ORR occupational health programme update



January 2013

Introduction

This quarterly brief aims to bring you up-to-date on progress with some of the work under the ORR <u>Occupational Health programme 2010-14</u>, to help inform discussions on health at routine liaison meetings with ORR inspectors. We have identified key messages for rail duty holders and would welcome <u>feedback</u>.

This issue focuses on:

- New advice on legionella risk management new HSE and RSSB guidance, plus TOC case study
- Involving and consulting with your workforce on health safety reps concerns and HSE good practice guidance
- Reporting HAVS cases to ORR under RIDDOR are you are complying?
- New occupational health resources
 – launch of ballast dust working group materials,
 and presentations from ORR's 7 November 'Financial case for health' event

1. Further advice for rail employers on managing the risk from legionella

Since ORR's <u>June 2011 occupational health update</u>, in which we set out advice for rail employers on managing risk from legionella, further useful guidance has been published.

HSE recently carried out a review of legionella outbreaks in the UK over the past 10 years, and issued safety notices in July and September 2012 on their key findings. These safety notices reinforce the importance of compliance with HSE publication L8 'Legionella disease – the control of Legionella bacteria in water systems ACOP and guidance', and identify lessons learnt from recent outbreaks. Key management failures which left plant vulnerable to risk of legionella outbreak included: departure from planned maintenance and cleaning schedules; staff contractor changes (leading to loss of knowledge); changes in the process; intermittent use of plant; and unusual weather (particularly warm weather). Lack of training, and poor communication were also identified as contributory factors. HSE has also issued important information for users of water treatment systems that use elemental copper for legionella control.

In response to an outbreak of legionella in Edinburgh in June 2012, First ScotRail (FSR), who has a depot close to the suspected outbreak but was not directly implicated, has been working with ORR, HSE, and the Local Authority to better understand and improve arrangements for managing legionella risk at their train wash facilities.

This has involved clarifying roles and responsibilities between Network Rail as the depot owner and FSR as the occupier. FSR has agreed to work with ORR to produce a case study, which we will add to our <u>website</u>, on legionella management at depots to share with the wider industry.

In November 2012 RSSB published <u>research</u> on legionella risks in on-train non-potable water systems. This research demonstrates that train operators' risk assessments for legionella in ontrain water systems will need to consider a range of factors, including temperature, design of rolling stock, and type of service operated, including tanking methods. The report explores a range of potential risk reduction measures to reduce contamination in station/depot water storage tanks and bowsers, at fill points, and in train header tanks, as well as reducing aerosol generation at sink units. ATOC, who commissioned the research, plans to produce an industry guidance note on practical measures that train operators have judged to be reasonable and practical.

Key messages:

- Railway facilities will generally have hot and cold water services (showers, under frame washing or hot and cold taps) or other risk systems such as automatic carriage cleaning systems. Whilst these are not considered high risk installations (i.e. cooling water systems) they do present risks if not properly maintained. Following the <u>L8</u>
 <u>ACOP</u> will ensure that rail duty holders are doing what is required under current legislation.
- Does your written scheme for controlling legionella include adequate maintenance arrangements such as cleaning, disinfecting and sampling where appropriate? Is it specific to the site and the system, and supported by clear working procedures which comply with HSE L8 guidance? Has a suitably trained responsible person been appointed to manage the system?
- Do you have adequate systems in place to detect and respond to any departures from planned maintenance and cleaning schedules, so that susceptible plant is not left to deteriorate and problems go unnoticed?
- Is your housekeeping adequate? 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?
- In addition to any water sampling required during planned maintenance is there a need to take additional samples to allow trend analysis over time?

Are roles and responsibilities for managing legionella risk between premise (e.g. depot or station) owners, premise occupiers, maintenance staff, water treatment contractors and sub-contractors, clearly understood? How are the responsibilities of differing parties agreed, communicated, and tracked? Is there someone on site, usually the nominated responsible person, with overall control of the legionella risk management system?

