


Deputy Director

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18 December 2024

Dear Mrs Brown,

Prevention of future deaths report – your investigation into the death of Wessam Al-Jundi

Thank you for your letter and Regulation 28 report made under the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.

Firstly, I would like to express my sympathy to the family of Wessam Al-Jundi at the loss of their loved one.

In your report, you outlined matters of concern for consideration by the Health and Safety Executive (HSE), as highlighted by the key issues quoted below:

“Any current surveillance health and safety monitoring is unlikely to achieve a satisfactory outcome as the onset of untreatable disease predates the 15 year surveillance programmes.”

“Evidence from photographs and an in-life statement suggest Wessam was working in completely unsafe conditions to avoid dust exposure”.....“there appears to be an absence of safe working conditions, with no adequate water suppression systems for the dust created, in adequate respiratory personal protection equipment and absent or inadequate ventilatory systems. This is therefore continuing to put the workforce at risk of death due to untreatable lung compromise.”

The Health and Safety at Work etc Act 1974 and the Control of Substances Hazardous to Health Regulations 2002 (COSHH) (as amended) provide a robust regulatory framework requiring employers to put in place measures to prevent workers being exposed to hazardous substances, such as artificial stone dust containing respirable crystalline silica (RCS).

COSHH requires employers to make a suitable and sufficient assessment of the risks to health, and to ensure that exposure to substances hazardous to health is either prevented or, where this is not reasonably practicable, adequately controlled. Exposure to RCS is preventable where adequate control measures are in place to protect workers.

HSE provides a range of free resources and guidance online for employers setting out how workers can be protected from exposure to RCS. Suitable control measures include combinations of the enclosure and automation of processing equipment, the use of water suppression and control of any mist generated, as well as personal protective equipment such as respirators (masks). The effectiveness of controls must be maintained, and workers must have been trained and competent to use such controls.

Suitable health surveillance must also be provided for workers liable to be exposed to RCS. Where there is a risk of developing conditions such as accelerated silicosis, or where there is evidence of significant overexposure to RCS, the timing and performance of health surveillance should be adapted. This means chest x-rays being performed well before the 15-year time period you refer to, and referral to an occupational lung disease specialist being made as appropriate. In May 2024, we clarified these requirements in the updated '*Health surveillance for those exposed to respirable crystalline silica (RCS), Supplementary guidance for occupational health professionals*', which is available on HSE's website at <https://www.hse.gov.uk/pubns/guidance/g404.pdf>.

HSE works with industry and suppliers to raise awareness of managing the risks of exposure to RCS, and works proactively with key stakeholders and trade associations, for example, in the construction industry. We have delivered several national inspection campaigns and continue to investigate reported ill-health and concerns about inadequate risk management in industries where there is potential for exposure to RCS.

On 7 October 2024, we met with manufacturers of stone products to discuss practical solutions businesses and dutyholders can take to protect workers from exposure to RCS when working with high silica content stone. We also met with key fabrication employers on 25 November 2024. Further workshops are proposed to ensure a broad understanding of how engineered stone is being supplied and used to enable us to devise further interventions targeting key issues.

As part of this engagement, we have confirmed the requirements for working high silica content stone worktops, and we will shortly be publishing further guidance, aimed at installers, their managers and supervisors to remind them of the steps they must take to control the exposure risk. We are also working with the Worktop Fabricators Federation to support development of their own information leaflet which they can share amongst their networks.

Collectively, this raises awareness of the need for controls when engineered stone is being worked. HSE continues to review the latest global evidence to consider what additional controls or action may be necessary and it is engaging with occupational lung disease clinicians to build understanding of affected workers. HSE has commissioned research to better understand the underlying causes of poor compliance with use of controls by employers closest to the problem (e.g. fabricators).

I understand that you are in contact with our lead investigator who is examining the circumstances leading to the death of Wessam Al-Jundi. They will keep you updated as this investigation progresses.

I hope this confirmation of HSE's work in this area and our commitment to tackling this health risk is helpful to your investigations.

Yours sincerely

A large black rectangular redaction box covering the signature and name of the sender.

