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Statistical review of occupational injuries

GREAT-BRITAIN

2008-2009 data

Set of statistical data relating to **accidents at work**
and **occupational diseases** in the European Union
Member States

Foreword

This document sets out a descriptive synthesis of the main available statistical data about accidents at work, commuting accidents and occupational diseases of the considered EU Member State. It comes from the use by EUROGIP of various official publications from Member States. The data have been translated and presented according to the EUROGIP's knowledge of the analysed insurance system. These data have not been reprocessed by EUROGIP. For any confirmation, one has to refer to the source which is systematically given. Comments do not intend to give explanatory factors to the figures but only to describe the underlying system's characteristics in order to allow the reader to analyse them. Furthermore, Eurostat (Statistical Office of the European Communities) publishes, at European level, harmonised accidents at work data according to the ESAW (European Statistics on Accidents at Work) methodology in implementation of the 89/391/EEC framework directive. In order to complete national data, the last part of this document shows accidents at work structural indicators computed and published by Eurostat.

Acknowledgements

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1. Main characteristics of the British occupational injury insurance system

General principles

The law (Workmen's Compensation Act) dates as far back as 1897. The current law¹ dates from 1992. It says that as soon as an employed person is subjected to the income tax, he/she is covered by the occupational injury insurance. Self-employed workers are excluded from this scheme and have to get a voluntary insurance.

Occupational injuries costs incurred by the Social Security scheme are covered by the income tax. In addition, employers have a duty to insure themselves against occupational injuries' liability in order to be able to face compensations' claims from victims.

Occupational accidents and diseases are insured but commuting accidents are not. Among occupational accidents, accidents on the road while driving for work are insured and compensated by the employer's motor insurance. Commuting accidents and accidents on the road while working do not appear in the accidents at work statistics.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations² (RIDDOR) 1995

RIDDOR specifies that occupational injuries to workers (and to members of the public present on the working premises) arising from work activity have to be reported by employers or people in control to HSE (Health and Safety Executive), and to local authorities and to the employer's insurance. Self-employed or their relatives have a duty to report their occupational injuries.

- Accidents with more than 3 days away from work³ have to be reported within an

¹ Social Security Contributions and Benefits Act 1992

² <http://www.legislation.gov.uk/uksi/1995/3163/contents/made>

³ In January 2011 will begin a consultation about the possible raise of the threshold for reporting from three days absence to seven.

8 to 10 day delay. Fatal and serious⁴ accidents have to be reported without delay;

- About occupational diseases, there is a list of 72 diseases which may find their causes in some specific working conditions. An employer has to report a listed case of disease when it has been diagnosed in writing by a doctor and when the person concerned is currently employed in an associated work activity⁵. Self-employed persons may report without having a medical certificate but the disease must be associated to their current working activity. These diseases are called prescribed diseases. The list is available at: http://www.iiac.org.uk/pdf/dwp_d031890-edit.pdf ;
- Dangerous occurrences have also to be reported. It means that if something happens which does not result in a reportable injury, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately. RIDDOR gives a list of these potential dangerous occurrences.

Reporting may be done by mail, phone, e-mail or online. Accidents at work and dangerous occurrences are reported on a similar form⁶. There is a specific form for reporting cases of prescribed diseases.

Information supplied to HSE through RIDDOR is not passed on to the employers'

⁴ RIDDOR lists what is a major injury to notify: amputation; fractures (other than to fingers, thumbs or toes); dislocation (shoulder, hip, knee or spine); injuries leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours; loss of sight (temporary or permanent); acute illnesses requiring medical treatment arising from absorption, inhalation or ingestion.

⁵ For instance, the prescribed disease "Rabies" is associated with the activity "Work involving handling or contact with infected animals".

⁶ These forms may be consulted at the end of the RIDDOR brochure: <http://www.hse.gov.uk/pubns/priced/l73.pdf>

insurance company. Employers have to notify their insurers by themselves.

For more information, refer to:
<http://www.hse.gov.uk/riddor/riddor.htm>

See also: RIDDOR, Information for doctors:
<http://www.hse.gov.uk/pubns/hse32.pdf>

Compensation of occupational injuries

Compensation may be provided under the Social Security scheme and/or the ECLI scheme.

Benefits provided by the Social Security state scheme

Benefits are not based on the victim's earnings.

Benefits in kind:

Similar to the illness benefits, they are provided by the National Health Service (NHS). Physician and/or hospital choice is the victim's own choice among those registered by the NHS. Victims have no additional charges to pay in case of an occupational injury.

Benefits in cash:

They are taxable from the 29th week.

Temporary disability:

In case of temporary disability, the victim gets a weekly minimum allowance paid by his/her employer. This Statutory Sick Pay (SSP) is paid starting from the fourth day (3-day waiting period) away from work for a maximum duration of 28 weeks.

From week 29, the victim is entitled to the Employment and Support Allowance (ESA), paid by the Social Security scheme, till week 52. Starting with week 53, the victim gets a long-term incapacity benefit.

Permanent disability:

Permanent disability compensation is granted according to the Industrial Injuries Disablement Benefit (IIDB) regulations. To get this benefit, the victim has to initiate a claim and send it to one of the five Jobcenterplus⁷ of the country. To file a claim, there is a specific claim form for

⁷ Multidisciplinary administrative centres under DWP in charge of employment and benefits

accidents at work⁸ and a specific claim form for prescribed diseases⁹.

A specialized Jobcenterplus's unit¹⁰ will conduct the investigation of the case and will decide to recognize or not the accident at work or the prescribed disease. The unit may get in touch with the victim's practitioner and request for additional medical examinations.

Permanent disability degrees are assessed by a labour doctor on a scale. Benefit is paid as soon as the disability degree is of at least 14 %. A disability degree of less than 14 % does not entitle the victim to compensation unless the disability is caused by pneumoconiosis, byssinosis or diffuse mesothelioma. If the amount of benefits hinges on the disability degree it also hinges on the victim's age¹¹.

