



# ORR occupational health programme update

January 2016

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## Introduction

This quarterly brief updates you on progress with some of the work under [ORR's Occupational Health programme 2014-19](#), to inform discussions on health with ORR inspectors. We have identified key messages for rail duty holders and would welcome [feedback](#).

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### This issue focuses on:

- Managing health risks in building maintenance and refurbishment
- Is your health surveillance targeted, effective, and efficient?
- Securing better worker involvement on health

## 1. Spotlight on health risks in maintaining and refurbishing railway buildings

It's not just railway construction and track renewals work where risks from respiratory disease, noise, vibration, manual handling, and biological agents need to be properly managed. Anyone involved in planning, managing, or supervising maintenance or refurbishment work on railway buildings need to consider and manage these risks too.

Property maintenance staff should be alert to finding asbestos insulation surrounding pipe work, boilers and heating systems; asbestos insulating board in ceilings, walls and doors; asbestos cement in corrugated roofing, canopy cladding, water pipes and rainwater goods. Consult the asbestos register and the asbestos management plan for the building before maintenance work starts so that you know where any asbestos containing materials

(ACMs) are, and make sure that they are not accidentally disturbed. HSE's web site has detailed guidance [on where you might find asbestos](#), and on the [legal duty to manage asbestos in buildings](#). Properly trained maintenance staff can carry out short duration [non-licensed maintenance work on some ACMs](#) but stringent standards of control are needed. Plumbers or electricians drilling through, repairing, cleaning or replacing small areas of asbestos cement, insulating board, or textured coatings, for example, need to follow the procedures in HSE's [asbestos essentials task sheets](#).

Exposure to dust, particularly respirable crystalline silica (RCS) from cutting, grinding, and chasing of concrete, stone, brick, and mortar in building maintenance, is still not recognised as a significant issue by everyone across our industry. Repair or relaying of stonework on station platforms, or chasing out channels for cabling, are just two tasks likely to result in high RCS exposures. Use the guidance already available on [cutting concrete blocks](#), [chasing concrete](#), and dry sweeping, including [videos](#) as a useful briefing tool for maintenance staff. Other potential respiratory hazards during maintenance or refurbishment include exposures to lead dust and fume from work on lead painted structures, such as inside station roofs; fumes from diesel engine exhausts, and metal fume when welding and cutting, particularly in busy terminal stations, workshops, or depots. Use our [topic index](#) to help you find relevant guidance in previous quarterly health updates.

Managing [legionella risk in hot and cold water systems](#), particularly any stagnant water in long lengths of pipework and storage or header tanks, is an obvious area of building maintenance involving biological hazards. Maintenance workers should also be made aware of any risk of leptospirosis in unoccupied parts of buildings where there may be rat infestation. HSE has a [helpful free leaflet](#) that stresses the importance of personal hygiene, and the symptoms to be alert to.

Minimise worker exposure to high noise levels from fixed, mobile (such as generators), and portable maintenance equipment, and to vibration from hand held (or guided tools) including grinders, cutters, breakers, drills, sanders, strimmers and chainsaws. Don't forget [manual handling risks](#), including long carrying distances, working overhead or stooped, particularly in less accessible parts of railway buildings such as roofs, ceiling voids and basements.

## Key messages:

- **Asbestos:** Do you know the type, location and condition of any asbestos containing materials (ACMs) in your building (this should be in the 'asbestos register')? Does your asbestos management plan make clear how intact ACMs will be protected from damage during maintenance work, and prioritise the removal or repair of any ACMs in poor condition? Train operators and their contractors doing maintenance

work in leased stations need to work closely with Network Rail to access relevant, up-to-date information from their asbestos register (the ARMS database) before work starts.

- **Silica:** Look out for [IOSH's No Time to Lose](#) campaign on silica (due March 2016) for free resources to raise awareness among your maintenance staff. Can higher risk maintenance tasks be done differently, for example use block splitters rather than saws, and cover over rather than chase out cables? Use engineering solutions, such as water suppression on cut-off saws, or to replace dry brushing, and on-tool extraction for grinders and chasers.
- **Legionella:** Are systems in place to detect and respond to any departures from planned maintenance and cleaning schedules, so that susceptible plant is not left to deteriorate and problems go unnoticed?
- **Noise and vibration:** Can you demonstrate that your equipment purchase/hire policies drive continuous improvement in use of lower noise and vibration equipment? Can you design the task differently, for example using prefabricated components cut to size off-site or use jig-mounted tools, and improve equipment maintenance to help reduce vibration and noise emissions?
- **Manual handling:** Have you considered how maintenance equipment and materials will be moved within buildings? Can this be mechanised, using hoists, lifts, conveyors? Can loads be made smaller, lighter or easier to handle?

