



ORR occupational health programme update

May 2015

Summary

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:

- Construction (Design and Management) (CDM 2015) Regulations 2015– What it means for occupational health
- Sharing best practice – Recent examples and a request for more!
- Look out for ORR's report on occupational health progress by 2014 and priorities for action
- What's in a name – the Office of Rail Regulation is now the Office of Rail and Road

1. Construction (Design and Management) Regulations 2015 (CDM) 2015 – What it means for occupational health

We are now well into spring and as you are probably aware, the 6th April saw the introduction of the CDM regulations 2015 replacing CDM 2007. These new regulations saw various subtle changes to the way construction projects should be managed. The new set of regulations provides everyone with a chance to 'spring clean' the way they manage occupational health in their construction projects. More detailed information on the changes made can be found at the [Health and Safety Executive's website](#) or at the [CITB's](#)

[website](#). At a first glance the change in CDM regulations 2015 may not have obvious implications for organisations in the way they manage occupational health on construction sites and indeed the laws and guidance relating to the individual occupational health risks have not changed. However, looking closer at some of the changes, it is clear the need for organisations to reassess their current approach to occupational health.

Two of our key themes within our [occupational health programme 2014-2019](#) are, the need for excellence in leadership and secondly the need for engagement. Aptly, both these areas feature strongly within the new regulations. One of the main changes in relation to CDM 2015 is the stronger emphasis placed upon the 'Client' as a leader in a construction project. The new regulations and guidance are clear that, as the head of the procurement and tendering chain, the client must take responsibility in ensuring that appointment of a principle contractor, designer and (the newly created role of) principal designer is only undertaken once they are satisfied that the appointees have the necessary arrangements in place to manage the project with both health and safety in mind. Not getting this right at an early stage in the project not only could affect workers but it is clear could now be seen by the regulator as a client neglecting their legal duties.

One of the key ways Clients can affect occupational health performance in a workplace is during the tender phase of a construction project. Before any work has begun clients should be critically evaluating how a potential Principal Contractor, Designer and Principal Designer would manage occupational health issues. For example, does the Designer consider construction methods which reduce potential health issues during construction, such as designing out manual handling or using material that contains less of a harmful substance? Similarly what experience, skills and knowledge does the Principal Designer have of dealing with occupational health issues and does the Principal Contractor have a strong attention to occupational health issues, such as providing occupational health monitoring and ensuring its workforce are face fit tested, where required etc. Failing to ask these questions at the early stage could be a costly mistake to make.

A Client should be clear about what they expect from the partners it engages with. A strong and clear Client brief at the start of a project setting out goals and expectations in managing occupational health can help set the standard for the rest of the project. One of the themes in both the regulations and guidance is that of cooperation, coordination and communication between all those involved in a construction project. The regulations, like the ORR's health programme, recognise the importance of engaging with stakeholders. This communication should occur throughout the project but a key to communicate is during the production and approval of the construction phase plan.

A Client should be critically evaluating the construction phase plan to ensure that it is tackling risks and sets the goals for the project in the way the Client sees as appropriate. Does the Principal Contractor address the issues of occupational health? Do their solutions only hinge on training, information, instruction and personal protective equipment (PPE) or do they actively use the hierarchy of control (eliminate the risk, substitute the risk

for something less harmful, the use of engineering controls) when considering these risks? Similarly if you are the Principal Designer or the Principal Contractor are you engaging your Client and others in conversations surrounding potential health issues? Rather than simply accepting the status quo. If there is a method that you feel would benefit health and safety why not engage with the designer, principal designer and client. Health and Safety Inspectors when inspecting sites and investigating incidents will be looking at the way projects as well as risks are managed and being able to demonstrate these kind of interactions will demonstrate good practice.

Key messages:

- Review your construction management processes surrounding occupational health. If you are the Client in projects ask yourself: 'Am I taking an active role in setting standards and expectations in safety AND health on my projects'? If not, it is time to change.
- Make sure your Client brief and tendering processes leave those involved in the project in no uncertain terms of the expectations required of them on health issues in the project.
- Does your Designer consider occupational health issues when designing the project? Workarounds and techniques designed at pre- construction can save money, time and effort later in the project. It also can demonstrate to the Principal Contractor the importance you place on such efforts.
- The new role of Principal Designer is not just a name change for CDM-Coordinator, even though some of the functions are similar. Does your Principal Designer (this can be an individual or an organisation) have the necessary skills to understand occupational health issues as well as safety issues? If not how will they be able to manage this area of importance?
- If you are a Principal Designer, Designer or Principal Contractor does your Client understand their responsibilities? They need to provide you with the resource to allow you to carry out your duties. If that resource, whether it be time, money or just as importantly, information you require is not forthcoming, and means that you are failing in the way you manage health provision, then it is time to talk. Clearly doing this as early as possible in a project is the best way forward. The law and guidance is clear that there is a duty on the Client to provide this.
- All stakeholders in a project need to engage. Not just at the start but throughout the process. Making health a key priority in these engagements means that health is more likely to be managed in a proactive and positive manner.