IIDB is paid to victims from the 91st day (excluding Sundays) after the day of the accident or the day the victims started to suffer from a prescribed disease. For case of mesothelioma, compensation is paid from the first day.

According to the Hazards organisation¹², IIDB pays annually around 830 million € of benefits shared out into $\frac{3}{4}$ for accidents at work and $\frac{1}{4}$ for occupational diseases (2005 data)

There is no time limit to initiate a claim for recognition but for two cases of occupational diseases: asthma (10 years) and deafness (5 years). Nevertheless, the granted compensation will be backdated only for the three months prior to the date of the claim.

Self-employed persons can't claim IIDB.

⁸ http://www.dwp.gov.uk/advisers/claimforms/bi100a_print.pdf

⁹ http://www.dwp.gov.uk/advisers/claimforms/bi100pd_print.pdf

¹⁰ Meaning one of the five "Regional Industrial Injuries Disablement Benefit Centres" of Great Britain

¹¹ For instance, a 100 % disability degree gives right to a 170 € weekly pension over 18 years and to 104 € for those of less than 18; for a 20% disability degree the pension amount is of 34 € over 18 and of 21 € under 18.

¹² <http://www.hazards.org/index.htm>

Additional information about IIDB is available at the following web address: <http://www.dwp.gov.uk/publications/specialist-guides/technical-guidance/db1-a-guide-to-industrial-injuries/>

Employers' Compulsory Liability Insurance Act 1969 (ECLI)

Employers are responsible for the health and safety of their employees while they are at work. Under ECLI, employers have, by law, to insure themselves against occupational injuries' liability. They contract civil liability insurances from private insurance companies which have been chartered¹³ by the Government. Employers shop on a competitive free market. There is no specialized occupational injury insurance company

ECLI specifies employers must have a minimum level of insurance to cover themselves against claims. The insurance will enable employers to meet the cost of victims' compensation. The victim refers to his/her current employer if this one is responsible or to a former employer if the occupational injury finds its cause in a past occupation. If the company not longer exists the victim will refer to the insurer who was insuring this company. Employers have to be insured for at least 6 million euros but most insurers offer cover for at least 12 million euros.

The employer must tell his/her employees about this insurance and must display the insurance certificate. HSE inspectors may fine employers in cases where there is no insurance or if the certificate is not displayed. Failure to insure is regarded as a criminal offence.

Employees may make a claim for compensation for an occupational injury if they feel it has a link with present or past work. The claim must be filed within the three years following the occupational injury. The compensation may include loss of earnings, health care costs, pain and suffering. The insurer pays to the victim the compensation's amount agreed between the employer and the victim or the amount granted by a court. Most of the times, an

¹³ <http://www.fsa.gov.uk/Pages/about/index.shtml>

agreement is settled between the victim's lawyers and those of the employer

According to the Hazards organisation¹⁴, insurers pay annually around 713 million € of compensations for accidents at work and occupational diseases (2005 data).

IIDB versus ECLI

IIDB provides a standardized compensation via the Social Security system. This compensation is limited in amount (flat rates). It doesn't require a fault from the employer to be proved. On the contrary, ECLI gives a way for a victim to claim higher compensation. For it to be so the victim may go to court¹⁵ and introduce a tort claim and the employer's fault has to be proven. Solicitors specialize themselves in the area, help victims to claim higher financial compensation.

So, IIDB provides compensation when a fault can't be proved or when it can't be proved easily. It also provides compensation for victims starting the long process of an ECLI claim.

Bodies involved in the field of social affairs and occupational health and safety

Department for Work and Pensions - DWP

DWP is responsible for welfare and pension policy. It delivers its customers services through three operational organisations: *Pension Service*, *Jobcentre Plus* and the *Disability and Carers Service* which provides financial support such as permanent disability allowances -IIDB- among others.

<http://www.dwp.gov.uk/index.shtml>

Industrial Injuries Advisory Council - IIAC

IIAC is a scientific advisory body that provides independent advice to the DWP's Secretary of State on matters relating to the Industrial Injury Disablement Benefit scheme (IIDB). Its advices deal, among other things, with industrial injuries benefit or their administration, regulations and addition of new prescribed diseases within the scheme.

<http://www.iiac.org.uk/>

¹⁴ <http://www.hazards.org/index.htm>

¹⁵ In case there is no agreement.

Health and Safety Executive - HSE

HSE is a public body, sponsored by DWP and accountable to its ministers. Its primary function is to secure the health, safety and welfare of people at work and to protect others from risks to health and safety from work activity. HSE is responsible for regulating health and safety. HSE works in partnership with local authorities.

<http://www.hse.gov.uk/index.htm>

Health and Safety Laboratory - HSL

HSL was originally set up to help HSE minimize risks to people's health and safety at work. HSL now works with a wide range of other public or private sector organizations, often conducting detailed, bespoke research and development work on their behalf.

HSL hosts various other institutions of which the Explosives Notified Body.

