Exposure to fire contaminants in London: A hidden, growing risk?

Fire Committee

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LONDONASSEMBLY

Fire Committee

The Fire Committee examines and reports on the London Fire Commissioner's priorities and objectives.

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Foreword

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Firefighting has always involved an acceptance of risk. Those who serve do so knowing they will face danger in the line of duty, often in unpredictable and hazardous environments. However, through the Committee's work we have heard about emerging research highlighting a less visible but still concerning risk: firefighters' exposure to contaminants and a heightened risk of contracting cancer.

Our intention in this investigation has been to contribute constructively to the growing body of work in this area and, above all, to support practical action that better safeguards the health and wellbeing of those who put themselves at risk to protect others.

Executive Summary

Firefighters are expected to manage some degree of risk and danger as part of their regular work. Yet, research is emerging which points to a growing – hidden – risk: firefighters' exposure to contaminants – most commonly encountered as the products of combustion at fire incidents – and an increased risk of contracting cancer. Given these growing concerns, the Committee launched this investigation to understand how those risks are manifesting in London, the evidence base linking these exposures to cancer, and what actions (locally or nationally) could help protect firefighters more effectively.

Evidence presented to the Committee shows that exposures in London are similar to the rest of the UK. Albeit there may be risks around "cumulative exposure" given the sheer volume of fires firefighters contend with in London. Given the varied nature of the exposure and the time it can take for the linked health issues to emerge, we have heard that the studies providing definitive evidence of direct causal links will also likely take some time. But this isn't a reason for inaction; it demands a concerted push to assess, measure and track exposure to contaminants. At a national level, it is the Committee's view that central Government should lead and drive this work forward by establishing a nation-wide health monitoring programme for UK firefighters. We have also heard enough evidence to suggest that the Industrial Injures Advisory Council (IIAC) should review the evidence on occupational exposure, given the range of studies published since it last looked at the issue in 2021.

In London, welcome developments have been made since evidence of the risks to firefighters has emerged. London Fire Brigade (LFB) has taken several steps to ensure the risks posed are being managed in a proportionate and cost-effective manner, namely through developing and publishing its Fire Contaminants Policy in 2022. This has resulted in a significant change in both culture and ways of working on fire stations and at fire incidents. We also heard from LFB that it fully expects that its Fire Contaminants Policy published in 2022 will satisfy the demands of the relevant health and safety law and inspections.

Yet, longstanding issues with the availability of Personal Protective Equipment (PPE) continue to affect LFB. In addition, the design and layout of many fire stations across the estate present ongoing challenges. These factors are likely to persist. As LFB's PPE contract comes up for renewal, the Brigade should ensure that the agreed terms are explicitly future-proofed. This should take account of current and anticipated requirements arising from fire contaminants policies, operational pressures and evolving best practice.

Recommendations

Recommendation 1

The Government and National Fire Chiefs Council (NFCC) should establish a UK-wide firefighter exposure and health monitoring programme by the start of 2027, setting national standards for exposure data collection and long-term health surveillance. This should be supported by expert scientific and occupational health input and developed in partnership with devolved governments, Fire and Rescue Services (FRSs) and workforce representatives.

Recommendation 2

London Fire Brigade should develop and commission a time-limited pilot exposure monitoring programme for operational firefighters, to improve understanding of individual and cumulative exposure to hazardous contaminants. The pilot should be scoped in 2026/27 and launched in 2027/28. It should:

- Include firefighters from a representative range of station types (for example, different risk profiles and built environments).
- Be developed in partnership with academic and occupational health experts, and in consultation with workforce representatives.

Produce a published evaluation with recommendations on whether and how exposure monitoring could be scaled up across the Brigade.

Recommendation 3

London Fire Brigade should strengthen its prevention-focused approach to firefighter health by embedding proactive health promotion and lifestyle support within routine occupational health provision. In doing so, LFB should expand and promote high-gain, no-loss health initiatives that support positive lifestyle changes, including smoking cessation, physical fitness, diet, sleep hygiene, and alcohol awareness.

Recommendation 4

The Industrial Injuries Advisory Council (IIAC) should undertake a fresh review of the evidence on cancer risks associated with firefighting, in light of developments since its 2021 position paper 47: Firefighters and cancer.

Recommendation 5

The Brigade's assurance work should include an assessment of stations or boroughs ranked according to performance on training delivery and completion rates, which can be used as an internal performance and improvement tool to encourage positive competition and the sharing of good practice.

Recommendation 6

Once its existing assurance work on the fire contaminants policy is complete, the Brigade should write to the Committee with a summary of the findings and any actions identified or taken in response, including:

- how it will monitor and assess cultural embedding and sustained behavioural change over time.
- an evaluation of the training package and rates of completion.

Recommendation 7

London Fire Brigade should ensure that the specification, design and commercial terms of its next Personal Protective Equipment (PPE) contract are explicitly future-proofed to meet current and anticipated demands arising from fire contaminants policies, operational pressures and evolving best practice. It should explicitly ensure the contract supports increased cleaning frequency, faster turnaround times, and higher stock levels, reflecting the requirements of contamination control and decontamination policies.

Recommendation 8

LFB should update its "Fire Station Design Standards" to reflect the Fire Contaminants Policy to ensure that all fire station upgrades are designed and maintained to minimise cross-contamination risks.

Exposure to fire contaminants

Every day, firefighters across London run towards danger, putting themselves between life-threatening situations and the communities they serve. In the past year alone, London Fire Brigade (LFB) responded to 18,452 fires across the capital.[1] In doing so, firefighters demonstrate courage, sacrifice, and a commitment to protecting others, often at great personal risk. Thankfully, deaths in service today are rare. This owes much to the professionalism of those individual firefighters and their leadership.

