



OFFICE OF RAIL REGULATION

# ORR's Occupational Health Programme 2014-19: making it happen

## What the ORR are looking for

1. Programme priorities
2. What we expect to be in place
3. Current ORR activity
4. RM3-Health
5. Stress Position Statement

Dr Claire Dickinson, Occupational Health Programme Manager

20<sup>th</sup> October 2014

# 2<sup>nd</sup> Programme published 28<sup>th</sup> April 2014



The ORR Occupational Health Programme 2014-19:

making it happen



Health and wellbeing programme summary 2014-19



**Scope : Whole rail industry**

**Builds on the first programme**

**Key focus : securing legal compliance**

**“Assist and encourage” - Collaborative approach, including Trade Union’s**

**Enforcement notices : 22**

**Measure the capability of health management systems using RM3-H RC6 published July 2014**



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# Pages 10 & 11 - priorities

- Proactively managing health risks: hand-arm vibration, stress, musculoskeletal disorders, effective risk assessments with identifiable controls, health surveillance and RIDDOR
- Implemented health policy ; senior commitment, resources, continuous improvement
- Sign up as partners to the Responsibility Deal
- Drive innovation in health risk management by better use of specialist resource, implementing NICE guidance or promoting physical activity
- Pursue the activities of the RSSB Industry Roadmap
- Pursue early intervention on musculoskeletal disorders and demonstrate good practice in management of trauma
- Improve the use of good health data, develop trend & comparators

# Pages 10 & 11 - priorities

- Work openly with trade unions
- Share good practice on what works...ORR website
- Be aware of costs, “at least as good as comparators”
- Raise awareness and competence on health risk assessment – Participate in the EU-OSHA European Week for Safety & Health at Work – October 2014
- Raise the standard of passenger experience and satisfaction on perceptions of health risks and cleanliness

# Accent Report : feedback “Health like Safety”

## Evaluation of the ORR Occupational Health Programme 2010-14

Final Report  
April 2014

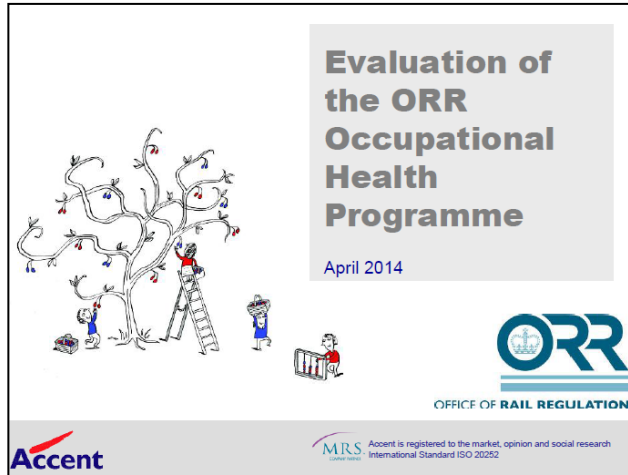
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When asked what is missing or can be improved, the key responses were:

- More strategic approach
- More collaborative working

- While around two thirds of respondents consider that the goal of the ORR has progressed in the last four years, there is still room for improvement
- The perception from many respondents is that a focus on safety still dominates in the rail industry and that there is still some way to go to achieve a balance between health and safety. Hence the ORR needs to continue to promote the desire for parity between health and safety for the railway industry.



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# Making It Happen !

- Ballast Dust
- Asbestos management
- Manual Handling of concrete troughing
- Spraying isocyanate paint



**20 asbestos essentials**  
Non-licensed tasks  
Some trades likely to disturb asbestos  
Anyone who works on the fabric of a building...

**Advice on non-licensed work with Asbestos**  
Introduction to 'Asbestos essentials' task sheets  
This sheet tells managers, managers and sub-traders what to do when they need to work on or near asbestos containing materials (ACMs). It will help you to decide what category of asbestos work it is and how to plan the work safely.

**Managing asbestos in buildings: A brief guide**  
Who is this guidance for?  
This guidance is for anyone who is responsible for maintenance and repairs in a building which may contain asbestos. The 'duty to manage' asbestos is included in the Control of Asbestos Regulations 2012. You are a 'dutyholder' if:  
• you own the building;  
• you are responsible through a contract or tenancy agreement;  
• you have control of the building but no formal control or agreement; or  
• in a multi-occupancy building, you are the owner and have taken responsibility for maintenance and repairs for the whole building.

**What buildings are affected?**  
• All non-domestic buildings, whatever the type of business;  
• The common areas of domestic buildings, e.g. halls, stairwells, lift shafts, roof spaces;  
• All other domestic properties are not affected by the duty to manage.