<http://www.hsl.gov.uk/>

2. Statistical data sources

For Great Britain¹⁶

Sources are numerous and complementary. HSE gives access to all data sources mentioned in this review: <http://www.hse.gov.uk/statistics/tables/index.htm>

The new Hands-On Statistics Data Tool allows to create one's own requests and to extract data via Internet: <https://handson.hse.gov.uk/hse/public/home.aspx>

The Health and Occupation Reporting Network, a voluntary reporting of occupational diseases by specialist doctors, provides statistics which are also published by HSE. This surveillance scheme is hosted by the Center for Occupational and Environmental Health of the Manchester University. Statistics are available from a dedicated website: <http://www.medicine.manchester.ac.uk/oeh/research/thor/>

Occupational injury claims for permanent disability and on assessment data are available from the DWP's website: <http://research.dwp.gov.uk/asd/index.php?page=iidb>

For Eurostat

Structural indicators on health and safety at work in Europe are available only for fatal accidents at work and accidents at work with more than three days away from work at the following web address: http://epp.eurostat.ec.europa.eu/portal/page/portal/health/health_safety_work

The ESAW (European Statistics on Accidents at Work) methodology aiming to provide harmonised data about accidents at work with more than three days away from work is available at the following web address: http://circa.europa.eu/Public/irc/dsis/hasaw/library?l=/statistics_methodology/esaw_methodology/ke4202569_en_pdf/FR_1.0_&a=d

¹⁶ England, Wales and Scotland

3. Main data

Number of employed people (in thousands) – June 2010 data

England	24,489
Wales	1,312
Scotland	2,444
Total for Great Britain	28,245
Northern Ireland	777
Total for United Kingdom	29,022

These data cover the private sector and the public sector. The public sector accounts for more or less 21 % of the work force meaning that the private sector is strong of 22,927,000 persons in Great Britain. The data also include unpaid family workers (85,000) and persons on government-supported training and employment programmes (132,000).

Distribution of employed people (in thousands) – April-June 2010 data

Job	Employees	Self-employed
full-time	18,229	2,900
part-time	6,662	1,015
Total	24,891	3,915

These data are extracted from the annual Labour Force Survey (LFS).

Source: <http://www.statistics.gov.uk/hub/index.html>

Number of private companies and distribution according to the size (2009)

Size of staff	Number of companies	Number of employees in thousands
With no employee ¹	3,613,975	3,942
1	189,120	430
2 to 4	606,485	1,833
5 to 9	224,000	1,550
10 to 19	113,620	1,578
20 to 49	54,050	1,673
50 to 99	17,770	1,236
100 to 199	7,665	1,068
200 to 249	1,470	329
250 to 499	3,005	1,040
500 or more	2,885	8,139
Total	4,834,045	22,819

¹ "with no employee" means sole proprietorships and partnerships comprising only the self-employed owner-manager, and companies comprising only an employee director.

Source: <http://stats.bis.gov.uk/ed/sme>

4. Accidents at work

The following data cover notified accidents through the RIDDOR system for all professional activities of the private and public sectors. Commuting accidents and accidents while driving for work are not covered by the occupational injury insurance.

The reference year runs from the 1st of April till the 31st of March.

Notified accidents at work in absolute value

Year	Employees			Self-employed		
	+ 3 days	major ¹⁷	fatal	+ 3 days	major	fatal
2004/2005	121,779	30,451	172	1,143	1,251	51
2005/2006	119,045	28,914	164	1,223	1,303	53
2006/2007	114,653	28,544	191	1,146	1,194	56
2007/2008	110,054	28,199	178	1,121	1,190	55
2008/2009	105,261	27,894	127	931	1,106	52

Year	Total : employees + self-employed			
	+ 3 days	major	fatal	Total
2004/2005	122,922	31,702	223	154,847
2005/2006	120,268	30,217	217	150,702
2006/2007	115,799	29,738	247	147,784
2007/2008	111,175	29,389	233	140,797
2008/2009	106,192	29,000	179	135,371

Source: HSE

Notified accidents' incidence rates

The incidence rate is the ratio of the number of accidents at work to 100,000 full-time insured workers.

Year	Employees			Self-employed		
	+ 3 days	major	fatal	+ 3 days	major	fatal
2004/2005	471.6	117.9	0.7	30.2	33.0	1.3
2005/2006	455.4	110.6	0.6	31.9	34.0	1.4
2006/2007	434.7	108.2	0.7	28.9	30.1	1.4
2007/2008	415.1	106.4	0.7	27.8	29.5	1.4
2008/2009	398.4	105.6	0.5	23.0	27.3	1.3

Year	Total : employees + self-employed		
	+ 3 days	major	fatal
2004/2005	415.1	107.1	0.8
2005/2006	401.3	100.8	0.7
2006/2007	381.7	98.0	0.8
2007/2008	363.9	96.2	0.8
2008/2009	348.5	95.2	0.6

Source: HSE

¹⁷ RIDDOR lists what is a major injury to notify: amputation; fractures (other than to fingers, thumbs or toes); dislocation (shoulder, hip, knee or spine); injuries leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours; loss of sight (temporary or permanent); acute illnesses requiring medical treatment arising from absorption, inhalation or ingestion.

Distribution of the number of accidents at work with more than three days absence from work, major accidents and fatal accidents per activity branch – 2008/2009 combined data for workers (employees + self-employed)

Per activity branch	+ 3 days	major	fatal	Total
Agriculture, hunting and forestry, fishing (excluding sea fishing)	1,188	599	25	1,812
Extractive and utility supply industries	1,180	361	6	1,547
Manufacturing	17,946	4,590	33	22,569
Construction	7,379	3,937	52	11,368
Total services and industries	78,499	19,513	63	98,075
Total	106,192	29,000	179	135,371

Source: HSE table RIDIND

Distribution of fatal accidents at work per kind of accident – data for workers (employees + self-employed)

Kind of fatal accident	Workers (employees + self-employed)				
	04/05	05/06	06/07	07/08	08/09
Contact with moving machinery	12	21	13	17	20
Struck by moving, including flying/falling, object	47	34	41	37	27
Struck by moving vehicle	35	38	30	38	25
Strike against something fixed or stationary	4	6	8	10	8
Injured while handling, lifting or carrying	2	1	7	2	1
Slips, trips or falls on same level	7	6	4	3	5
Falls from a height of which:	53	48	52	55	39
- up to 2 metres	7	10	9	8	3
- over 2 metres	38	26	37	43	29
- height not stated	8	12	6	4	7
Trapped by something collapsing/overturning	19	11	19	17	20
Drowning or asphyxiation	10	3	16	7	4
Exposure to, or contact with, a harmful substance	3	7	5	1	2
Exposure to fire	3	4	1	8	0
Exposure to an explosion	4	4	5	3	3
Contact with electricity or electrical discharge	7	11	18	10	7
Injured by an animal	3	2	11	4	1
Acts of violence	1	1	3	7	4
Other kind of accident	7	12	4	11	7
Not classified by kind	6	8	10	3	6
Total	223	217	247	233	179

Source: HSE table ridking3

Reporting dangerous occurrences

HSE collects data primarily about accidents which have a high potential to cause death or major injury even though they do not actually cause death or reportable injury. Collecting the information gives the opportunity to build a data base about the circumstances in which dangerous occurrences occur and about their causes.

