



OFFICE OF RAIL REGULATION

ORR occupational health programme update

July 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:

- Findings from ORR inspection on health – overall assessment of industry performance including health management maturity using RM3;
- ORR publishes rail health data – updates to manual handling and shock/trauma data from ORR's baseline review and new RIDDOR Schedule 3 disease data;
- Biological hazards – including leptospirosis cases in rail, and a case study on legionella risk management by a train operator.

1. ORR 2012-13 inspection on health– industry compliance and management maturity

ORR's planned inspection work on health in 2012-13 focused on hand arm vibration (HAVS), musculoskeletal disorders (MSDs), and hazardous substances, especially silica, asbestos, and biological hazards, as well as manager competence and training.

Health risk management continues to show a very mixed picture across the rail industry. We found encouraging evidence of increased proactive engagement on health, with some pockets of excellence. Examples included leadership and collaborative working by the [Ballast Dust Working Group](#) on managing silica exposure; Merseyrail's '[Heart on Track Challenge](#)' in support of the [NHS Workplace Wellness Charter](#); and First ScotRail's work to improve [legionella risk management](#).

However, our overall assessment is that the rail industry underperforms in managing health compared to safety risks, and lags behind wider industry. Some rail duty holders are failing to achieve sustained legal compliance in key health risk areas, for example in the assessment and control of risks from HAVS during infrastructure maintenance and renewals, and risk of MSDs from manual handling activities on trains and at stations, for example handling of fully laden catering trolleys, and wheelchair transfer of passengers.

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

Common weaknesses found include poor understanding of task based health risk assessment; failure to follow 'hierarchy of control' principles in managing health risks; and poor selection, use and maintenance of personal protective equipment (PPE), including lack of face fit testing. Underlying many of these weaknesses was a lack of competence among, and monitoring of, front line managers for health risk control at site level.

Our sample [RM3 assessments](#) for occupational health revealed wide variations in maturity between rail duty holders, but also marked variations in how well individual duty holders managed different health risks. We found more mature health risk management in areas such as health policy, and worker involvement and co-operation, but particular weaknesses in risk assessment and management; operating safe systems of work; management/supervisory accountability; record keeping; and proactive monitoring. Overall, the RM3 element scores for occupational health management were significantly and consistently below those seen for managing safety risks, with the majority of RM3 element scores in the range 1 (ad hoc) to 3 (standardised), with scores at level 2 (managed) most prevalent. Our assessment underpins the case for rail industry duty holders to make more use of RM3 to assess their occupational health management and identify key areas for improvement.

Key messages:

- **Are health risk assessments task based, and have workers been involved so that assessments are realistic and meaningful? Are HAVS assessments supported by soundly based estimates of vibration exposure, including the magnitude, type, and duration of exposure? Do manual handling assessments for assisting wheelchair users and use of catering trolleys adequately consider the range of risk factors including the task (particularly pushing and pulling forces); the load; use of ramps (including the slope); space constraints; and individual capability? RSSB [T759 good practice guidance](#) may be useful.**
- **Can you demonstrate that 'hierarchy of control' principles have been followed in managing health risks? Have you fully explored options for elimination and engineering control before opting for PPE?**
- **Do managers have the [required level of competence](#) and support to implement, monitor and review health risk assessments and risk controls? How is local compliance with mandated standards monitored on site? Are appropriate and relevant performance indicators for health risk management in place and monitored?**
- **Rail duty holders are strongly encouraged to make more use of RM3 to assess their maturity in managing occupational health and identify key areas for improvement. We are interested to [hear](#) from you on using RM3 specifically for occupational health.**

2. ORR publishes occupational health data

ORR has published selected occupational health data for the rail industry under 'Health and Safety reports' on our [NRT data portal](#). In addition to updates to the [manual handling](#) and [shock/trauma](#) injury data included in our [2010 baseline review](#), we have published new data on [Schedule 3 diseases](#) reported to ORR under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

Since the launch of our [health programme](#) in 2010 we have seen a marked increase in RIDDOR disease reporting, particularly of HAVS cases. Between April 2010 and March 2013, ORR received 241 RIDDOR Schedule 3 disease reports. Of these, 236 were upper limb disorders (including 226 HAVS), four cases of leptospirosis, and one case of occupational dermatitis. This

compares with a total of seven reports received between 2005 and 2010. Some duty holders have reported cases of back pain and stress, which are not RIDDOR reportable diseases under Schedule 3, and are excluded from published health data sets.

The data show a marked spike in reporting of HAVS by Network Rail (NR) which represents a backlog of previously unreported early stage HAVS cases. Following clarification by ORR, NR's reporting arrangements now capture all HAVS diagnoses that meet Schedule 3 requirements, regardless of severity or fitness for work. There are comparatively few Schedule 3 reports, including HAVS cases, from rail contractors (total of nine reports over three years); many contractors work on both rail and non-rail construction sites, and may be routinely reporting any Schedule 3 disease to HSE. We are working with HSE on better signposting of the [guidance](#) on when HSE is the enforcing authority for rail construction work, and also improving procedures for sharing RIDDOR reports for contractors who also work in the rail industry.

