



OFFICE OF RAIL REGULATION

# ORR occupational health programme update

October 2013

## Introduction

This quarterly brief updates you on progress with some of the work under ORR's [Occupational Health programme 2010-14](#), to inform discussions on health at routine liaison meetings with ORR inspectors. We have identified key messages for rail duty holders and would welcome [feedback](#).

### This issue focuses on:

- Important changes to reporting of occupational disease under new RIDDOR Regulations;
- ORR calls for better control of contractors in managing health risks;
- Moving the health agenda forward – ORR seeks industry views on the aims and content of our health programme for 2014-19;
- New practical guidance for rail companies on health risk assessment; display screen equipment (DSE) and checkout use; and respiratory risk in construction and maintenance.

## 1. RIDDOR 2013 – important changes to reporting of occupational disease

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR 2013) came into force on 1 October 2013. They simplify previous reporting requirements but include some important changes on reporting of occupational disease.

Under the new Regulations the list of reportable occupational health conditions is shorter and simpler, comprising eight groups of short latency occupational diseases. These are carpal tunnel syndrome, cramp in the hand or forearm, hand arm vibration syndrome (HAVS), tendonitis or tenosynovitis in the hand or forearm, occupational asthma, and occupational dermatitis. In addition, occupational cancers, and diseases attributable to occupational exposure to a biological agent, are also reportable. Further detail on the requirements for reporting specific diseases or health conditions can be found in [new guidance](#) on our web site.

The trigger for the responsible person to report cases of occupational disease has also changed. Under the new Regulations, you must report an occupational disease or cancer when you receive a written diagnosis from a registered medical practitioner either of new symptoms, or of symptoms which have significantly worsened. The decision on whether symptoms have significantly worsened will be for the medical practitioner.

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We would expect, for example, that where a reported HAVS case is diagnosed as having progressed in severity on the Stockholm Workshop Scale, this will require a further RIDDOR report. Where routine health surveillance detects no new or deterioration in existing symptoms, this would not require a new report under RIDDOR 2013.

All occupational disease reports arising from work on the operational railway must be sent to ORR without delay. Typically we would expect to receive written notification (via [ORR's online reporting facility](#) for non-mainline duty holders, or via SMIS or LUSEA for mainline and London Underground Ltd respectively) within 10 calendar days of the responsible person receiving a diagnosis from a registered medical practitioner. Any RIDDOR reports, including diseases, arising from construction work on premises physically separate from the operational railway should go to [HSE](#).

ORR has published [new detailed guidance](#) for the rail industry on all aspects of RIDDOR 2013. Rail companies may also be interested in revised web guidance from HSE on [health surveillance](#). This provides a helpful steer on keeping health and medical records, as well as setting up and designing health surveillance arrangements.

### **Key messages:**

- **Are you up-to-date with the recent changes to disease reporting requirements under RIDDOR 2013? Have you consulted ORR's new guidance and considered the implications for your business?**
- **Has your occupational health provider agreed to notify you of relevant diagnoses involving new symptoms, but also symptoms which have significantly worsened?**
- **Have those responsible for formally reporting disease cases to ORR (including SMIS/LUSEA input teams) been adequately briefed on the changes to disease reporting requirements and timescales?**
- **Do you have robust procedures in place to ensure that ORR receives notification of occupational disease reports within a reasonably short period from receipt of the diagnosis, typically within 10 days?**

## **2. Better management of contractors needed to drive up occupational health standards**

ORR is finding increasing evidence of weaknesses in how clients and their principal contractors within the rail industry are managing health risks within the contractor supply chain. Although awareness and compliance standards on health among the larger rail companies appear to be improving, health risk assessment and control on site can often be let down by poor management and supervision of contractors and sub-contractors.

Common weaknesses include failure to adequately risk assess and specify health risk controls before work starts, coupled with inadequate monitoring and supervision of contractor compliance during the work. We have found examples of bridge refurbishment jobs where poor segregation of work generating lead dust or fume, inadequate housekeeping, and failure to properly use and maintain decontamination units and welfare facilities, has resulted in sub contract workers being suspended from work due to high lead exposures. On track renewal sites we continue to find sub contract workers not provided with, or not wearing, appropriate respiratory protective equipment (RPE) to protect against exposure to silica dust in ballast handling. Lack of face fit testing for RPE among sub-contractors is a particular problem. The importance of face fit testing for tight fitting RPE was covered in our [April 2013 health programme update](#).