The reporting form for dangerous occurrences is similar to the one for accidents at work.

RIDDOR includes a list of circumstances in which a near-accident has to be reported. There is a list dealing with circumstances for any type of working place and specific lists for mines, quarries, railways and offshore workplaces.

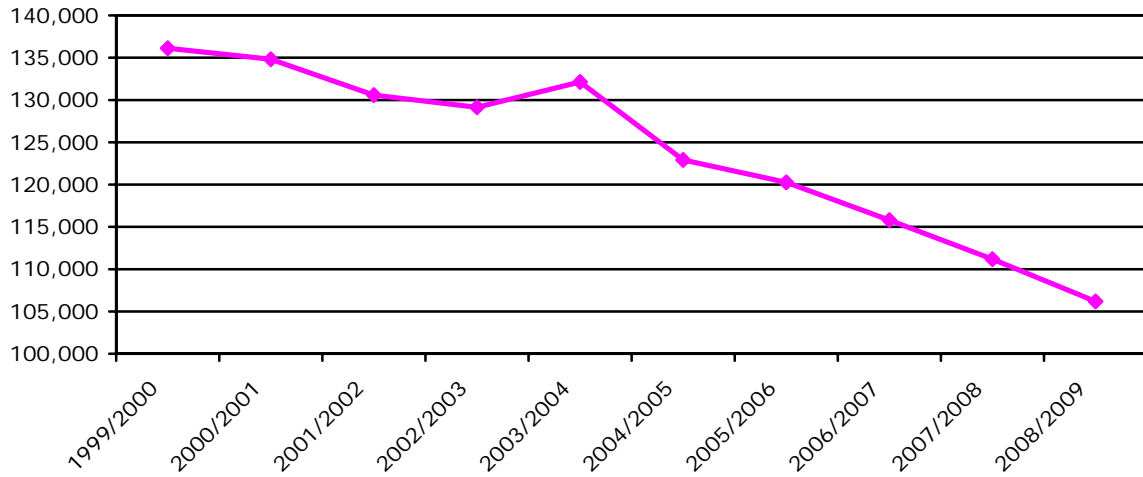
Notifications related to any place of work	07/08	08/09
Failure, collapse or overturning of lifting machinery, excavator, pile driving frame or mobile powered access platform	1,128	1,046
The failure of any closed vessel including boiler or of any associated pipework, in which the internal pressure was above or below atmospheric pressure	79	97
The failure of any freight container in any of its load-bearing parts while it is being raised, lowered or suspended	6	10
Plant or equipment either comes into contact with overhead electric line in which the voltage exceeds 200 volts or causes an electrical discharge	130	120
Electrical short circuit which results in the stoppage of the plant for more than 24 hours	224	227
Unintentional ignition or explosion of explosives	106	65
The release or escape of a biological agent likely to cause human infection or illness	351	363
The malfunction of radiation generators	3	21
Failure of breathing apparatus in service	92	93
Failure of any lifting or life-support equipment during a diving operation which puts a diver at risk	31	30
Complete or partial collapse of scaffold over 5 m high	60	39
Any unintended collision of a train with any other train or vehicle (other than one recorded in part 4 of this table) which caused, or might have caused, the death of or major injury to any person	*	*
Incidents in relation to a well (other than a well sunk for the purpose of the abstraction of water)	56	73
Incidents in respect of a pipeline or pipeline works	344	256
Failure of fairground equipment in use or under test	14	14
Overturning or serious damage to a tank while conveying by road prescribed dangerous substances, or the uncontrolled release or fire involving the substance being conveyed	12	15
Uncontrolled release or escape of a dangerous substance, or a fire involving the dangerous substance, when being conveyed by road in a vehicle	7	9
Collapse or partial collapse of any building or structure under construction involving over 5 tonnes of materials or any floor or wall of a building used as a place of work	149	111
An explosion or fire occurring in any plant or premises which results in the stoppage of that plant for more than 24 hours	257	245
The sudden, uncontrolled release of flammable substances	258	180
The accidental release or escape of any substance in a quantity sufficient to cause the death, major injury or any other damage to the health of any person	705	735
Total of notifications in relation to any place of work	4,014	3,751
Total of notifications in relation to mines	56	85
Total of notifications in relation to quarries	65	57
Total of notifications in relation to railways	4,803	3,609
Total of notifications in relation to offshore workplaces	415	363
Grand Total	9,353	7,865

