



**HMRI's Risk Profile Topic Strategy:
Occupational Health 2006-07 to 2008-09**

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1 INTRODUCTION

This document summarises HMRI's overall policy and strategy for securing adequate management of occupational health risks and welfare on the rail networks of Great Britain.

Although traditionally thought of as the effect of work on employees' health, some occupational health issues within the railway industry may also have an effect on the health of passengers or members of the public, such as the control of legionella in certain cooling systems. This strategy covers both aspects.

This strategy will address well-known occupational health risks such as exposure to substances hazardous to health, musculoskeletal disorders and also emerging topics such as stress related ill-health. The latter includes acute post-traumatic stress that may arise from witnessing or dealing with the aftermath of deaths to track workers and members of the public, such as trespassers, suicides or at level crossings. The chronic condition of post-traumatic stress disorder does not fall within the scope of this strategy.

It should be noted that a number of elements within this strategy overlap with other recently developed HMRI strategies, particularly HMRI's employee safety strategy, which should be read in conjunction with this document. The risk to staff from violence and aggression is covered in the employee safety strategy.

Further details of the scope and context of this strategy are set out in a supporting document. Contact the author for details.

2 OVERVIEW OF CURRENT POSITION

Occupational health issues have traditionally had a far lower profile than safety issues in the railway industry where the historical focus has necessarily been on catastrophic risk. Although the industry has put enormous effort into the development of a Safety Risk Model, this so far, includes very little on occupational health.

The main measure of risk available for occupational health issues within the railway industry is through data obtained under the requirements of The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR). HMRI believes, however, that incidents of occupational ill-health are significantly under-reported, and very few cases of RIDDOR-reportable disease were notified to HMRI during recent years. Consequently there are no discernable trends.

The RIDDOR requirement to report major and over three-day injuries (O3D), however, provides additional information on certain other categories of occupational ill-health, such as the incidence of musculoskeletal disorders (MSDs).

Other occupational ill-health such as stress is not reportable under RIDDOR.

Additional sources of statistical data include the Health and Occupational Reporting Network (THOR) and the Self-reported work-related ill-health survey (SWI). These will be considered in more detail in the coming year. In-house statistics from Train Operating Companies may also provide useful information for input into future versions of this strategy.

Research projects are a further source of data about ill-health. Work undertaken by the Health and Safety Laboratory suggests that railway construction and maintenance workers may have a higher incidence of MSDs than other occupations included within the study. The Railway Safety and Standards Board (RSSB) has also carried out research on occupational ill-health issues. Some of these projects are about to be published and any significant findings will be taken into account during future revisions to this strategy.

Intelligence on ill-health risks is also provided by the outputs from working groups with an interest in the issue e.g. the Occupational Health sub-group of HSE's Health and Safety Commission's Railway Industry Advisory Council (RIAC). Although this group was recently wound up following the transfer of HMRI from HSE to the Office of the Rail Regulator (ORR), it is anticipated that it will be reconstituted early in 2006-2007.

Recent years have seen a greater appreciation of the social and economic benefits of improved public health. This has resulted in a number of government initiatives attempting to secure better health and HSE now has a long-term occupational health strategy for Great Britain "Securing Health Together." This contains a number of challenging targets for continuous improvement. Although no longer a part of HSE, HMRI necessarily needs to continue to engage with HSE in future years and to ensure that we maintain an overview of their occupational health strategy and associated programmes of work.

3 HMRI POLICY ON OCCUPATIONAL HEALTH

The policy of HMRI on occupational health is to ensure that dutyholders in the railways industry adequately manage the risks to the health of workers and others who may be affected by their activities. The emphasis will be on the elimination of risk where it is reasonably practical. Additionally, HMRI will seek to ensure access to occupational health services for workers.