Although danger is an inherent part of firefighting, research is now emerging which points to a growing – hidden – risk around occupational exposure as a firefighter to contaminants – most commonly encountered as the products of combustion at fire incidents – and an increased risk of contracting cancer. As the Committee heard from Gareth Beeton, London Regional Chair of the Fire Brigades Union (FBU), "There is not a firefighter that I talk to who does not know someone they have worked with, either on their watch or on their station, who has had a cancer"[2]. The FBU has been calling on LFB – and other Brigades – to implement measures to help to protect firefighters from these risks, monitor the exposures, and screen for cancers.

This follows an official designation of firefighting as an occupation that is 'carcinogenic' by the World Health Organisation's (WHO's) International Agency for Research on Cancer (IARC) in 2023.[3] The IARC designation was made following a systematic review and evaluation of studies of carcinogenicity of occupational exposure as a firefighter by experts from around the world[4], including two experts who were guests of the Committee in this investigation[5].

> *"There is sufficient evidence in humans for the carcinogenicity of occupational exposure as a firefighter. Occupational exposure as a firefighter causes mesothelioma and cancer of the bladder. Positive associations have been observed between occupational exposure as a firefighter and cancers of the colon, prostate, and testis, and malignant melanoma of the skin and non-Hodgkin lymphoma."*[6]
>
> ***IARC, July 2023***

[1] MHCLG, Total fires in Greater London, year ending June 2025 - FIRE0102: Incidents attended by fire and rescue services in England, by incident type and fire and rescue authority, 23 October 2025 [accessed: 6 Nov 2025]
[2] London Assembly Fire Committee, Transcript of 2 December 2025 panel 1, p4
[3] International Agency for Research on Cancer, Occupational Exposure as a Firefighter, July 2023
[4] International Agency for Research on Cancer, Occupational Exposure as a Firefighter, July 2023
[5] Dr. Alberto Caban-Martinez and Professor Anna Stec were guests at the Committee's first meeting on 16 September 2025
[6] International Agency for Research on Cancer, Occupational Exposure as a Firefighter, July

Nationally, this issue has started to gain attention in the Fire and Rescue (FRS) sector. The National Fire Chiefs Council (NFCC) has established a working group on contaminants, led by Luke Gazzard, the Assistant Chief Fire Officer for Service Delivery at Avon Fire and Rescue Service. It has also set out a position statement on fire contaminants. Speaking in his capacity as the NFCC Contaminants Group Lead, Luke Gazzard told the Committee that the emerging academic studies and new data around contaminants was the reason "why we [the FRS sector] are now putting more emphasis in this area."[7]

Here in London, LFB has also taken significant steps in response to these growing concerns with the development of its dedicated Fire Contaminants Policy published in 2022.[8] Even so, we have seen that there may be more that can and should be happening now and, in the future, to ensure we get "on the right side of history with this" as the then Fire Commissioner Andy Roe KFSM put it to the Assembly in February 2025.[9] This report is the Committee's considered view on what actions are needed and who we believe should take those forward.

This investigation

Given these concerns and the policy developments – both nationally and here in London – the Committee set out in this investigation to explore what LFB has been doing, and what more could be done, in response to the emerging concerns around contaminants.

Our investigation ran from September to December 2025. In this investigation, the Committee gathered evidence in two formal meetings on 16 September and 2 December 2025. We visited two Fire Stations: Poplar Fire Station on 25 November and Old Kent Road Fire Station on 28 November 2025. We also received nine submissions to our call for evidence.

We are grateful to everyone who took the time to submit evidence to the Committee, but particularly the firefighters at Poplar and Old Kent Road Fires Stations who took time out from their daily duties to showcase LFB's policies in action.

[7] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p9
[8] LFB, Fire contaminants policy, 2022, p3
[9] London Assembly (Plenary) 13 Feb 2025, p12

Contaminants, cancer and compensation for firefighters

We sought to understand the extent of the risks faced in London, the evidence base linking firefighters' exposures to cancer, and what actions (locally or nationally) could help protect firefighters more effectively.

Exposure to contaminants in London

The routes of exposure to contaminants are: ingestion, absorption and inhalation. We heard these three mechanisms are well-known but that the specific exposure in every type of fire is much less well understood, given fires will generate thousands of chemicals – and analytical testing can only do so much.[10]

Exposures to contaminants differ between location and setting as well as by the specific duties at a fire and the protective equipment worn. As Anna Stec, Professor in Fire Chemistry and Toxicity at the University of Lancashire, told the Committee: "The factors that affect firefighters' exposure very much depend on the type of the fire and the fuel."[11] In this investigation, we heard that because of the sheer volume of fires in London there may be a risk around "cumulative exposure"[12], but that otherwise firefighting in London and the exposures would be similar to the rest of the UK.[13] LFB's Deputy Commissioner Operational Director for Prevention, Protection and Policy, Spencer Sutcliff, told the Committee: "The way we view London is that it is naturally very similar to any other large metropolitan area within the UK and globally. What separates London from other cities, certainly within the UK, is just the sheer size of it, particularly the dense built environment."[14]

Within this dense built environment, we heard concerning evidence that fire safety regulations designed to protect residents may have unintended consequences, potentially increasing firefighters' exposure to toxic chemicals during house fires. In evidence to the Committee, FIDRA, a charity "working towards a vision of sustainable societies and healthy ecosystems", told us that *the Furniture and Furnishings (Fire) (Safety) regulations 1988* encourages the use of chemical fire retardants that may "exacerbate fire smoke toxicity and smoke production, increasing exposure of fire victims and firefighters to toxic substances and fire smoke as a result."[15] Similarly, Professor Stec told the Committee:

> "Generally, what we can find, particularly in the UK, is that in order to meet, for example, building regulations in terms of the fire we are only testing, time to ignition and fire spread, but not toxicity. Therefore, chemicals can be added to meet those two