Key messages:

- You can access new occupational health data under 'Health and Safety reports' via [ORR's NRT data portal](#). Registration is free and simple, and provides access to all content and functionality of the NRT portal.
- Have you reported all diagnosed HAVS cases that meet the requirements of Schedule 3, regardless of degree of severity? Rail contractors should ensure that all RIDDOR reports, including occupational diseases, arising from work on the operational railway are sent to ORR. RIDDOR reports arising from construction work on premises physically separate from the operational railway should go to HSE. Further [guidance](#) (paragraphs A76-79 in Memorandum of Understanding between ORR and HSE) is available on our web site.
- [Changes to RIDDOR](#), which simplify disease reporting, come into force on 1 October 2013 and will be reported further in our October update.
- Please help us improve our website – [contact us](#) if you want to take part in our user testing sessions this autumn at our London office.

3. Biological hazards – leptospirosis and legionella

Leptospirosis - Since March 2012, four cases of suspected or confirmed leptospirosis involving rail staff working in stations and depots have been reported to ORR under RIDDOR. Although it can be difficult to determine a clear occupational link, a common theme in these reports is the importance of good personal hygiene, particularly hand washing after removing potentially contaminated PPE such as gloves.

Rail workers who may come into contact with rats' urine in, for example, railway buildings, sewage (on track or when cleaning trains) or contaminated watercourses (for example during infrastructure maintenance or construction) may potentially be at risk. Leptospirosis or Weil's disease is most commonly contracted through exposed cuts and grazes, particularly on the hands, so it is critical that any at risk workers wash cuts and grazes and cover broken skin with a waterproof dressing. Proper hand washing after removing contaminated clothing, and always before eating, drinking, and smoking, is also essential.

Legionella - ORR has worked with First ScotRail to produce a good practice [case study](#) on their legionella risk management. This provides detailed practical guidance for other train operators on good practice in managing legionella risk from hot and cold water systems, train washing, on-train water systems, and associated tanking operations. First ScotRail undertook a complete review of

their underframe wash and spot washing procedures to establish a business case for installation of automated underframe wash systems. They also reviewed their PPE specifications for train cleaning (with provision of air-fed hoods for underframe washing); as well as identifying improvements to training for respiratory protective equipment (RPE) face-fit testing; and the need for records for RPE maintenance checks. They also enhanced their water sampling regime for bacteria counts at the carriage wash plant which was seen as good practice in controlling the risk of legionella.

Key messages:

- Does your COSHH assessment consider risks from biological agents? Do station, depot and track workers and their line managers understand the ways in which leptospirosis can be contracted; the importance of personal hygiene; and the symptoms to be alert to? HSE has a [helpful free leaflet](#).
- Do workers have access to adequate welfare and washing facilities, including in remote and trackside locations? Are separate areas provided for storage of clean and contaminated equipment and PPE, away from rest areas? Are workers aware of the importance of hand washing after removal of gloves and other contaminated PPE, and before smoking, eating and drinking?
- Does your COSHH assessment consider all potential sources of legionella contamination including hot and cold water systems; train cleaning tasks, including jet washing, spot cleaning and carriage washes; on-train toilet water systems; and associated tanking operations? Have you considered all reasonably foreseeable operating conditions including stagnant water, for example in long lengths of pipework between wash and rinse plant in carriage washes?
- Can you demonstrate that the hierarchy of control has been applied, particularly for higher risk operations such as jet washing? Is automated train washing reasonably practicable? Are there further reasonably practicable measures that you could implement to reduce risk of legionella contamination from train tanking operations, including effective hose storage and maintenance, and connection hygiene, as well as draining and thorough cleaning, plus regular dosing, of storage and header tanks?
- Are the roles and responsibilities of third parties including landlords, and servicing and maintenance suppliers, covered in your legionella risk assessment? Do you have clear working procedures and regular liaison with third parties to ensure that adequate risk management procedures are in place for all parts of the system? Has a suitably trained responsible person been appointed to manage the system?
- Rail companies may wish to comment on the current consultations by HSE on proposed changes to [L8 Approved Code of Practice \(ACOP\)](#) on control of legionella bacteria in water systems; the [COSHH ACOP](#); and the [ACOP on managing and working with asbestos](#). Consultations on L8 and COSHH are open to the public until 23 August 2013; the asbestos consultation until 30 September 2013.

© Crown copyright 2013

You may reuse this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit

www.nationalarchives.gov.uk/doc/open-government-licence/version/2/
or email: psi@nationalarchives.gsi.gov.uk

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

The logo for the Open Government Licence (OGL), consisting of the letters 'OGL' in a bold, white, sans-serif font on a dark blue background.