Source HSE: Table RIDDO

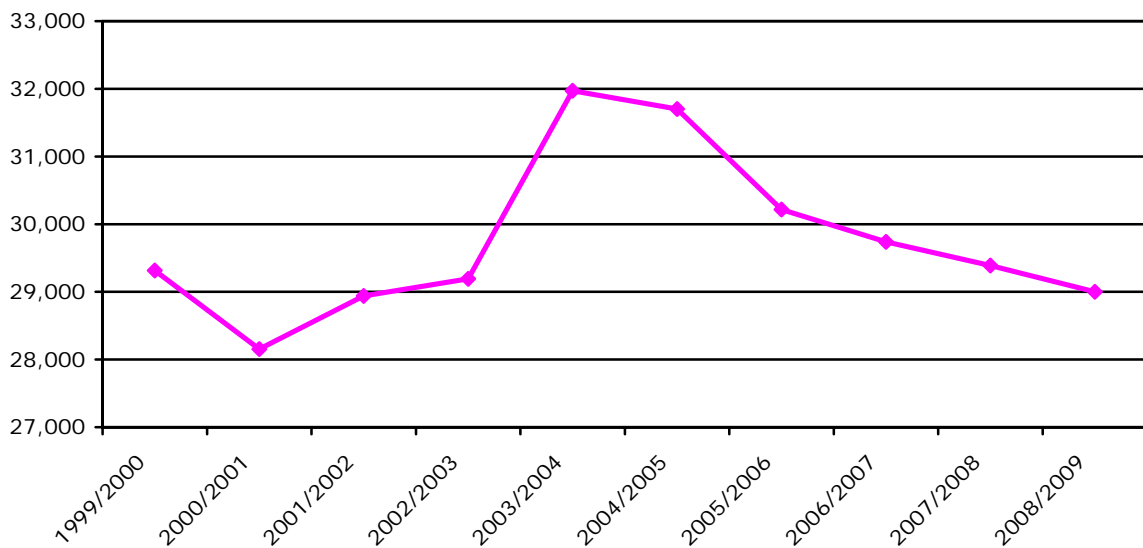
For the purpose of data confidentiality, cells containing counts of less than three are suppressed. Where it occurs, cells are marked with an asterisk (*).

Accident rates' long-term trends

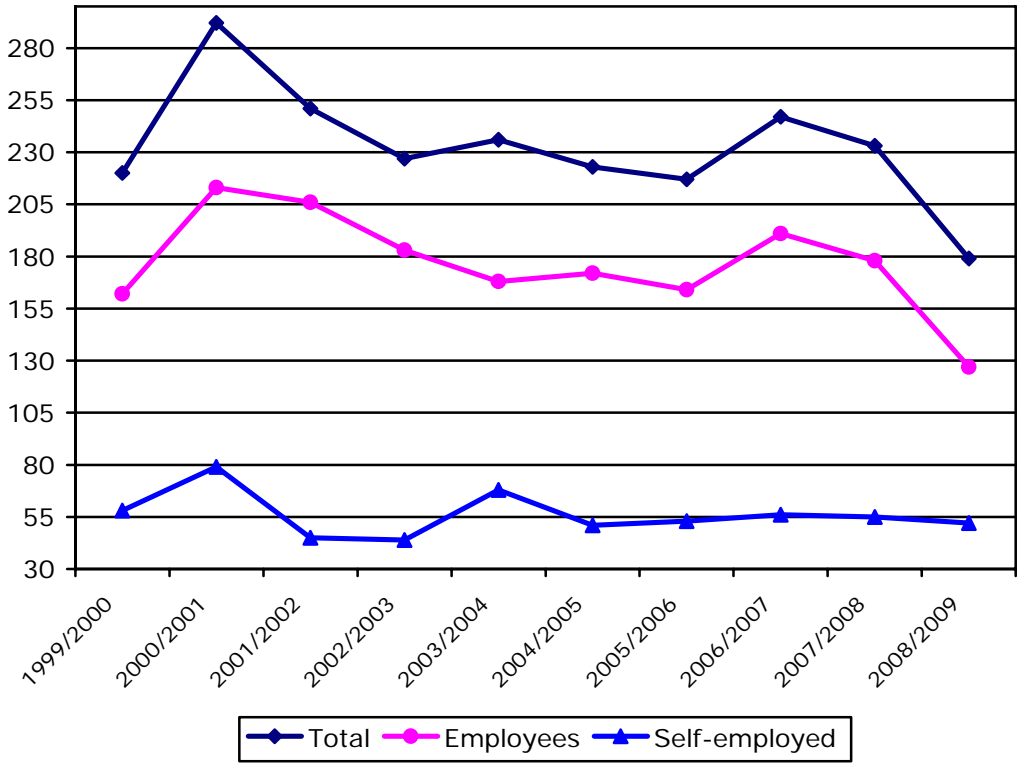
Accidents at work with more than three days away from work in absolute value (employees + self-employed)



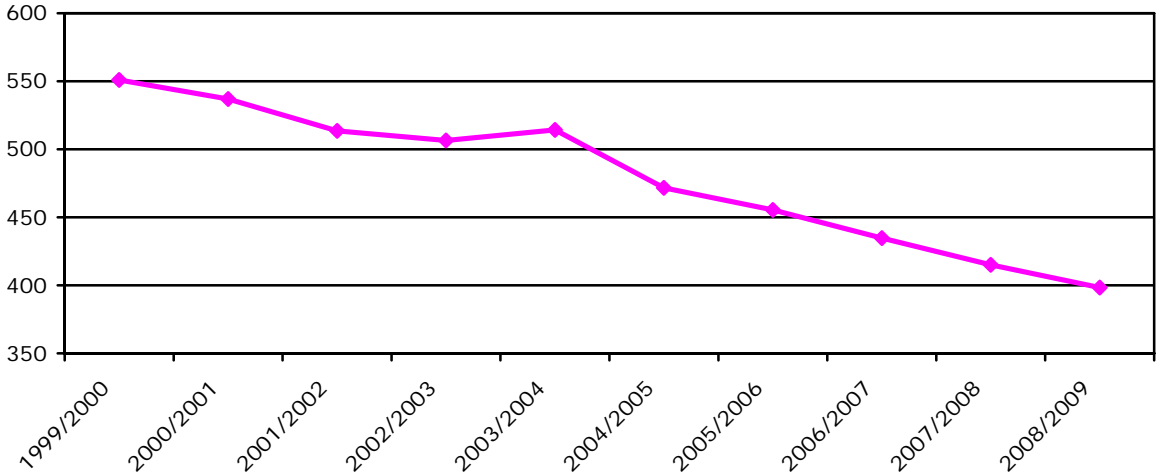
Major accidents at work in absolute value (employees + self-employed)



