ORR occupational health programme update

May 2014

OFFICE OF RAIL REGULATION

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.

This issue focuses on:

- **ORR and RSSB publish plans and priorities for worker health 2014-19**
- **Health surveillance – are you getting it right?**
- **What's new on health - vaccination of welders; legionella control; and new ORR e-bulletin on health events**

1. New vision and priorities for worker health 2014-19

Maintaining a healthy workforce is crucial to our industry's success. Workers' Memorial Day on 28 April 2014 saw the publication of two key documents to drive further improvements in worker health in the rail industry. We published our second occupational health programme for 2014-19, and RSSB launched the Railway Health and Wellbeing Roadmap on its new worker health and wellbeing web pages.

ORR's Occupational Health Programme 2014-19: Making it happen: Our new health programme sets the agenda for ORR's work on health across the rail industry over the next five years, and focuses on embedding the health and wellbeing of railway workers into the policies, culture and practices of the industry. It retains a clear focus on securing legal compliance on health, but also seeks to drive change in other key areas, summarised under the '4 E's' of Excellence, Engagement, Efficiency, and Enabling. We set out how we will work with the industry to deliver excellence in health risk management; greater engagement to share good practice on health; better efficiency and reduced costs from work related ill health; and enable improved competency, information, co-ordination and control on health. In order to make this happen, we recognise the importance of improved leadership and planning; an organisational approach to managing health; healthy job design and culture; and effective, open communication.

Our new programme contains a lot of detail on what we will do, and also what we expect companies in the railway industry to do, to properly manage health risks and have a healthier, productive workforce.

Issued by the Office of Rail Regulation.
For further information ring our switchboard: 0207 282 2000
Visit us online at www.orr.gov.uk

We will make clear what is required by law, while encouraging and promoting sharing of good employment practice in areas such as wellbeing where there is no requirement in health and safety law.

Our programme outlines how we will measure our impact and track progress during the five years, including development of performance indicators and benchmarking, as well as continued use of the ORR Railway Management Maturity Model (RM3) for health. As part of this we are now repeating the baseline occupational health data survey which we carried out at the start of our first health programme in 2010. We are asking rail companies for specific data for 2013-14 on incidence, cost, and public reporting on work related ill health, for comparison with the 2009-10 survey results. Details of the repeat survey are on our web site. We will use this to inform an updated position paper on progress made by 2014, to be published in June next year.

RSSB Railway Health and Wellbeing Roadmap: RSSB has published new resources on health and wellbeing following a cross industry project to foster closer collaboration, including a Railway Health and Wellbeing Roadmap to deliver better workforce health and wellbeing over the next five years and beyond. The Roadmap identifies key areas for collaborative work under the themes of industry leadership; clinical knowledge; reporting and monitoring; employee engagement; and behavioural change. It suggests how railway companies can become involved, as well as fundamental principles for all work proposed under the Roadmap.

Key messages:

- **Do you design, construct, renew, lease, operate, dismantle, work on or for the railway industry, whether mainline, metro, or heritage? If so, ORR's 2014-19 health programme should help you to better understand our priorities and where we will be focusing effort.**
- **Our new health programme identifies key areas where we expect to see action on health risk management by the industry, as well as insight into what we will do. We have produced a short health and wellbeing programme summary aimed at railway workers, safety representatives, or those not directly involved in managing health.**
- **Consider whether your forward health and wellbeing plans support the key priorities in ORR's health programme, and the Railway Health and Wellbeing Roadmap. Are there areas where you might do more, particularly by working with others? Can you commit some resource to support delivery of actions in the Railway Roadmap?**
- **We urge all rail companies to make a full contribution to ORR's repeat health data survey request, so that we have a fuller picture of how occupational health is being managed across the industry in 2014. The link to the live survey will be emailed to rail industry leaders (except those in the heritage sector) in early May, with responses requested by 13 June 2014.**

2. Health surveillance – are you getting it right?

Many railway companies have extensive medical, health and wellbeing checks in place, but some may not fully understand the role and value of health surveillance. Health surveillance is about systematic, regular checks on workers to identify early signs of work-related ill health, and about acting on the results. It does not reduce the need to eliminate or manage health risks, but can give early warning that control measures are no longer effective so that remedial action can be taken, including review of risk assessment and controls, as well as referral and care of the individual.

When designing a health surveillance system, avoid blanket coverage as it can provide misleading results and waste money. Health surveillance is needed where your health risk assessment shows a residual risk

to health once control measures are in place; that there is likely to be harm to your employees; and there is a valid way to detect a disease or condition. For railway workers it may be needed for those significantly exposed to noise, vibration, solvents, dusts, fumes, biological agents, and other substances hazardous to health. For some common health risks, including musculoskeletal disorders (MSDs) and stress, formal health surveillance isn't required by law, as there aren't yet valid techniques to detect symptoms of these conditions.