## 2. Is your health surveillance targeted, effective, and efficient?

A critical review of your health surveillance— what you're putting in and more importantly what you're getting out - makes sense to confirm that it remains properly targeted, effective, and efficient. Mandatory health surveillance under health and safety law (as distinct from fitness for task medicals and wellbeing checks) is about identifying early signs of work-related ill health, and about acting on the results to improve risk controls and protection for individuals.

### Key messages:

- **Is it properly targeted?** Railway workers significantly exposed to asbestos (for example [in notifiable non-licensed work](#)); lead dust or fume; respirable crystalline silica; isocyanates; welding fume; noise; hand arm vibration; and solvents, will generally need to be under health surveillance. Be aware that HSE has produced [amended 2016 guidance on health surveillance for RCS](#). Where there is no

requirement for formal health surveillance, for example mental health, musculoskeletal disorders, diesel engine exhaust emissions, and biological hazards, it is good practice to make affected workers aware of and encourage them to report any symptoms, and to monitor and investigate reported symptoms and absences to help identify weaknesses in risk control. New [HSE guidance for the construction industry](#) provides clear advice on the role of occupational health service providers.

- **Is it effective?** We have found emerging evidence of some gaps in existing health surveillance procedures for HAVS and respiratory disease, which could result in some workers being missed by the system. Where health surveillance includes the use of self-administered screening questionnaires to report early symptoms of disease, effective procedures are needed to monitor the timely completion and return of questionnaires for at risk workers. This is particularly relevant in rail for the Tier 2 questionnaires for HAVS and also respiratory symptom questionnaires for silica exposed workers. Workers need to understand the importance of completing health surveillance questionnaires honestly; and their managers ensure their timely return, and educate and support any non-respondents to participate.
- **Is it efficient?** Are you monitoring and reporting on health surveillance compliance rates and health surveillance outcomes at senior management level to drive continual improvement? ORR has produced useful [guidance on assurance for occupational health](#).

### 3. Securing better worker involvement on health

The importance of involving rail industry workers in driving improvements in health risk management is obvious, and is recognised in both [ORR's 2014-19 health programme](#) and RSSB's Industry Roadmap. Are we currently doing enough, as an industry and at individual company level, to make sure that employers, employees, and trades unions are working together to make better decisions on health?

The rail industry could learn from tried and tested good practice elsewhere. Excellent rail employers might apply the transferable lessons on [leadership and worker involvement from the Olympic Park project](#), which demonstrates the importance of effective two-way communication, as well as the value of a collaborative, challenging, and learning culture.

ORR is keen to engage further with rail trade unions to help rail workers become a bigger part of the solutions on work related ill health. Some initial work is planned with RMT safety representatives to explore how they can overcome any barriers to effective control of exposure to silica in ballast dust on mainline high output renewals. ORR recently worked with rail trade unions to deliver our fifth annual trade union safety representatives' conference on 3 November 2015 on the theme of equality, ageing and diversity in the

workforce. [Presentations and workshops](#) covered a range of issues, including the importance of health risk assessment in informing return to work after illness, and also how diversity can be considered as part of a proactive health risk assessment.

## Key messages:

- Could you learn from well proven approaches on how to engage employees positively in identifying and overcoming health and safety challenges? [HSE's Leadership and Worker Involvement Toolkit](#) includes guidance on gaining employee buy-in and changing behaviours, which will be relevant to all rail businesses. [HSE's Safe and Sound at Work campaign](#) provides step by step guidance for smaller businesses working in dynamic environments (for example those in the rail supply chain) on improving worker consultation.
- Can good practice within our own industry be shared more widely? The [Track Safety Alliance](#) Staff and Safety Reps Forum for example is bringing front line experience and understanding to improving track safety issues. How and where can the same approach be applied to occupational health? ORR would like to [hear your views](#) and share experience of what works.
- Are you making best use of the insight and experience that workers can often bring to a health problem? Do you fully utilise their experience in joint problem solving to suggest practical solutions? Is this routinely discussed at Joint Safety Committee or health and safety meetings?



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