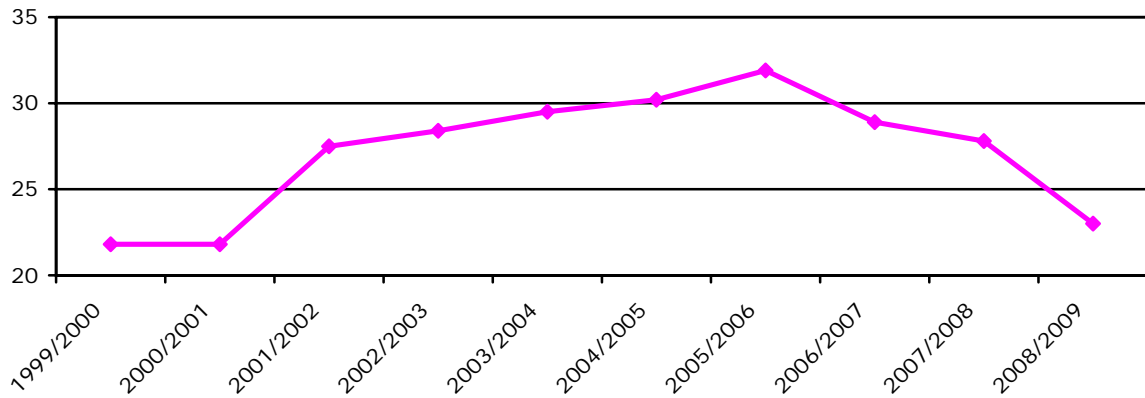
Fatal accidents at work in absolute value (employees + self-employed)



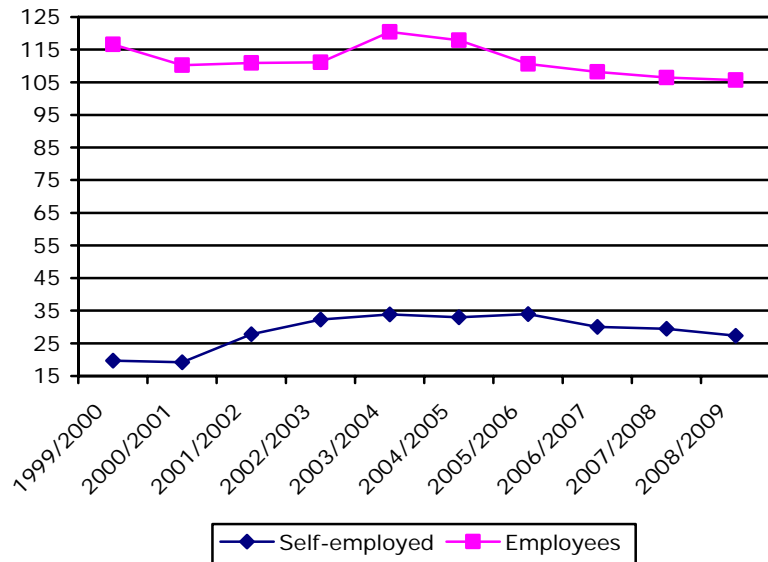
Employees' incidence rate of accidents at work with more than 3 days away from work



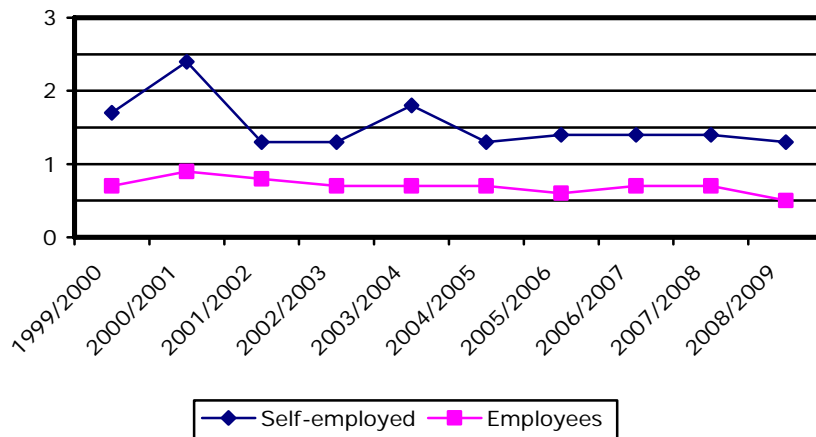
Self-employed incidence rate of accidents at work with more than 3 days away from work



Incidence rate of major accidents



Incidence rate of fatal accidents



5. Labour Force Survey data and injuries' reporting rate

A Labour Force Survey (LFS), undertaken each quarter in 50,000 households, provides information on the UK labour market. HSE commissions annual questions in the LFS to gain a view of work-related illness and workplace injury based on individuals' perceptions. The analysis and interpretation of these data are the sole responsibility of HSE.

Self-reported ill health data issued from LFS

From the EFT sample HSE estimates that, for the period 2008/09, 1.2 million people (who had worked in the last 12 months) say they suffer from ill-health which they think is work related. Musculoskeletal disorders and stress were the most commonly reported illness types.