[10] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p1
[11] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p2
[12] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p4
[13] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p3
[14] London Assembly Fire Committee, Transcript of 2 December 2025 panel 2, p1
[15] London Assembly Fire Committee, Fire contaminants written evidence – FIDRA / Ref. CON006, p48

> criteria, not looking at what might come out and how dangerous it might become to health."[16]

Deputy Commissioner Spencer Sutcliff told us that LFB shared these concerns.[17]

After fire incidents, there are also secondary exposure risks, such as those associated with the handling and managing of soiled equipment. In the context of returning from an incident, Dr Alberto Caban-Martinez, Professor of Public Health Sciences, Miller School of Medicine University of Miami and Deputy Director of the Firefighter Cancer Initiative, spoke about the importance of a "clean cab concept" which says: "can we allocate a certain compartment within the truck to limit exposure of the gear until it is transported back to the station for the third-party contractor to clean and launder?"[18]

"Having clean gear is essential. It is basic hygiene to make sure that there is no transfer of carcinogens that are encountered on the fire scene back to the fire truck or back to the station."[19]

Dr Alberto Caban-Martinez, University of Miami

On the Committee's site visits to fire stations in Poplar and Old Kent Road, we saw firsthand the steps firefighters are now being asked to take to decontaminate before getting back into a fire engine. Those firefighters told us that, in the past, engines often smelled smoky after an incident, but this is no longer the case. This point was repeated by Gareth Beeton, FBU's London Regional Chair, who told the Committee:

> "Historically, it was seen as a badge of honour to have the smokiest, dirtiest personal protective equipment (PPE). You could tell when you walked on a fire station there had been a fire because you could smell the smoke and the contaminants - as they are now - on the PPE."[20]

Firefighters also spoke about the importance of getting clean as quickly as possible after an incident. "Shower within an hour" has been a key part of FBU's information campaign around best practice for minimising contaminant exposure. It is also a key tenet of LFB's fire contaminants policy.[21] Andy Pennick LFB's Assistant Commissioner for Fire Stations and Central Operations, also spoke about how LFB's policies ask firefighters to make other small, but significant changes in behaviour, including how they remove their fire hoods and store their

[16] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p4
[17] London Assembly Fire Committee, Transcript of 2 December 2025 panel 2, p1
[18] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p23
[19] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p13
[20] London Assembly Fire Committee, Transcript of 2 December 2025 panel 1, p4
[21] London Assembly Fire Committee, Fire contaminants written evidence London Fire Brigade / Ref No. CON009, p61

gloves whilst removing other PPE; all of which is designed to reduce the potential for any avoidable "direct contact between the PPE and the skin".[22]

Contaminant exposure and links to cancer

It is clear how firefighters are exposed to toxins, but it is less clear whether such exposure increases the risk of cancer.

> *"It is undoubtedly well recognised that firefighters are exposed to a lot of toxins and carcinogens, but whether that results in an increased risk of cancer in the UK I think is less well defined at this point."*[23]
>
> ***Dr Johanna Feary,***
> ***Imperial College London***

FBU has commissioned several pieces of research on this matter since 2019.[24] Professor Stec who has led much of this research on behalf of the FBU summarised the findings to the Committee as follows:

> "Through the last six years, we have found that firefighters have higher rates of cancer incidence and mortality in the UK. We have done this across not only a survey in which firefighters obviously self-reported it, but also, we have done national health monitoring across 1,000 firefighters where we collected blood and urine and tested them for a number of diseases and cancers or tumour markers. From the self-reported survey, we found that four per cent of our respondents out of 11,000 firefighters had been diagnosed with cancer. The top peak was between 35 to 39 years old, which is three times higher than the population in the UK.
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> [...]
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> Similar findings we found from our health monitoring of firefighters, and these are only preliminary findings from our statistical data. We collected samples from 1,000 firefighters and 300 [members of the] general public. We found, on average, ten to 15 per cent of firefighters had abnormal tumour markers. Obviously, it does not say that they have been diagnosed with cancer, but at least a quarter of those firefighters responded by e-mail thanking us for saving their life."[25]

Additionally, given the varied nature of the exposure and the latency period – the time it can take for the linked health issues to emerge (the 'latency period'), some of our guests argued

[22] London Assembly Fire Committee, Transcript of 2 December 2025 panel 2, pp6-7
[23] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p5
[24] FBU, Research – DECON, [Accessed 20 Nov 2025]
[25] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, pp6-7

that studies providing definitive evidence of direct causal links will also likely take some time.[26] For example, Luke Gazzard stated:

> "We can all acknowledge there is a slight increase in the risk to firefighters in terms of cancer. We all understand it and accept it. However, what we do not understand at this moment in time is whether that cancer came from the active role of firefighting or whether it came from another route, like somebody's secondary occupation, their previous occupation before they joined the fire service, or genetics. We also need to try to understand that at some point as well."[27]

When asked whether we know enough about the causal links to cancer, Karl Smith, FBU's Health and Safety Deputy in London told us: "No, we do not."[28] While the IARC designation presents evidence of occupational exposure as a firefighter being carcinogenic (for certain cancers), this was a global designation. The specifics of how LFB is set up and how its firefighters operate is distinct to other countries. Dr Adrian Bevan, LFB's Assistant Director Health and Safety told us that, "we need probably quite significantly more and quite significantly larger studies in the UK to really be confident about what the risks are and where we would prioritise our resources in terms of what actions need to be taken."[29]

Given the risks, having better data on both individual and cumulative exposure would be a significant development in further enhancing the safety of firefighters, staff, and the public. Throughout this investigation we have heard of the need for more UK-specific research and studies. For example, evidence from the charity FIDRA emphasised the need for research and monitoring studies into long-term health effects on UK firefighters "to ensure that firefighters are adequately protected."[30]

The Scottish Government already plans to fund health monitoring of Scottish firefighters.[31] The NFCC says that, "If this work were to be supported at a UK-wide scale, firefighters could see improved health outcomes and new learning could inform FRS approaches, helping to reduce future ill health effects."[32] We agree and consider it to be urgent that the UK Government work with the devolved Governments in Wales and Scotland and Northern Ireland to establish a nation-wide health monitoring programme for UK firefighters.