4 STRATEGY

HMRI's strategy on occupational health is intended to align with HSE's long-term occupational health strategy for Great Britain and the emerging ORR strategy for health and safety on the railways. Key strategic aims currently include:

- **Ensuring information and ill-health data about emerging or poorly understood risks is collected and analysed and that the resulting intelligence is used appropriately;**

HMRI will establish a sound knowledge base, and maintain/develop appropriate systems, for ensuring intelligence is used to direct targeted programmes of work to best effect and to disseminate occupational health advice and guidance to the industry.

- **The carrying out of activities targeted at reduction of ill-health from known major causes in the industry;**

HMRI will devise programmes of work aimed at achieving a reduction in occupational ill-health ensuring, wherever possible, that these complement but also add value to those carried out by other industry stakeholders. These programmes may be inspection-based, or other activities.

- **Identifying the need for, and encouraging, research into occupational health issues where necessary;**

HMRI will identify where occupational health knowledge is incomplete, and seek to close knowledge gaps, either by encouraging the railway industry to do the work or by conducting our own support or research work, suitably prioritised.

- **Participating in and, where necessary, developing new forums for furthering work on the above, and for promoting common aims; and**

HMRI will continue to work with others such as RSSB and HSE in industry forums related to occupational health in order to achieve common objectives and to ensure that our perspective is understood and, as far as possible, endorsed and supported by others.

- **Seeking to ensure occupational health work is properly resourced.**

HMRI will make use of internal and external occupational health resources, as appropriate.

5 DELIVERING THE OCCUPATIONAL HEALTH STRATEGY

Delivery of HMRI's occupational health strategy will be achieved, in the first instance, through a number of workstreams addressing key areas. These include, but are not exclusive to, the following

5.1 Exposure to Hazardous Substances

Carcinogens

- Asbestos – targeted inspection work is scheduled for 2006-2007; and

- Diesel Engine Exhaust Emissions (DEEE) – HMRI occasionally receives complaints/enquiries about exposure to DEEE and will continue to periodically monitor the industry’s management of this hazard.

Respiratory disease

- Silica – The Health and Safety Commission (HSC) are currently consulting on a new Workplace Exposure Limit (WEL) for respirable crystalline silica. Silica dust poses a risk to health during activities such as ballast loading and ballast cleaning/tamping operations. The implications of the new WEL will need to be assessed in relation to these activities.

Microbiological risk

- Exposure to microbiological risks may occur:
 - from environmental contamination with human faeces/body fluids during eg carriage cleaning;
 - during toilet maintenance activities/handling of sewage;
 - from needlestick/sharps injuries;
 - during cleaning up in the aftermath of suicides and accidents;
 - where rats or other vermin are present (leptospirosis); and
 - Welfare – Adequate welfare facilities help to reduce microbiological risk. Targeted inspection work is scheduled for 2006/2007.

5.2 Noise and Vibration

New Regulations are now in force and the implications of these will need to be properly assessed. Early indications are that the industry may have difficulty in fully complying with these. We will explore means of determining the extent of the risks, particularly for Hand arm vibration.

5.3 Musculoskeletal disorders

The risks from MSDs are well established. Targeted inspection work is scheduled for 2006-2007, and we will contribute to industry/HSE initiatives, where possible.

5.4 Stress

Inspection of Network Rail Operations during 2004/2005 concluded that further work is required, although no work is currently scheduled for 2006-2007.

Other issues include the risk from legionella, the health effects of overcrowding and overheating of trains, and the thermal comfort of cabs, particularly during summer months when drivers may be at increased risk of heat exhaustion and/or heat stroke. HMRI intends to limit current work

activity in these areas to monitoring the way in which duty holders manage these risks.

6 CONCLUSION

The nature and extent of occupational ill-health is not fully understood, and considerable further work needs to be done in order to gain a better understanding of the magnitude and extent of the risks in the railway industry. This will be a medium term objective and it is anticipated that this strategy will evolve over future years as our level of knowledge improves, leading to refinement and refocusing of priorities, where appropriate.

The perceived lack of intelligence does not, however, preclude some early initiatives on the better established risks e.g. MSD.