Type of illness	2008/09 rates per 100,000 workers		
	Central estimate	95 % confidence interval	
		lower	upper
Musculoskeletal disorders:	1,770	1,650	1,890
<i>mainly affecting upper limbs and neck</i>	710	630	780
<i>mainly affecting lower limbs</i>	320	270	360
<i>mainly affecting the back</i>	750	670	830
Breathing or lung problems	130	95	160
Skin problems	54	32	76
Hearing problems	56	35	78
Stress, depression or anxiety	1,370	1,260	1,470
Headache and/or eyestrain	79	51	110
Heart disease/attack, other circulatory troubles	63	41	86
Infection diseases (viruses, bacteria)	110	77	140
Other type of complaint	260	210	310
Total	3,890	3,710	4,070

Source HSE: table SWIT3W12 <http://www.hse.gov.uk/statistics/lfs/0809/swit3w12.htm>

Estimated rates of self-reported illnesses caused or made worse by work, by type of illness, for people working in the last 12 months

Full information may be found in: *Self-reported work-related illness and workplace injuries in 2008-09*. HSE document available at the following web address:

<http://www.hse.gov.uk/statistics/lfs/lfs0809.pdf>

Labour Force Survey and reporting level of injuries

The LFS allows HSE to estimate the accidents at work reporting level by comparing the observed RIDDOR reporting level per 100,000 persons at work to the LFS forecasts. Comparing these figures with the RIDDOR rate of reported major and over 3-day injuries occurring to employees (excluding fatal cases), the estimated level of reporting by employers was 58 %. Latest data for 2009/10 give a reported injury rate of 57 %.

Although LFS deals with cases of occupational diseases, this estimated level of reporting deals only with accidents at work.

RIDDOR reporting rate versus LFS reporting rate

Period	RIDDOR reported injury rate to employees	LFS reportable accidents at work rate to workers			Estimated percentage of reported accidents at work
		Central estimate	95 % confidence interval		
			lower	upper	
2004/05	590	1,200	1,100	1,290	49 %
2005/06	566	1,090	990	1,180	52 %
2006/07	543	1,000	910	1,090	54 %
2007/08	521	1,050	950	1,140	50 %
2008/09	504	870	780	960	58 %

Source: HSE, Health and Safety Statistics 2009/10

6. Occupational diseases

Further information about occupational diseases

The necessary conditions for recognition and compensation according to IIDB are the following:

- The disease must be listed and the victim's job must be listed against the disease,
- there is no general deadline to claim,
- the recognition of some diseases is subjected to specific conditions:
 - as for deafness, the victim must have worked at least 10 years in one of the listed occupations known to be the cause of occupational deafness. The recognition's claim must be introduced within a five-year delay following the end of the victim's considered activity,
 - as for osteoarthritis of the knee, the victim must have worked as an underground coal miner for at least 10 years before 1986; after 1986 the victim must have worked underground in certain occupations known to cause osteoarthritis of the knee,
 - about asthma, the victim must have been exposed at work, within the 10 years preceding his/her request for recognition, to a substance on the occupational diseases list known to cause occupational asthma,
 - as for chronic bronchitis or emphysema or both, the victim must have worked as an underground coal miner for at least 20 years may be for one or several employers and not necessarily in one unbroken period. Since July 2008, a victim having worked at least 40 years in a mine (not necessarily in one unbroken period) and who was in activity before 1983 and having a surface work (screen worker), may introduce a request for recognition.

HSE data about fatal occupational diseases

According to HSE, work-related diseases would be the cause of thousands deaths each year mainly because of exposures which date back many years ago.

For instance, findings suggest the annual number of work-related professional cancer deaths is currently around 8,000 of which 4,000 cancers are due to a past exposure to asbestos. And yet, in 2007, 96 deaths from asbestosis (as underlying cause), and 156 from other types of pneumoconiosis, mostly due to coal dust and silica, were recorded.

Specifically about asbestos, the annual number of mesothelioma¹⁸ deaths has increased from 153 in 1968 to 2,249¹⁹ in 2008 of which 1,865 deaths among men and 384 among women. The number of deaths among men is predicted to increase to a peak over 2,000 around the year 2016.

According to HSE, around 15% of Chronic Obstructive Pulmonary Diseases (COPDs – including bronchitis and emphysema) may be work-related. This suggests there could be some 4,000 COPD deaths each year due to past occupational exposures to fumes, chemicals and dusts.

¹⁸ Please refer to HSE table : <http://www.hse.gov.uk/statistics/tables/meso01.xls>

¹⁹ Provisory 2008 data

Claims for recognition and number of recognitions

The following data deal with claims for recognition and compensation made through the IIDB scheme for permanent disability. The database is managed by the DWP.

New claims for recognition under the Industrial Injury Disablement Benefit (IIDB) scheme during the year per type of prescribed disease – data on the 12/31/2009

Prescribed diseases	2004	2005	2006	2007	2008	2009 ¹
Synovial inflammation	780	590	460	410	390	310
Occupational deafness	2,700	2,090	2,160	2,150	2,070	2,660
Vibration white finger	5,500	3,860	3,170	3,830	3,240	3,100
Carpal tunnel syndrome	2,060	1,620	1,310	1,250	1,520	1,270
Osteoarthritis of the knee in miners ²	-	-	-	-	-	31,280
Pneumoconiosis	7,430	5,300	5,190	3,530	2,610	2,970
Diffuse mesothelioma	1,480	1,550	1,660	1,810	1,910	2,070
Unilateral or bilateral diffuse pleural thickening	1,990	2,240	2,800	1,890	1,050	1,310
Bronchitis and emphysema	2,830	1,380	980	1,670	680	1,060
Others	3,490	2,680	2,360	2,250	2,990	4,160
Total	28,260	21,300	20,080	18,780	16,430	50,170

DWP recommends using these figures as a guide because of a high degree of sampling error.

¹ 2009 figures are provisional and subject to revision.

² This prescribed disease was introduced from 13th July 2009.