[26] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p5
[27] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, London Assembly, September meeting on risk of firefighters' exposure to contaminants and its impact on their health and wellbeing, 16 September 2025, p18
[28] London Assembly Fire Committee, Transcript of 2 December 2025 panel 1, p2
[29] London Assembly Fire Committee, Transcript of 2 December 2025 panel 2, p3
[30] London Assembly Fire Committee, Fire contaminants written evidence Fidra / Ref No.CON006, p.48
[31] Scottish Fire and Rescue, Scottish Firefighters to participate in health screening trials, 29 August 2023
[32] NFCC, Contaminants in Fire and Rescue Activities Position Statement, [accessed 9 December 2025]

Recommendation 1

The Government and National Fire Chiefs Council (NFCC) should establish a UK-wide firefighter exposure and health monitoring programme by the start of 2027, setting national standards for exposure data collection and long-term health surveillance. This should be supported by expert scientific and occupational health input and developed in partnership with devolved governments, Fire and Rescue Services (FRSs) and workforce representatives.

Recommendation 2

London Fire Brigade should develop and commission a time-limited pilot exposure monitoring programme for operational firefighters, to improve understanding of individual and cumulative exposure to hazardous contaminants. The pilot should be scoped in 2026/27 and launched in 2027/28. It should:

- **Include firefighters from a representative range of station types (for example, different risk profiles and built environments).**
- **Be developed in partnership with academic and occupational health experts, and in consultation with workforce representatives.**
- **Produce a published evaluation with recommendations on whether and how exposure monitoring could be scaled up across the Brigade.**

Health screening and healthy living

Firefighters in London have a routine periodic medical every three years. LFB's Dr Bevan told the Committee this entailed: "a basic cardiorespiratory heath check including spirometry for lung function and there is an asbestos-specific element".[33]

As part of its campaigns, the FBU has called for enhanced medical screening for cancers.[34] Adrian Bevan told us that LFB was "actively involved in looking at other health screening" including through the NFCC Contaminants Working Group, and that LFB is monitoring emerging evidence from screening tests and clinical trials.[35]

The evidence we heard has highlighted that cancer screening is complex and not without risk. Professor Anna Stec explained that some cancers associated with occupational exposures are "screenable", noting for example that skin cancer and colorectal cancer already have established screening approaches. Research led by Professor Stec in collaboration with FBU is also exploring the potential role of blood and urine tests in identifying early biological changes linked to cancer, although these are not currently validated screening tools.[36]

We also heard about the risks (such as false positives) with many of the screening tests. Dr Johanna Feary, Honorary Consultant at the Royal Brompton and Harefield hospitals and Senior Clinical Research Fellow at Imperial College London, cautioned that the two cancers for which

[33] London Assembly Fire Committee, Transcript of 2 December 2025 meeting panel 2, p11
[34] FBU, Hundreds of London firefighters tested for cancers call for regular health monitoring, 19 June 2023
[35] London Assembly Fire Committee, Transcript of 2 December 2025 meeting panel 2, pp11-12
[36] FBU, Hundreds of London firefighters tested for cancers call for regular health monitoring, 19 June 2023

there is currently the strongest evidence of increased risk for firefighters – mesothelioma and bladder cancer – do not have "good", safe, and reliable screening tests in routine NHS use. In the case of bladder cancer, effective screening would require invasive procedures such as cystoscopy, which carries risks and would not be suitable for population-level screening. Dr Feary also cautioned that "doing lots and lots of tests on people is not risk-free".[37]

There are promising developments at a national level, with the NHS Galleri trial, which is examining how blood-based tests might, in future, be used alongside existing screening programmes to support earlier cancer detection. Taken together, the evidence suggests that while there is a clear and legitimate concern about cancer risk among firefighters, and while some cancers are already detectable during screening or testing, there is currently no comprehensive set of validated screening tests that could reliably be used to screen for the cancers most strongly linked to firefighting exposures.

Evidence shared with the Committee indicates LFB could be looking at examples of international good practice from other fire services. For example, evidence shared with the Committee by Fire Rescue Victoria (Australia) highlighted its "comprehensive health monitoring program" which it stated includes a "range and depth of assessments […] developed to offer a more comprehensive screening for firefighters than a standard medical consultation."[38] Evidence from the Fire Fighter Cancer Cohort Study (FFCCS) and Center for Firefighter Health Collaborative Research (a "multicenter study of firefighter exposures and health risks involving more than 8,000 participants across 32 U.S. states") also noted how important it is for "individual fire brigades to carry out exposure monitoring (such as air and urine monitoring for contaminants) to determine the effectiveness of their risk assessment and management programs."[39]

Further beneficial outcomes could also be realised through promoting healthy lifestyle choices more broadly. Dr Feary observed that Fire and Rescue services should be "using the occupational health services to try to do health promotion […] because they have to attend these medicals to do their job."[40] This is something LFB has already realised and is taking steps to address. On the Committee's site visit to Old Kent Road, we saw the fire station gym and heard about how LFB's new annual fitness testing regime for its operational staff was working.[41] This is a welcome development. LFB said it has also "promoted cancer awareness in staff, including relevant self-check techniques and promoted use of existing NHS screening programmes."[42] And that it has "improved its holistic health promotion offer regarding relevant