2. Occupational health – involving your workforce

The <u>TUC's 2012 biennial survey</u> of trade union (TU) safety representatives provides useful insight into current workplace health and safety concerns, and reinforces the need for employers and employees to work together to tackle key occupational health risks. The top five health and safety concerns reported among TU reps across all industries in 2012 were stress, bullying/harassment; back strains; and slips, trips and falls on a level. Stress was identified as the main hazard by 69% of respondents, up from 62% in 2010. This increase in concern about stress in the workforce mirrors that reported by employers in a <u>recent CIPD report</u>.

ASLEF has looked at the responses from among its health and safety reps, who cited stress (77%), back strains (74%), slip, trips and falls (70%), long working hours (63%), and noise (60%) as their top five hazards. ASLEF reps reported a good level of access to occupational health services at 91%, which aligns with the all industry average of 92% reported in the 2012 TUC survey. Both these data sets indicate that occupational health management issues, and in particular stress and musculoskeletal disorders, dominate current workplace health and safety concerns, and might provide a useful focus for rail companies to review the effectiveness of their existing health risk management arrangements.

Key messages:

- Do your existing arrangements for worker involvement and consultation promote an active role for employees in improving occupational health management? Do they meet the good practice guidelines for worker involvement set out by HSE?
- Are you making best use of the insight and experience that workers can often bring to a health problem? Are employees involved in identifying the key occupational health risks in their workplace? Do you fully utilise their experience in joint problem solving to suggest practical solutions, for example in relation to work related stress?

3. Action on reporting Hand Arm Vibration (HAVS) under RIDDOR 1995

ORR has recently reviewed the cases of HAVS reported to us under the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (RIDDOR) 1995.

We found significant under-reporting of HAVS cases, arising from a misunderstanding of the legal requirement to report any HAVS diagnosis that meets the requirements of RIDDOR Schedule 3, regardless of the degree of severity or fitness for work of the individual. This has now been rectified by the rail duty holder concerned. We have, however, also noted inconsistencies in reporting among companies with similar risk profiles, including among the rail contractor community.

All diagnoses of HAVS made by a registered medical practitioner under Schedule 3 of RIDDOR are reportable, even if only in the early stages (stage 1 and early stage 2), where the individual may remain fit for work, with or without restrictions. Diagnosis of the various stages of HAVS severity is important in managing the condition and halting further disease progression, but it does not inform the requirement to report to the enforcing authority under RIDDOR. Rail companies can find further guidance on reporting and HAVS health surveillance on the ORR and HSE website.

Key messages:

- Are you confident that the key staff in your HR department, health service provider and line managers understand the duty to report any diagnosed HAVS cases that meet requirements of Schedule 3, regardless of the degree of severity?
- Have you reported all diagnosed HAVS cases that meet the requirements of Schedule 3, regardless of degree of severity, to the appropriate enforcing authority? For rail companies, including rail contractors, this is ORR not HSE.
- Is communication between your health service provider, HR, and line managers on the results of health surveillance, fitness for work, and any legal reporting requirements, clear and effective?

4. New occupational health resources

- The rail industry's Ballast Dust Working Group (BDWG) is set to launch an initial suite
 of resources to support those involved in ballast handling operations to better
 assess, communicate, and control the risks from exposure to respirable crystalline
 silica.
- The initial resources, to be available via NR Safety Central and RSSB's Opsweb, will include toolbox talks, a presentation for line managers, as well as a newsletter to raise awareness. Other resources, including task based template COSHH assessments for key ballast handling operations, will be released over the coming months. ORR commends the BDWG for its leadership and collaborative approach to improving management of this key health risk for the rail industry, and encourages all parts of the ballast supply chain to make use of the new resources.
- The presentations delivered at ORR's rail industry event 'Occupational health: the financial case' on 7 November 2012 are now available on our <u>website</u>.

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