**Why manage asbestos?**  
Breathing in air containing asbestos fibres can lead to asbestos-related diseases, mainly cancers of the lungs and chest lining. Asbestos is only a risk to health if asbestos fibres are released into the air and breathed in. The current health risk to around 6000 people a year is from asbestos in buildings, mainly from building maintenance and repairs.



# What we expect to be in place .... Silica Dust COSHH, 2002

PP3 Mask & clean  
shaven

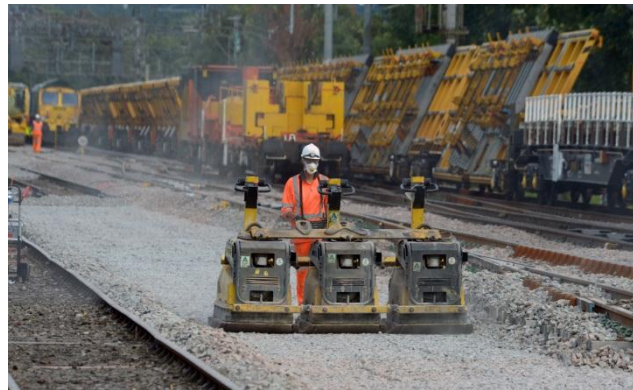
Facefit testing by  
accredited group

Health  
Surveillance

Site Specific Risk  
Assessment



Mind the dust: ballast is dropped at Minety on 20 August 2013. M. John Stretton



Avoid being present

Engineering  
Controls

Water Suppression

Dust Monitoring

Info/Training



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# Silica...minimum standards at work sites

- **Systems of work** – keep clear if not required
- **Minimise drop heights** for unloading ballast
- **Operators in cabs** – all to keep windows/doors closed; H-type filters and door seals on OTMs with a/c.
- **Maintenance of controls** – including equipment but also checks on systems of work





# Silica....use of RPE & health surveillance

- RPE P3 standard, worn properly (clean shaven)
- Face fit tested, with written records
- Compatible with other PPE and communications
- Tight fitting RPE not suitable where significant exposure and worn > 1 hour
- Health surveillance for workers at significant risk to detect early signs of disease



**HSE** Health and Safety Executive

## G404

**COSHH essentials: General guidance**

This information will help employers comply with the Control of Substances Hazardous to Health Regulations 2002 (COSHH), as amended, to control exposure and protect workers' health.

It is also useful for trade union safety representatives.

This sheet describes specialist advice on health surveillance for silicosis caused by respirable crystalline silica (RCS).

It sets out what you should expect from a health provider.

It also gives information about how to monitor respiratory health for other diseases that might be caused by RCS such as chronic obstructive pulmonary disease (COPD).

Tell your occupational health professional if workers have developed or noticed recent, persistent worsening of any of the following symptoms:

- difficulty in breathing; or
- coughing.

If workers smoke, help them to cut down or stop.

**Health surveillance for those exposed to respirable crystalline silica (RCS)**

**Control approach 4 Special**

**Introduction**

- ✓ Your work involves dusts that can cause lung diseases. The risks depend on:
  - how long workers are exposed to; and
  - how much they are exposed to; and
  - how much crystalline silica there is in the dust.
- ✓ Although it arises in obviously dusty environments RCS dust is invisibly fine. It is breathed in through the nose and mouth and can stay in the lungs for many years. It can cause irreversible lung damage before any symptoms develop. The illness it causes may continue to worsen even after exposure stops.

**Silicosis**

- ✓ Silicosis is a major disease risk from RCS dust. It causes small hard nodules of scar tissue to develop in the lungs that are seen on a chest X-ray. Silicosis usually takes some years to develop. There is also an acute form of silicosis that occurs at very high exposures. This can start within a short time and can kill within a few months of first exposure.
- ✓ The main symptoms are cough and difficulty in breathing. Workers with silicosis are at increased risk of tuberculosis and lung cancer and may also develop kidney disease and arthritis (and related diseases). Those who work with silica may be at increased risk of some of those diseases even if they do not develop silicosis.

**Chronic obstructive pulmonary disease (COPD)**

- ✓ Exposure to RCS may also cause COPD. This disease interferes with air movement in and out of the lungs and causes breathlessness, often with a chronic cough and sputum (phlegm).

**Occupations**

- ✓ Occupations with exposure to RCS include: mining, quarrying, slate works, foundries, potteries, brick and tile making and stonemasonry.
- ✓ Construction work involving cutting or breaking stone, concrete or brick, abrasive blasting and tunnelling is associated with silicosis.
- ✓ Industries that use silica flour to manufacture goods are also at risk.

**Planning and preparation**

- ✓ Plan what you are going to do if a worker shows signs of lung disease. Make sure your employees are aware of your plans.