[37] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p21
[38] London Assembly Fire Committee, Fire contaminants written evidence Fire Rescue Victoria/ Ref No.CON002, p10
[39] London Assembly Fire Committee, Fire contaminants written evidence Fire Fighter Cancer Cohort Study (FFCCS) and Center for Firefighter Health Collaborative Research (CFHCR)/ Ref No.CON004, p41
[40] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p21
[41] LFB, Annual fitness testing decision, May 2024
[42] London Assembly Fire Committee, Fire contaminants written evidence, London Fire Brigade / Ref No. CON009, p62

lifestyle factors which are known to impact firefighter health outside of contact with contaminants, e.g. stopping smoking, improved diet, sleep hygiene, alcohol behaviours."[43]

However, these initiatives can only be fully effective if firefighters actively engage with them. We heard this is not always the case. Dr Feary told the Committee:

> "[In general, firefighters] are male. They are often young. They do not seek healthcare. They do not go and get their Covid vaccines, they do not go and get their flu vaccines, and they do not seek help for health-related things because of the general group of people they are, and that is general. It is not unique to firefighters, it is just that young men do not see their GPs."[44]

Given the evidence that many firefighters are reluctant to seek healthcare independently, LFB should continue to use its routine periodic medicals as an opportunity to deliver consistent health advice. Ultimately, LFB should aim to create a culture in which preventive health behaviours are normalised and participation in wellbeing programmes is seen as an essential part of operational readiness.

Recommendation 3

London Fire Brigade should strengthen its prevention-focused approach to firefighter health by embedding proactive health promotion and lifestyle support within routine occupational health provision. In doing so, LFB should expand and promote high-gain, no-loss health initiatives that support positive lifestyle changes, including smoking cessation, physical fitness, diet, sleep hygiene, and alcohol awareness.

Compensation

The FBU has called for a "presumptive law" which would offer compensation to firefighters if they contracted certain forms of cancer. Gareth Beeton told the Committee, "The presumptive legislation would mean that firefighting as an occupation would be – it would be presumed that you are likely to get cancer, as opposed to at the moment when you are not, and you have to fight to say that you have cancer from your work."[45]

In the UK, compensation to firefighters would be expected to be provided through the Industrial Injuries Disablement Benefit (IIDB) scheme. This is a non-means-tested, tax-free, non-contributory benefit payable to people who have become disabled as a result of an accident at work, or because of one of over 70 prescribed diseases known to be a risk from certain jobs.[46]

[43] London Assembly Fire Committee, Fire contaminants written evidence, London Fire Brigade / Ref No. CON009, p62
[44] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p6
[45] London Assembly Fire Committee, Transcript of 2 December 2025 meeting panel 1, p12
[46] UK Government, Industrial Injuries Disablement Benefit (IIDB), [Accessed 19 December 2025]

In the UK, the Industrial Injuries Advisory Council (IIAC) provides advice to the Secretary of State for Work and Pensions on matters relating to the industrial injuries scheme. In particular, it gives advice on which diseases, and the jobs that cause them, should be included in the scheme.

In 2021 the IIAC carried out and published the findings from "A comprehensive review of the recent published literature relating to cancer in firefighters, together with a summary of potential carcinogens to which firefighters may potentially be exposed".[47] This was published in its position paper 47: Firefighters and cancer.[48] The IIAC reported that it "did not find consistent evidence that the risk of any type of cancer is more likely than not to be due to firefighting i.e. the risk was more than doubled. The exception was mesothelioma which is already covered by the scheme."[49]

During this investigation we heard evidence that questioned the approach taken by the IIAC. Professor Andrew Watterson (of the University of Stirling) and Professor Rory O'Neill (of Queen Mary's University London) submitted evidence to the Committee which stated, "The UK occupational disease surveillance and recognition system currently fails firefighters because the approach is premised on reducing liability and expense instead of on prevention."[50] They went on to state:

> "The 'double the risk' approach has many flaws, not least that a slight increase in a common cancer in a large exposure group can equate to large numbers affected and denied support. This is recognised by IARC which notes cancer hazards classified in the same group can present widely different cancer risks but they are still carcinogens."[51]

This is a sensitive topic, and one that authorities need to get right, given the potentially serious impacts on firefighters' health, families and lives. The Committee is not set up to review the evidential basis of the IIAC decision, nor would it seek to. But we note that since the IIAC last looked at the issue, new research has emerged and more is expected. As already noted, we want to see the Government establish a UK-wide firefighter exposure and health monitoring programme. We also see it as incumbent on the IIAC to review the evidence again in light of the designation by IARC and the growing body of research and studies on this matter.

Recommendation 4

The Industrial Injuries Advisory Council (IIAC) should undertake a fresh review of the evidence on cancer risks associated with firefighting, in light of developments since its 2021 position paper 47: Firefighters and cancer.

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[47] IIAC, Firefighters and cancer: position paper 47, 2021
[48] IIAC, Firefighters and cancer: position paper 47, 2021
[49] IIAC, Firefighters and cancer: position paper 47, 2021
[50] London Assembly Fire Committee, Fire contaminants written evidence, Professor Andrew Watterson and Professor Rory O'Neill / Ref No. CON003, p20
[51] London Assembly Fire Committee, Fire contaminants written evidence, Professor Andrew Watterson and Professor Rory O'Neill / Ref No. CON003, p20

Health, safety and welfare of firefighters at work

LFB has a legal duty to "ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their firefighters".[52] The Health and Safety Executive (HSE) enforces the legal standards and ensures workplaces operate in line with established guidelines. It told the Committee it would commence its inspection campaign of Fire and Rescue Services (FRS) in the final quarter of 2025-26 (January to March); and that these inspections will "target cleaning and decontamination arrangements following exposure to combustion products during fire."[53]

Through this investigation, we have heard from LFB that it is confident that its policies and training is helping to reduce the risk to as low as practicable. When asked specifically about whether LFB's policies would satisfy the HSE's inspection standards, Dr Adrian Bevan, stated plainly, "Yes. […] the policy position in London is good. Our approach to fire contaminants would generally satisfy the HSE's requirements."[54]

