

ORR occupational health programme update

October 2014

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:

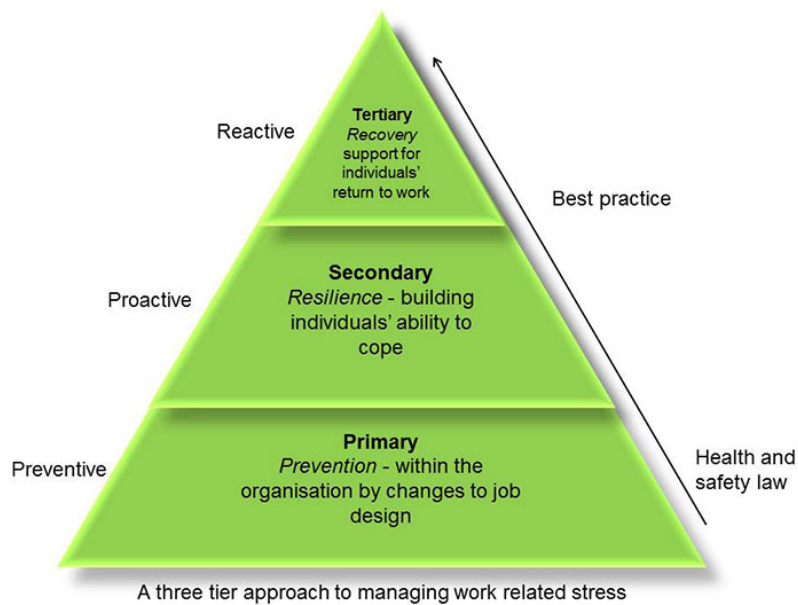
- A three tier approach to managing workplace stress – new ORR guidance and position paper
- Lead exposure still a cause for concern in the rail industry?
- Having your say on ORR's health programmes: industry views on our 2010-14 programme, and your ideas for closer collaboration and topics for future quarterly updates

1. Time to focus on preventing workplace stress

Stress and mental wellbeing in society and in the workplace is rarely out of the headlines. Last month, the Government Chief Medical Officer published her [annual report on public mental health priorities](#) which included mental health and work (Chapter 10). Key recommendations for employers included a focus on good job design in preventing workplace stress, and training for managers in recognising stress and their role in supporting their team. European Health and Safety Week this year (20-26 October 2014) focuses on workplace stress as part of a two year campaign '[Healthy Workplaces Manage Stress](#)' by the European Agency for Safety and Health (EU-OSHA). This year's [National Stress Awareness Day](#) on 5 November 2014 provides an opportunity for employers to focus attention on ensuring a healthy work life balance, including reviewing whether work demands and support are realistic and adequate.

There is a clear consensus across the rail industry that the psychological wellbeing of its workers is fundamental to its success, and we are seeing evidence of a more proactive approach from industry groups and individual rail companies in this area. The first Railway Health and Wellbeing conference on 20 October, for example, promotes sharing of best practice in managing workplace depression and building resilience to stress.

In support of this focus on mental wellbeing, we have revised our [stress web pages](#) and published a new [2014 position paper on work related stress](#). This sets out how we will work with the rail industry to harness the health, and also the business benefits, of better management of work related stress. We make clear what is required by law and what is good practice, and encourage excellent employers to adopt a comprehensive three tier approach to managing stress.



This three tier approach should give sufficient priority to preventing stress through organisational changes and job design (primary level interventions), supported by good practice interventions to help individuals to stay well and at work (secondary and tertiary level interventions). ORR has also worked with RSSB in developing its new [Health and Wellbeing Assessment \(HWA\) Resource](#), to produce a video case study (Session 2) looking at how an ORR manage stress in practice, using the [HSE management standards](#).

Key messages:

- **Have you got the balance right in managing work related stress? Does your existing approach focus mainly on building personal resilience and supporting return to work, at the expense of prevention? Prevention, by assessing and reducing harmful levels of work related stress, should be the main priority. This will often involve action at an organisational level, for example by changes to job design, task allocation, training and supervision.**

- **Best practice interventions that support individuals to cope better with pressure, and to return to work can bring real business benefits as part of a comprehensive three tier approach. There is further guidance on [what rail employers need to do](#) on our stress web pages.**
- **Do line managers actively involve safety representatives in preventing work related stress, including ensuring that risk assessments reflect the day-to-day reality? Are safety representatives involved in helping to identify higher risk job roles, tasks or locations for work related stress, and also in devising practical solutions?**
- **We encourage rail employers and health and safety representatives to show positive support for the European '[Healthy Workplaces Manage Stress](#)' campaign. For ideas and tips on how to get involved, including free resources and a toolkit on how to run a managing stress and psychosocial risks campaign, go to the [EU-OSHA campaign web site](#). We provide guidance on how managers, HR and employees representatives can [work together](#) on our stress web pages. There are also useful resources freely available to support [National Stress Awareness Day 2014](#).**