# What we expect to be in place .... Asbestos Control of Asbestos Regulations, 2013

Survey & Testing  
to assess whether  
asbestos present

Notify enforcing  
authority / License

Extent of asbestos  
risk & Asbestos Plan

Prevent or reduce  
exposure, & PPE

Information,  
Instruction &  
Training

Engineering Controls  
e.g. Enclosure, Showers

Health Records &  
Medical  
Surveillance

Air monitoring

Deploy appropriate  
work processes , eg  
vacuum not brush

Monitoring  
condition of  
asbestos



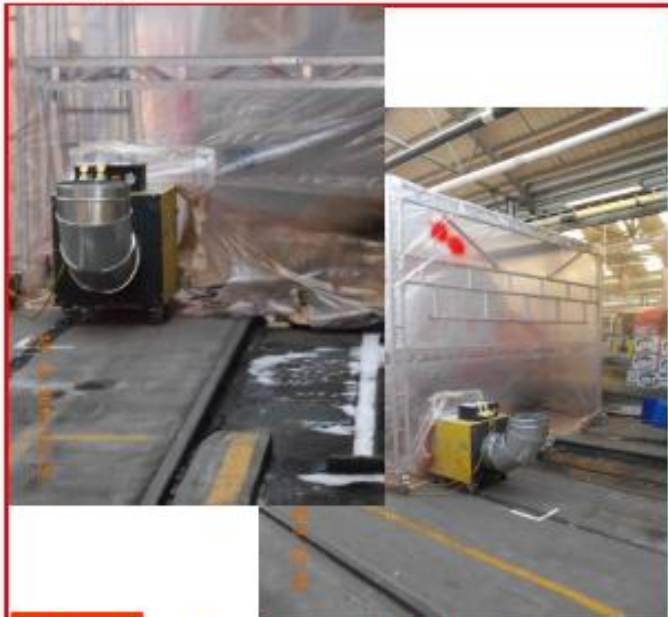
# Manual handling risks : Avoid, Assess, Reduce

- Manual lifting and carrying heavy concrete troughing sections– C143 prohibited.
- Delivery by RRVs; use of lightweight concrete or composites – detail in HSL report
- Welding sets from site access point onto track



# Paint Spraying of Trains: isocyanate paint fume

BEFORE



Original enclosure, too many gaps around the bottom and the extractor. Not maintaining a negative air pressure

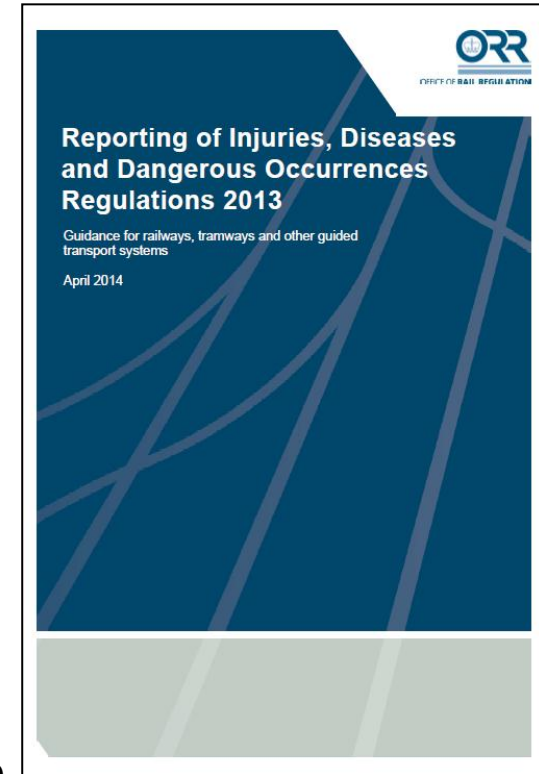
AFTER



New mobile enclosures sealed to extractor – passing through three activated charcoal filters

# RIDDOR, 2013

- RIDDOR, 2013 – introduction of Reg 8 & 9
- The list of reportable occupational health conditions is shorter comprising 6 short latency occupational conditions
  - 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, any occupational cancers (due to exposure to carcinogens as defined under COSHH), and diseases attributable to occupational exposure to a biological agent
- Report for conditions that are “new / significantly worsened”



# Reporting on NRT Portal : From July 2013

<https://dataportal.orr.gov.uk/>



Data from SMIS (mainline) and LUSEA (TfL) for: manual handling injuries and shock/trauma incidents from 2005 to 31/3/2014.

RIDDOR reports from April 2010 to March 2014

The screenshot shows the NRT Data Portal website interface. On the left, there is a sidebar with two main sections: 'Create your own report' and 'Browse reports / data'. The 'Create your own report' section features a 'Report Wizard' icon and the text 'Create reports using our NRT Portal report wizard'. The 'Browse reports / data' section lists various categories: Official Statistics, Financial, Network capability and assets, Performance, Rail usage, Safety, Service Satisfaction, Other, and All Reports / Data. The main content area has a navigation bar with 'Home', 'Help', 'Login', and 'Register' links. Below the navigation bar, the 'Home' page content includes a welcome message, a quality assurance notice regarding a data issue with London TravelWatch, and information about the next scheduled reports to be added in June 2013.