Health and safety regulations for Fire and Rescue Services (FRSs)

The Health and Safety Executive (HSE) enforces legal standards and ensures workplaces operate in line with established guidelines. In evidence to the Committee, it stated it "believes the existing regulatory framework is sufficient to reflect the classification of the firefighting occupation as carcinogenic without change."[55]

In evidence to the Committee, HSE referenced three key regulations:

- *The Health and Safety at Work etc., Act 1974*, which requires FRS to ensure, so far as is reasonably practicable the health, safety and welfare at work of all their firefighters.
- The *Control of Substances Hazardous to Health Regulations 2002 (COSHH) (as amended),* which requires FRS ensure exposure of firefighters to carcinogenic substances is controlled to as low as is reasonably practicable levels.
- The *Workplace (Health, Safety and Welfare) Regulations 1992* which requires FRS to provide suitable and sufficient washing facilities, including showers at readily accessible places.[56]

[52] London Assembly Fire Committee, Fire contaminants written evidence, HSE / Ref No.CON007, p57
[53] London Assembly Fire Committee, Fire contaminants written evidence, HSE / Ref No.CON007, p56
[54] London Assembly Fire Committee, Transcript of 2 December 2025 panel 2, p10
[55] London Assembly Fire Committee, Fire contaminants written evidence, HSE / Ref No.CON007, p57
[56] London Assembly Fire Committee, Fire contaminants written evidence, HSE / Ref No.CON007, p61

Embedding new practices in LFB's Fire Contaminants Policy

LFB's Fire Contaminants Policy (PN1000) was developed in conjunction with FBU and published in 2022.[57] In evidence to the Committee, LFB highlighted that the policy "is based on national and international research and best practice and is complimentary to additional, in-person, training which incorporates information about contaminants."[58] On the Committee's site visits, we heard the policy meets 12 of the 13 recommendations contained within Professor Stec's best practice guidance developed in concert with FBU.[59] Karl Smith of FBU said that he considered the LFB policy "to be one of the leading contamination policies in the UK."[60]

We have heard through this investigation that the policy has represented a significant change in practice for individual firefighters, and in how operational incidents are managed. The Policy itself summarises the key changes to procedure and working practice it brings about, including:

- Guidance regarding the health hazards of exposure and importance of respiratory protection.
- 'Safe disrobe' procedure to reduce exposure when removing contaminated PPE, with associated cleaning zone and equipment.
- Designated red/amber/green zones on fire stations to prevent cross contamination and ensuring clean welfare and office facilities.[61]

On the Committee's site visit, we were also told how senior firefighters are adapting how they run operational incidents, including providing more resources in order to comply with the new policies. For example, we were told that fires that once would have required eight pumps now need 10 or more, because firefighters need to remove soiled PPE promptly and be moved off an incident to get clean based on the "shower within an hour" policy.

Therefore, it was concerning to hear from the FBU's Karl Smith that he saw a "disconnect between the policy - what is written - and what happens on fire stations."[62] He told the Committee that there were two main reasons for this: a lack of effective training and education for firefighters; and logistical issues, such as difficulties obtaining PPE.[63]

We considered these issues. On our site visit, LFB told us how it accompanied the new policy with a training package for all firefighters. LFB later provided details on its refresher training offer to firefighters. It told us that since becoming part of the firefighter core competency training schedule, firefighters would be required to have a refresher once per year.[64]

LFB also highlighted its assurance work that is being carried out, as well as more that is planned. It said these will assess "compliance and cultural embedding of Policy 1000 on the

[57] London Assembly Fire Committee, Fire contaminants written evidence, LFB / Ref No. CON009V, p61
[58] London Assembly Fire Committee, Fire contaminants written evidence, LFB / Ref No. CON009, p61
[59] FBU, Minimising firefighters' exposure to toxic fire effluents Best Practice Report, 2 April 2025
[60] London Assembly Fire Committee, Transcript of 2 December 2025 panel 1, p4
[61] LFB, Fire contaminants policy, 2022, p3
[62] London Assembly Fire Committee, Transcript of 2 December 2025 panel 1, p4
[63] London Assembly Fire Committee, Transcript of 2 December 2025 panel 1, pp4-5
[64] LFB Correspondence with Committee [unpublished]

incident ground."[65] Speaking to that ongoing work, the Deputy Commissioner described the need for "increased awareness" within fire stations as part of what he characterised as an "ongoing journey of awareness and cultural change, moving away from that badge of honour from dirty kit towards clean kit."[66]

Dr Alberto Caban-Martinez made a similar point about the importance of raising awareness and changing culture. He described to the Committee some of the key ingredients in successful US-based communication campaigns around contaminants he had been involved with, which included the value of leaning into "the natural nature of firefighters to be competitive with each other [...] in encouraging participation and awareness as a group."[67] He also spoke about campaigns which had sought to rewrite "an understanding of how being clean is more important than being dirty" through various short videos showing how dyes mimicking contaminants can be transferred.[68]

Overall, while LFB's Fire Contaminants Policy represents a substantial and commendable step forward, its impact ultimately depends on consistent implementation and cultural change across the Brigade. Gaps in training, communication, and practical logistics may be hindering full compliance. But LFB now has an opportunity to build on the successful approaches described to the Committee – including peer-driven messaging, visual demonstrations, and culture-shaping awareness campaigns – to strengthen and expand its training offer.

Recommendation 5

The Brigade's assurance work should include an assessment of stations or boroughs ranked according to performance on training delivery and completion rates, which can be used as an internal performance and improvement tool to encourage positive competition and the sharing of good practice.