2. Sharing best practice – Recent examples and a request for more

At the ORR we are always looking for examples of good practice to demonstrate how a work practice can improve reduce or eliminate occupational health issues. On our [website](#) we have numerous case studies demonstrating good practice on occupational health. Two recent bits of news have caught our eye, firstly there was the purchase of a new ballast cleaner by Network Rail as reported in the [International Railway Journal](#). As well as several operational and environmental advantages, the new ballast cleaning machine has the occupational health advantage of reducing the workforce exposure to ballast dust, by using mist-based suppression systems. As has been discussed in these updates in the past, the silica within ballast dust can cause the incurable respiratory diseases including silicosis. Those engaging in work with materials that contain silica should put in place measures to either prevent exposure or if this is not reasonable, they should reduce the amount of exposure as low as reasonably practicable. The use of PPE should be seen as the last resort and not as the first solution. In this case Network Rail has sourced a vehicle that not only reduces workers' ballast dust exposure but also gets their work done. This highlights the need of health and safety teams and operational teams to engage with the procurement department when purchasing new equipment. The purchasing of new equipment is the ideal time for all aspects of work to be considered for improvement from operational efficiencies to occupational health benefits.

Another example of good practice can be found on the London Underground (LU) where they developed a technique to tackle a work procedure which had been in place for many years. Within LU's deep tube tunnels, sleepers are set into the ring of the tunnel wall by concrete to stop any vertical or horizontal movement due to the very tight gauge clearances. The traditional method used to renew these sleepers was to break out the surrounding concrete from around the sleeper using hand held electric breakers or a remote controlled mechanical breaker.

In both cases, this produced a lot of silica dust, hand-arm vibration and also required multiple people, with their breakers, to be working in very close proximity; therefore producing a significant amount of noise. In addition to this LU had identified the increased risk of manual handling injury when transporting the breakers to and from site. Using the breaker technique control measures, such as water suppression, RPE and PPE were implemented. LU looked at the hierarchy of control for occupational health and developed a method to eliminate/greatly reduce these risks by using engineering controls.

The new method is known as 'concrete bursting'. The new methodology relies on a series of holes being made in the concrete around the sleeper, using a drill. The drill is either fixed in a stand or used by hand depending on the density of the concrete encountered and the space constraints. A hydraulic expanding ram is then inserted into each hole which slowly expands, splitting the hole and concrete and freeing up the sleeper

to be removed. The ram is worked from a small portable pump. The major benefits in this system are that there is a significant reduction in silica dust produced, hand-arm vibration is greatly reduced as breakers are not used, the equipment is very portable and so any manual handling risk is reduced and noise levels are greatly reduced. All in all, it's a win-win solution that has great occupational health and operational benefits.

Key Messages:

- Do you have an innovative technique or an example of occupational health good practice that you think the rail industry could learn from? Then let us know by emailing: occupational.health@orr.gov.uk or ian.gooday@orr.gov.uk we are particularly keen to hear from those in the Heritage and Freight sector to help share industry knowledge.
- Are there working methods you could challenge within your workplace to improve occupational health? Many examples not only improve health but also have other benefits associated.
- At the planning and development stage of work operations, health and safety and procurement departments should work together to identify the best way of working with the most appropriate equipment
- When purchasing new equipment it is the best opportunity to reevaluate how the work you carry out could be done more efficiently.

Look out for ORR's report on occupational health - Progress by 2014 and priorities for action

Next month sees the publication of ORR's report 'We've started to make it happen' which assesses industry progress in managing occupational health by 2014, and identifies key priorities under our [2014-19 health programme](#). This latest report provides a revised snapshot at the end of ORR's first four year health programme, and seeks to highlight areas where good progress has been made, as well as shine a spotlight on areas where there is still more to do. We want rail companies to review their health risk management arrangements against the key priorities set out in this report, and take action where there are gaps. We will alert subscribers when the report is published on our web site.

ORR – The Office of Rail Regulation becomes the Office of Rail and Road

The eagle eyed may have noticed that as of the 1st April 2015, following an announcement by Roads Minister John Hayes, The Office of Rail Regulation has been renamed the [Office of Rail and Road](#). This announcement is in response to the regulatory functions in relation to Highways that the ORR has taken on. The change in name however does not change any of the rail responsibilities that we previously had and from an occupational health point of view has no effect on our approach or strategy.

Use of the name, the Office of Rail and Road, reflects the new highways monitor functions conferred on ORR by the Infrastructure Act 2015. Until this name change is confirmed by legislation, the Office of Rail Regulation will continue to be used in all documents, decisions and matters having legal effects or consequences.



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