2. Lead exposure still a cause for concern in the rail industry?

HSE has published [updated data](#) on workers under medical surveillance for lead across all industry sectors. This showed that in 2012/13 only four male workers under medical surveillance for lead were suspended from work due to excess blood-lead levels. This includes well known high risk occupations such as lead battery manufacture, alloy smelting, and potteries. When we looked at our records of recent lead suspensions in male rail workers, we found six cases notified to us in the last three years. All were working on refurbishment of railway bridges or stations, involving cutting and/or surface treatment of lead painted surfaces, although at least two were on rail construction sites where HSE was the enforcing authority. Based on this informal review, rail structure refurbishment appears to compare poorly with the all industry picture. Although participation in medical surveillance may well be better in the rail sector than in some others, it should serve as a reminder of the need for continued vigilance in controlling lead exposures in high risk tasks, particularly in bridge and station refurbishment.

We have seen some encouraging signs of innovation in mainline bridge refurbishment, including a recent trial where surface preparation by abrasive blasting was replaced by high pressure steam jetting to remove only the loose flakes of old lead based paint. Once dry, a non-isocyanate coating system was applied, designed to adhere to the cleaned paint surface. Not only were health risks from lead and isocyanate exposure reduced, the job was far cleaner and quicker. However, until historic working methods are completely eliminated, a significant risk to rail workers from lead exposure remains.

The legal requirements on controlling exposures to lead under the [Control of Lead at Work Regulations 2002](#) are well established, and there is clear [guidance for employers](#) on what they need to do. As well as preventing workers from breathing in lead dust and fume, swallowing lead dust as a result of inadequate cleaning and poor personal hygiene (e.g. transfer from dirty hands or other surfaces when eating, drinking,

smoking, nail biting) also needs to be prevented. Where worksites are temporary or inaccessible, which can sometimes be the case with railway bridges, providing adequate washing and changing facilities close to the work area can be a challenge, but this is an essential control that cannot be overlooked.

Key messages:

- **Have you identified all workers who may be exposed to lead dust or fume, for example as a by-product of heating, cutting, sanding, grinding, or blasting of old paint? Have you considered the risk to technical staff, cleaners, and scaffolders who may need access to areas contaminated with lead; contamination on the surface and insides of scaffold tubes has contributed to high lead exposures in scaffolders on rail bridges. Have you identified and controlled any potential risk to the public, for example when using stations, by adequate segregation and engineering controls?**
- **Are ventilated enclosures adequately designed, installed, and maintained to protect workers and prevent the spread of lead dust and/or fume? Are filters on the enclosure extraction systems maintained, and dust collection bins emptied regularly? HSE has recently revised its [web guidance on local exhaust ventilation systems](#) for dust and fume extraction. Is the air supplied to air-fed respiratory protective equipment (RPE) filtered, and the air inlet sited away from contaminants including compressor and vehicle exhausts?**
- **Are there adequate control measures to reduce the risk of swallowing lead dust, and are they regularly monitored? Are washing and changing facilities provided close to the contaminated area and kept clean? How often are they checked? How is a ban on eating, drinking and smoking in contaminated areas enforced? Are there suitable and clean welfare facilities to allow workers to take breaks away from the contaminated area?**
- **Are the housekeeping controls, including cleaning (using H-type vacuum) and laundering, monitored? What happens to contaminated work clothing, footwear and RPE worn by lead workers? Employers need to have arrangements for regular cleaning of contaminated work clothing; it should not be taken home for cleaning by the worker. Inadvertent exposure of lead workers' families to dirty clothing, particularly their children, can have serious consequences. HSE has produced a free leaflet for employees on [working safely with lead](#) and has revised its [guidance on lead in construction](#).**
- **ORR has recently reviewed its procedures on mandatory investigation of incidents, and a number of occupational health incidents have been added. These include suspension from work due to high blood lead levels; cases of occupational asthma; and cases of Legionellosis (legionnaire's disease) where the source of infection may be on a railway location enforced by ORR.**

3. Having your say on ORR's health programme: Making it Happen

Earlier this year ORR commissioned independent research to evaluate the impact of our first health programme which ran from 2010-14. We were keen to understand whether our strategic direction on health and the activities under our health programme were meeting the needs of those in the industry. The independent report '[Evaluation of the ORR occupational health programme 2010-14](#)' and a [summary presentation](#) are now on [our health web pages](#). Your comments and suggestions have informed both the content and delivery of our second health programme for 2014-19 .

Key messages:

- If you want to know what others said about ORR's 2010-14 health programme, you can find a [detailed analysis of survey responses](#), including anonymised comments and observations, on [our web site](#).
- This research showed that our [quarterly health programme updates](#) are seen an important source of guidance, with a clear wish to see them continue and reach even more people across the industry. The value and impact of collaborative working with ORR on health was also recognised as important. So, now we want your thoughts and suggestions on these two key areas to help us in making our 2014-19 health programme happen.
- Please let us know which occupational health topics you want to see covered more often, and suggest how we might work more collaboratively with the industry in delivering our 2014-19 health programme. [Contact us](#) now with your top five occupational health topics and suggestions for closer collaboration.

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