Recommendation 6

Once its existing assurance work on the fire contaminants policy is complete, the Brigade should write to the Committee with a summary of the findings and any actions identified or taken in response, including:

- **how it will monitor and assess cultural embedding and sustained behavioural change over time.**
- **An evaluation of the training package and rates of completion.**

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE) are vital elements in the protections firefighters need daily. LFB's fire contaminants policy details procedures for cleaning and control measures for PPE and contaminated equipment

[65] London Assembly Fire Committee, Fire contaminants written evidence, London Fire Brigade / Ref No. CON009, p62
[66] London Assembly Fire Committee, Transcript of 2 December 2025 panel 2, p10
[67] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p20
[68] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p20

exchange.[69] On its site visit, the Committee saw and heard about how compliance with these policies is monitored and assured at the local watch level.

LFB's evidence to the Committee also provides the following information on the expected lifespan of key elements of firefighters' PPE:

- For the PPE tunics and trousers used by LFB firefighters the expected lifespans are either 50 wash cycles, or when these items are beyond economical repair due to wear and tear.
- For hoods and gloves, there is no set limit; these are assessed for their condition each time they are sent to the Bristol MSA Service Centre.
- Boots and helmets are assessed for wear and tear via annual visits to fire stations as part of service-wide audits conducted by Bristol MSA.
- Wearers can request for their boots and fire helmets to be assessed at any point during its service life.[70]

LFB's PPE is provided for in a fully managed service contract by Bristol MSA (a major supplier of PPE nationally). This contract covers the "manufacture, cleaning, maintenance, and end of life disposal" of PPE.[71] We heard that this contract has recently been extended by a year, and LFB will be tendering for a new PPE contract shortly.[72] Given the last contract was tendered over five years ago, we heard there may be opportunities for LFB to enhance protections. Therefore, it was positive to hear that there was ongoing work being led by NFCC's PPE working group looking at issues including cleaning of PPE.[73] Both LFB and FBU spoke about their involvement with planned trials of PPE due to take place in Scotland.[74]

But the costs of PPE may be set to increase given the more stringent demands of contaminants policies. Luke Gazzard told the Committee that "cleaning bills and the PPE use, through good education, is increasing" which is resulting in pressure on FRS capital or revenue budgets.[75] We also heard from FBU the view that, "We are going to need more PPE. It is going to cost more, absolutely, because it is being cleaned more. We want it cleaned more."[76]

Since 2020, LFB's contract with Bristol MSA has cost £14 million (around £2.2 million every year).[77] In evidence to the Committee, LFB highlighted sector-wide financial challenges that meant interventions beyond those already being delivered would require "additional capital funding ringfenced for this issue".[78]

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[69] London Assembly Fire Committee, Fire contaminants written evidence, London Fire Brigade / Ref No.CON009v, p69
[70] London Assembly Fire Committee, Fire contaminants written evidence, London Fire Brigade / Ref No. CON009, p69
[71] MQ 2025/3444 [Firefighters' Exposure to Contaminants (4)] 14 Oct 2025
[72] London Assembly Fire Committee, Transcript of 2 December 2025 meeting Panel 2, p5
[73] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p13
[74] London Assembly Fire Committee, Transcript of 2 December 2025 meeting Panel 1, p13 and London Assembly Fire Committee, Transcript of 2 December 2025 meeting Panel 2, p8
[75] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p12
[76] London Assembly Fire Committee, Transcript of 2 December 2025 meeting Panel 1, p6
[77] MQ 2025/3444 [Firefighters' Exposure to Contaminants (4)] 14 Oct 2025
[78] London Fire Brigade / Ref No.CON009, p59

Provision and availability of PPE

In evidence to the Committee, LFB referred to problems with the provision and availability of PPE in June and July 2025. This resulted in firefighters recording record levels of inadequate/unavailable PPE in 2025. The London Fire Commissioner has described to the Committee LFB's inability to provide PPE to its staff as "a professional embarrassment".[79]

	No. reports received from firefighters of inadequate PPE		
	2023	**2024**	**2025**
Male	673	1114	3211
Female	154	15	477

Source: London Fire Brigade / Ref No.CON009

Referring to these issues, Andy Pennick told the Committee that they arose from supply chain difficulties with MSA Bristol coinciding with a particularly busy period for FRSs.[80] He went on to explain:

> "Since the summer, we have been very responsive working with MSA and a number of changes have come into place already to put us on a better footing. [...] We have increased the number of those pieces of PPE that are in circulation in our backup stock. We have improved the response arrangements and the emergency callout arrangements that we have with MSA."[81]

Whilst we heard the specific problems had now been resolved, these kinds of issues have repeatedly dogged LFB. Andy Pennick spoke about how LFB is improving how firefighters' PPE is managed, including by piloting an automated system using radio frequency identification (ID) tags (RFID) tags. In this pilot, instead of manual paperwork when contaminated PPE is returned and clean PPE is issued, firefighters simply scan items in and out. We heard that this reduces errors, removes paperwork, and automatically triggers replacement stock deliveries and that the trial at Edmonton Fire Station is receiving very positive feedback.[82]

Significant vulnerabilities remain in both supply resilience and long-term affordability of the PPE firefighters need. The recent shortages show how quickly operational capability can be undermined when supply chains falter, and underline the need for better systems, clearer oversight, and investment that reflects the growing demands of contaminants policies. Innovations such as ID-tagged PPE offer promising ways to improve tracking, availability, and assurance, but will only be effective if supported by reliable contracts and sufficient, ringfenced funding. Ensuring firefighters have dependable access to clean, safe, and properly maintained PPE must remain a fundamental priority for the Brigade.

