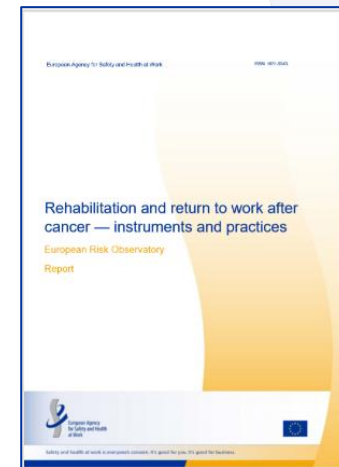
<https://op.europa.eu/en/publication-detail/-/publication/b29abb0a-f41e-4cb4-b787-4538ac5f0238>

- **Provides advice on:**
  - Preparation of cytostatic drugs
  - Preparatory work and application
  - Handling patients
  - Packaging and transport
  - Cleaning
  - Waste
  - Documentation
  - Protection of pregnant workers
- **The measures to be finally taken must be laid down on the basis of an individual risk assessment**



# Rehabilitation and return to work after cancer

- Advice for employers in all official languages
- Study of existing schemes
- Background information on workers' and employers situation
- Employers' positive attitude and understanding is crucial
- Worker's rights to be respected (confidentiality and medical data)
- SMEs should be provided with help
- Work should be assessed early in the diagnosis and treatment process
- Focus not only on return to work but also on remaining in work
- Return to work influenced by the country context especially 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>

# EU-OSHA OSH overview – Health care sector – 2023-2026

- **2021: secondary analysis on NACE Q (Human health and social work sector). This research will involve ESENER (three waves) survey data analysis**
- **2022: scoping the multiannual activity with experts and stakeholders**
  - Facts and figures
  - Anticipating change
  - Practical tools
  - Good practice examples (case studies, policies)
- Build on OSH overviews carried out by EU-OSHA: the European Parliament pilot project on health and safety of older workers; MSDs OSH overview 2018 - 2020; Digitalisation Overview 2019 - 2024; and, Psychosocial Risks 2022-2025, addressing risks and issues directly or indirectly related (or relevant) to the healthcare sector
- Cooperation with EU agencies (ECDC, Eurofound), sectoral social partners, DG SANTÉ, etc.



# EU-OSHA Workers' exposure survey of cancer risk factors

- A **telephone survey** with workers
- A standardised questionnaire with modules customised for **a broad variety of jobs** (more than 50)
- **Short, precise and factual customised questions about tasks**
- **Possible exposure to 24 cancer risk factors**, going beyond substances
- **Probability of exposure assessed by experts**, using OccIDEAS tool (Australian)
- Will **cover some of the substances and agents that are addressed in the EU**: silica, Chromium (VI), nickel and compounds, wood dust, asbestos, ionising radiation, UV
- **Pilot survey** in 6 Member states: Germany, Spain, Finland, France, Ireland, Hungary

# Cancer risk factors

- **Physical, chemical, or biological exposures** can be assessed in OccIDEAS
- **For WES: 24 cancer risk factors** including industrial chemicals, inorganic and organic dusts, metals, oils, products of combustion, solvents, and radiation

## INDUSTRIAL CHEMICALS

1,3 butadiene  
acrylamide  
diethyl/dimethyl sulphate  
epichlorhydrin

ethylene oxide

formaldehyde

ortho-toluidine

## INORGANIC DUSTS/FIBRES

asbestos

silica (crystalline silica dust)

## ORGANIC DUSTS

leather dust

wood dust

## METALS

arsenic

cadmium

chromium VI

cobalt

lead (inorganic)

nickel

## OILS

mineral oils (as mists)

## PRODUCTS OF COMBUSTION

diesel engine exhaust

## SOLVENTS

benzene

trichloroethylene

## RADIATION

ionising radiation

artificial UV, including ocular UV

solar UV, including ocular UV

# Plan for the next years

- **Survey development (2021 – 2022)**
  - Questionnaire adaptation into main national languages
  - Pilot test of the survey
  - Revision and validation of questionnaire and language versions
- **Survey execution (2022)**
  - Data collection on the field
  - Assessment of exposure (OccIDEAS)
- **Publications of first findings and dissemination (2023)**



# Thank you for your attention

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