HSE has produced revised online guidance for business leaders and managers on [Managing for health and safety](#), which adopts a 'Plan, Do, Check, Act' model of health and safety management, with a focus on the importance of leadership, management, worker involvement, and competence. New advice on '[delivering effective arrangements](#)' provides useful guidance on the role of supervisors and on [managing contractors](#). HSE guidance [Managing contractors: a guide for employers](#) provides additional help. ORR's [Management Maturity Model RM3](#) specifically addresses the key elements needed for effective control of contractors (sub criterion RCS4), and allows rail companies to identify the strengths and weaknesses in their current management arrangements.

#### Key messages:

- **Do your contract prequalification and selection arrangements specifically address health risk management? Does pre-contract information supplied to contractors consider existing health hazards on-site, those arising from the client's activities, and from design and construction?**
- **Do you obtain and agree contractors' health and safety plans, and carry out joint health risk assessments where appropriate? Do you include contractors' activities in planned site inspections and checks, and review jointly to agree improvements?**
- **Do you check on contractors' arrangements for supervision to ensure compliance with site rules and agreed systems of work? How is compliance by sub-contractors, and in particular labour only workers, assured?**
- **Do your supervisors and managers understand their role in monitoring compliance by contractors with agreed safe systems of work on health?**
- **Do you require contractors to demonstrate that they have the necessary face fit testing and health surveillance arrangements in place, before work starts?**
- **Do you have adequate arrangements to monitor contractors' performance on health risk management? Does contractor performance on managing health and post-contract review guide decisions on choice of contractors for further work?**
- **Rail companies acting as clients and principal contractors are encouraged to use [ORR's RM3](#) to assess their own arrangements for control of contractors, and identify areas for improvement in health risk management maturity scores.**

### 3. Have your say on ORR's health programme 2014-19

ORR is keen to hear the industry's views on what our priorities should be in moving the health agenda forward over the next five years, and specifically on the aims and content of our health programme for 2014-19.

Duty holders from across the industry and rail trade unions have been invited to attend a number of RSSB Health and Wellbeing Roadmap workshops during October and November. The aim of these cross industry workshops is to agree a vision and plan on health for 2014-19 (and beyond), including prioritised tasks for different groups within the industry, which includes ORR. We are keen that all workshop attendees consider ORR's role and priorities for 2014-19 as part of this process. You can also [contact us](#) directly with your views on what should be included in our health programme for the next five years.

### Key messages:

- Please let ORR have your views on what should be included in our 2014-19 health programme. A steer on the sorts of issues we are seeking your views on can be found on [our web site](#). You can [contact us](#) direct and/or feed your views on ORR's future priorities on health into discussions at the RSSB Health and Wellbeing Roadmap workshops.

## 4. What's new on health?

**Practical help for managers in health risk assessment** - look out for the launch by RSSB of a comprehensive suite of resources, developed by its Workforce Health and Wellbeing project, to help the industry to improve its proactive management of health. The new resources should be particularly helpful for rail managers, supervisors, and safety representatives.

**New guidance on safe use of display screen equipment (DSE) and retail checkouts** – HSE has recently revised its guidance on '[Working with DSE – A brief guide](#)', together with a [DSE workstation checklist](#), which will be relevant to most rail companies. Train operating companies (TOCs) may also be interested in the revised guidance on '[Managing musculoskeletal risk in checkout work](#)'. This may be helpful in assessing and managing risk to TOC staff at point of sale on trains and in stations, particularly at station outlets where ticket and retail sales may be combined.

**Respiratory risk and dust in rail construction and maintenance** – HSE has produced new guidance on assessing and controlling the risk of [respiratory disease in construction](#), including silicosis, chronic obstructive pulmonary disease, and occupational asthma. There is also new practical guidance on controlling [dust risks from a range of common construction tasks](#), many of which are widespread in rail. This guidance will be helpful to any rail company involved in rail construction, renewals or maintenance work, including in stations and depots, as well as on track.

### Key messages:

- Rail companies involved in use of DSE, particularly point of sale/retail, are encouraged to review the [latest HSE guidance](#).
- Rail infrastructure companies involved in rail construction, renewals and maintenance are encouraged to consider the revised HSE guidance on [respiratory risk](#) and [construction dust](#).

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