[79] London Assembly Fire Committee Transcript of 1 July 2025 Panel 3, p9
[80] London Assembly Fire Committee, Transcript of 2 December 2025 meeting Panel 2, p6
[81] London Assembly Fire Committee, Transcript of 2 December 2025 meeting Panel 2, p6
[82] London Assembly Fire Committee, Transcript of 2 December 2025 meeting Panel 2, p6

Recommendation 7

London Fire Brigade should ensure that the specification, design and commercial terms of its next Personal Protective Equipment (PPE) contract are explicitly future-proofed to meet current and anticipated demands arising from fire contaminants policies, operational pressures and evolving best practice. It should explicitly ensure the contract supports increased cleaning frequency, faster turnaround times, and higher stock levels, reflecting the requirements of contamination control and decontamination policies.

Fire stations and secondary exposure

Exposure to contaminants is not limited to the site of fire incidents, and can take place at secondary locations, including at fire stations. In recognition of this, LFB's fire contaminants policy introduced new zoning systems for all its 102 fire stations spread across the city. By designating certain areas of the station as either "amber" or "green", this policy was designed to minimise cross-contamination at the station and thereby minimise exposures.

Dr Alberto Caban-Martinez likened the importance of minimising the chance of cross contamination on fire stations by way of an analogy with healthcare settings. He told the Committee:

> "Talking about built environment, if you think about the workflow, if you have ever been in surgery and operated on a person, the place where the healthcare team changes and cleans their clothes is completely separate from the operating room. We do not want gear to move in different compartments within the fire station. The organisation can help delineate those areas where gear should go and should not go."[83]

Yet, the age, design and layout of many fire stations across the estate mean this is not always possible. As Karl Smith told us, "Every station has its own challenges".[84] The Committee visited two very different stations and saw firsthand the distinct challenges presented in an older fire station, where it felt as though the building was almost working against the intent of the policy, even where staff are making every effort to follow it. For example, it is not always possible to move contaminated or soiled equipment without passing through areas that are intended to be clean, such as mess rooms or other "green zone" spaces. In addition, some buildings may not have the capacity to accommodate the required separation and storage of PPE, including designated areas for the return and handling of contaminated kit.

LFB Property Department maintains a Standard Fire Station Design Brief, which was originally developed to support the build of new stations in 2013 – the so-called PFI stations which were funded under a Private Finance Initiative (PFI) agreement.[85] This sets out the up-to-date requirements for fire stations. This Standard Station Design has not been updated to reflect the Fire contaminants policy, even though it has previously updated the design to incorporate the requirements of other programmes, such as Privacy for All. Therefore, it was disappointing to

[83] London Assembly Fire Committee, Transcript of 16 September 2025 meeting, p24
[84] London Assembly Fire Committee, Transcript of 2 December 2025 meeting panel 1, p15
[85] LFB, Estate manage plan 2024-29, 2024, p42

also hear from Karl Smith that improvement works on fire stations appeared to be happening in silos. He told the Committee:

> "One team will be responsible for Privacy For All, for example, and they will go down and ensure that the works are completed for that project, which is individual rooms and such like. Looking at the contaminants works that need to be done will be done in a completely different silo. Very often they come into conflict with some of the work they need to do. In all honesty, I feel that it could be managed better on that side. […] There are a lot of logistical problems with buildings, which we understand and respect but, with a little bit more foresight and planning, they could be resolved."[86]

The effectiveness of LFB's measures to protect firefighters depends heavily on the condition (and design) of its fire stations. The many and varied challenges seen across the estate underscore the need for a more unified, strategic approach. By updating station design standards, LFB can better ensure that its policies translate into meaningful protection for firefighters in every part of London.

Recommendation 8

LFB should update its "Fire Station Design Standards" to reflect the Fire Contaminants Policy to ensure that all fire station upgrades are designed and maintained to minimise cross-contamination risks.

[86] London Assembly Fire Committee, Transcript of 2 December 2025 meeting panel 1, p7

Committee Activity

The Committee held two formal meetings on 16 September and 2 December 2025 and heard from the following guests.

- **Dr Anna Stec**, Professor in Fire Chemistry and Toxicity, University of Lancashire
- **Luke Gazzard**, Assistant Chief Fire Officer for Service Delivery, Avon Fire and Rescue Service; National Fire Chiefs Council Contaminants Group , [Virtual]
- **Dr Johanna Feary**, Academic Consultant in Occupational Lung Disease
- **Dr Alberto Caban-Martinez**, Professor of Public Health Sciences at Miller School of Medicine, Deputy Director of the Firefighter Cancer Initiative
- **Gareth Beeton**, London Regional Chair, Fire Brigades Union
- **Karl Smith**, London Region Deputy Health & Safety Co-ordinator for Fire Brigades Union
- **Spencer Sutcliff**, Deputy Commissioner, and Operational Director for Prevention, Protection and Policy, London Fire Brigade
- **Dr Adrian Bevan**, Assistant Director, Health and Safety, London Fire Brigade
- **Andy Pennick**, Assistant Commissioner, Fire Stations and Central Operations, London Fire Brigade)

The Committee went on two site visits to Poplar Fire Station on 25 November and to Old Kent Road Fire Station on 28 November 2025, where it heard directly from the Area, Borough and Station Commanders, and individual firefighters at those Fire Stations.

The Committee held an informal briefing [virtual] with the then Assistant Commissioner, Charlie Pugsley, on 10 September 2025.

The Committee received nine submissions to its call for evidence from:

- Simtrainer UK LTD
- Fire Rescue Victoria
- Professor Andrew Watterson and Professor Rory O'Neill
- Fire Fighter Cancer Cohort Study (FFCCS) and Center for Firefighter Health Collaborative Research (CFHCR)
- The Cancer Prevention & Education Society
- Fidra
- HSE
- Professor Johanna Feary
- London Fire Brigade

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Hindi

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चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये
गये डाक पते या ई मेल पते पर हम से संपर्क करें।

Vietnamese

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tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện
thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

Bengali

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ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

Greek

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ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ
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