For some high hazard exposures to asbestos and lead, medical surveillance carried out by HSE-approved appointed doctors is a legal requirement. However in most cases where health surveillance is needed, it will be at a lower level based on risk. As a minimum, health surveillance can be limited to keeping individual health records (e.g. for suspect carcinogens). Beyond this, basic checks done by a responsible person may be sufficient; these might include skin checks, or review of self-reported symptoms using, for example, questionnaires. In some cases a higher level of surveillance may involve symptom enquiry, inspection and examination by a qualified person, often an occupational health nurse. More detailed clinical examinations by a doctor may then be necessary for formal diagnosis of any symptoms identified (e.g. hand arm vibration syndrome (HAVS), asthma, silicosis, chronic obstructive pulmonary disease).

For some chemical exposures health surveillance can include biological monitoring, which provides an indication of exposure by measuring chemicals or their breakdown products in workers' urine, blood or breath. In railway workers the main use of biological monitoring will be to measure blood lead levels (under the Control of Lead at Work Regulations 2002) and isocyanates in urine (under COSHH 2013). There is more detailed HSE guidance on both health surveillance and biological monitoring. RSSB has also just published relevant guidance including a good practice booklet on health surveillance and screening.

Some medical diagnoses from health surveillance will trigger reporting under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. For some occupational diseases, including HAVS, occupational asthma and dermatitis, new diagnoses or those where symptoms have significantly worsened need to be reported to ORR. Further guidance can be found in our October 2013 quarterly update and on our web site.

Key messages:

- **Do your health risk assessments consider health surveillance? Do you have basic skin checks for people working with skin irritants or sensitisers such as isocyanates, wet cement or solvents? Is there an effective system, including instruction and training, for self-reporting symptoms such as tingling, numbness and blanching in the fingers/hands from use of vibrating tools?**
- **Do you have access to suitably qualified people to identify signs of HAVS; carry out audiometry for noise induced hearing loss; lung function testing for asthma from isocyanate exposure, or respiratory symptoms from significant exposure to silica in ballast dust?**
- **Have you considered the need for statutory medical surveillance for high hazard work involving asbestos and lead, for example in removal of lead based paints? Are workers spraying isocyanate-based paints subject to biological monitoring?**
- **Formal health surveillance isn't required for stress and MSDs. However, it is still good practice to proactively monitor for signs of associated ill health, using for example sickness absence records and symptom enquiry.**

- **Do you analyse the results of your health surveillance by groups of workers, and use the results to target specific improvements in risk controls? Do you share this information with your employees and their safety representatives?**
- **Have you provided agency workers with clear information on any health surveillance needed for work under your control? Have you agreed with the employer/agency how the required health surveillance will be provided, and who will keep health surveillance records?**

3. What's new on health?

Pneumonia vaccination for welders: An information sheet has been developed jointly by HSE, the manufacturers' association EEF, and the Cast Metals Federation, in consultation with UNITE, for those involved in welding or other processes such as oxy-fuel gas cutting, where exposure to welding or metal fume may occur. It should help employers who are considering giving the pneumonia vaccine (PPV) for employees who may be at risk of lobar pneumonia, in line with the guidelines issued by the Department of Health in 2012. The HSE guidance makes clear that control measures to prevent or reduce exposures to welding or metal fume should be the first priority. Vaccination is not required by law, but may be offered as an additional protective measure to the fume exposure controls required under COSHH.

Use of elemental copper for legionella control: Anyone using elemental copper (i.e. copper ionisation systems) for legionella control should be aware of a recent decision by the European Commission. The UK has been allowed to continue supply and use of biocidal products containing elemental copper for legionella control, while the industry provides additional data. Further information is on HSE's web site

Plans for new e-bulletin on health: In addition to these quarterly health updates, we also plan to produce occasional health e-bulletins to alert you to any forthcoming training events or new publications on health. The health e-bulletins will be very short, providing links to further information, and will be sent out periodically as needed.

Key messages:

- **Does your COSHH assessment for welding and gas cutting consider the potential risk of pneumonia? Are fume controls working effectively and properly maintained? Have you considered offering PPV vaccination as an interim or additional measure to reduce any residual risk, particularly to those in higher risk exposed groups, such as smokers or workers over 50? Whether or not you offer PPV vaccination, it makes sense to be aware of any higher risk individuals, including those with a relevant pre-existing health condition. For more advice see the HSE information sheet.**