Source: Department for Work and Pension - Industrial Injuries Disablement Benefit Scheme (IIDB). Data for Great Britain: England, Wales and Scotland. Tables IIDB 1.7

Cases of first diagnosed prescribed diseases resulting **in a compensation** under the Industrial Injury Disablement Benefit (IIDB) scheme during the year per type of prescribed disease – data on the 12/31/2009

Recognized prescribed diseases	2004	2005	2006	2007	2008	2009 ¹
Synovial inflammation	120	100	80	90	80	70
Occupational deafness	330	260	220	190	220	210
Vibration white finger	100	80	60	50	70	80
Carpal tunnel syndrome	220	170	160	140	150	120
Osteoarthritis of the knee in miners ²	-	-	-	-	-	3,920
Pneumoconiosis	1,790	1,470	1,180	1,070	1,110	1,150
Diffuse mesothelioma	1,320	1,490	1,460	1,620	1,740	1,880
Unilateral or bilateral diffuse pleural thickening	340	330	320	340	360	420
Bronchitis and emphysema	270	170	120	200	100	110
Others	350	320	420	440	500	590
Recognized with compensation	4,800	4,390	4,020	4,090	4,270	8,530
Recognized without compensation	2,240	1,980	1,230	1,190	1,730	5,210

DWP recommends using these figures as a guide because of a high degree of sampling error.

¹ 2009 figures are provisional and subject to revision.

² This prescribed disease was introduced from 13th July 2009.

Source: Department for Work and Pension - Industrial Injuries Disablement Benefit Scheme (IIDB). Data for Great Britain: England, Wales and Scotland. Tables IIDB 1.10A

Data issued from the Health and Occupation Reporting Network

Reports of work-related ill-health are gathered in surveillance schemes run by the Health and Occupation Reporting Network (THOR and THOR-GP) which is a voluntary reporting network of occupational diseases by doctors.

Statistical tables covering patients seen by these doctors are available annually from early 1990s for work-related respiratory disorders and skin diseases, from 1998 for musculoskeletal disorders and from 1999 for mental ill-health. THOR is collecting reports from specialist doctors on specific types of work-related health. THOR-GP collects reports from the 300 participating General Practitioners.

HSE publishes statistics provided by THOR and THOR-GP surveillance schemes.

Cases and days lost by diagnosis as reported by General Practitioners for 2009 (summary)

Broad diagnostic category of work-related ill-health	Number of new diagnoses	% of total	Incidence rate per 100,000 of working population	% of diagnoses issued with sick leave certification	Number of days sick leave certified	Estimated number of days of certified sick leave absence for Great Britain
Musculoskeletal disorders	746	54.7	1,117	40.6	5,710	2,412,324
Mental ill-health	408	30.0	611	78.9	7,817	3,302,476
Skin diseases	136	10.0	204	8.1	152	64,216
Respiratory diseases	27	2.0	40	7.4	19	8,027
Diseases of the auditory apparatus	5	0.4	7	0.0	0	0
Other diagnoses	42	3.1	63	42.9	401	169,412
Total diagnoses	1,364	100.0	2,042	-	14,099	5,956,454
Total cases	1,327	-	1,986	48.4	13,784	5,823,375

Source: HSE table THORGP02

Estimated number of cases of work-related stress by specialist doctors (summary)

Category	Psychiatrists and occupational physicians	
	Estimated average of annual number of cases 2007-2009	% of total
Factors intrinsic to the job	1,160	54
Change at work	287	13
Interpersonal relationships	612	28
Inequality	16	1
Personal development	92	4
Physical working environment	-	-
Traumatic events	189	9
Home work interface	116	5
Others	211	10
Total	2,151	100

Source: HSE table THORP09

THOR-GP methodology is available at the following web address:

<http://www.hse.gov.uk/statistics/calculation-thor-gp-data.pdf>

THOR, hosted by the Center for Occupational and Environmental Health of the Manchester University, publishes exhaustive statistics available from a dedicated website:

<http://www.medicine.manchester.ac.uk/oeh/research/thor/>

7. Eurostat data

Structural indicators (base 100 in 1998) are available only for accidents at work. 2007 data are not available.

Index of the number of serious accidents at work per 100,000 persons in employment ^(*)

Serious accidents - Total	1998	1999	2000	2001	2002	2003	2004	2005	2006
EU (27 countries)	:	:	100	96	88	84	80	78	76
EU (25 countries)	100	100	99	95	87	82	79	77	75
EU (15 countries)	100	100	98	94	86	81	78	76	74
Great Britain	100	106	106	110	108	107	88	84	75

(:) Not available

Index of the number of fatal accidents at work per 100,000 persons in employment ^(*)

Fatal accidents	1998	1999	2000	2001	2002	2003	2004	2005	2006
EU (27 countries)	:	:	100	97	91	90	88	86	81
EU (25 countries)	100	88	87	85	80	78	75	72	72
EU (15 countries)	100	91	88	85	80	78	75	74	73(p)
Great Britain	100	88	106	92	85	70	90	88	81

(:) Not available

(p) Provisory

(*) The index shows the evolution of the incidence rate of fatal and serious accidents at work in comparison to 1998 (= 100). The incidence rate = (number of accidents with more than three days away from work or number of fatal accidents at work that occurred during the year/number of persons in employment in the reference population) x 100,000. An accident at work is a discrete occurrence in the course of work that leads to physical or mental harm. This includes accidents in the course of work outside the premises of one's business, even if caused by a third party, and cases of acute poisoning. It excludes accidents on the way to or from work, occurrences having only a medical origin, and occupational diseases.

EU-15: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Italy, Ireland, Luxembourg, Netherlands, Portugal, Spain, Sweden and United Kingdom

EU-25: EU-15 + Estonia, Latvia, Lithuania, Poland, Czech Republic, Slovakia, Hungary, Slovenia, Cyprus (without the northern part of the island) and Malta

EU-27: EU-25 + Bulgaria and Romania.



Founded in 1991, EUROGIP is a French organization, whose activities are organized around five areas: enquiries, projects, information-communication, standardization and coordination of notified bodies. All have in common European aspects of the insurance or the prevention of accidents at work and occupational diseases.

www.eurogip.fr

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