**Create your own report**

**Report Wizard**

Create reports using our NRT Portal report wizard

**Browse reports / data**

- Official Statistics
- Financial
- Network capability and assets
- Performance
- Rail usage
- Safety
- Service Satisfaction
- Other
- All Reports / Data

Home Help Login Register

## Home

The National Rail Trends (NRT) Portal provides access to up-to-date statistics held by the Office of Rail Regulation (ORR). Registration is free and simple, and provides access to all content and functionality of the NRT portal. [Register now to create your own reports.](#)

As part of our commitment to maintaining the quality of all our data we run a quality assurance process. This process has identified an issue with the London TravelWatch data used to produce the **Complaints received by Passenger Focus or London TravelWatch** table.

As data quality is critical, we will not be publishing the 2012-13 Q3 update to this table on Thursday 28<sup>th</sup> March. The rest of the complaints publications are not affected by this and will be published as scheduled on Thursday morning.

We are investigating this issue with our data supplier and we will publish an updated dataset as soon as possible. The table will not be available on the data portal until we have rectified the problem. We would like to apologise for any inconvenience this may cause.

For any further information, please contact the statistics Head of Profession, Jay Lindop at [jay.lindop@orr.gsi.gov.uk](mailto:jay.lindop@orr.gsi.gov.uk) or on 0207 282 3978.

**Next scheduled reports to be added – 6th June 2013:**

- Freight lifted (2013-14, Q1) (source, Freight Operating Companies)
- Freight moved (2013-14, Q1) (Source, Network Rail)

# RIDDOR Reporting on the NRT Portal : July 2014

Disease Type	2010-11	2011-12	2012-13	2013-14
Carpal tunnel syndrome	4	0	2	2
Cramp in the hand or forearm due to repetitive movements	0	0	2	0
Hand Arms Vibration Syndrome (HAVS)	34	95	97	76
Legionellosis (infectious disease due to biological agents)	0	0	0	0
Leptospirosis (infectious disease due to biological agents)	0	1	3	0
Occupational asthma	0	0	0	1
Occupational cancers	0	0	0	0
Occupational dermatitis	1	0	0	0
Tendonitis or tenosynovitis in hand or forearm	1	1	0	0




# HAVS – what we expect to see

- Routes to develop HAVS risk improvement plans (mandated by NR HQ)
- Focus on higher risk tasks – needle guns, rail grinders, impact wrenches, rotary hammer drills – some trigger times < 15mins to ELV
- Managing HAVS exposure by
  - Task design – avoid need hand held or guided vibrating tools; automate
  - Lower vibration tools – purchase/hire policies; updated Small Plant and Tool datasheets with trigger times; Geismar MP12 grinders to retrofit vibration reducing handles
  - Assessing and managing personal exposures



# Occupational Cancers : DEEE, Silica & Asbestos

Pre Publication Edition for National Freight Group Meeting

 <b>Railway Guidance Document</b>		<b>RGD-2014-*</b>	
<b>DIESEL ENGINE EXHAUST EMISSIONS (DEEE) IN THE RAILWAY SECTOR</b>			
<b>Date of issue/last review</b>	October 2014	<b>Date of next review</b>	October 2016
<b>RGD postholder/owner</b>		Sharon Mawhood, CSI team	
<b>RGD cleared by</b>		Claire Dickinson, CSI Team John Gillespie, Central Regulatory Division	
<b>RGD type</b>		Policy _____ <input type="checkbox"/> Information _____ <input checked="" type="checkbox"/> Procedure _____ <input type="checkbox"/>	
<b>Target audience</b>	RSD _____ <input checked="" type="checkbox"/> RPP _____ <input checked="" type="checkbox"/> Admin _____ <input type="checkbox"/>	Policy _____ <input type="checkbox"/> Inspectors _____ <input checked="" type="checkbox"/> Admin _____ <input type="checkbox"/>	
<b>Keywords</b> DEEE EXHAUST EMISSIONS DIESEL ENGINE			
<b>Summary</b> This RGD summarises the current evidence base on health risks associated with exposure to diesel engine exhaust emissions (DEEE) and advises inspectors about action to take in securing compliance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH) (as amended) in respect of DEEE in the railway operating environment.			
<b>Original consultation</b> HSE (policy, occupational hygiene, and medical specialists); Gerry Kerr (Rail Operators); Don Wilson (Rail Operators); Phil Sharpe (RPP – rail vehicles); Paul Appleton (Network Rail Division); Dawn Russell (Rail Policy)			
<b>Subsequent consultation</b> (reviews only)			



- Revised RGD guidance for Inspectors on DEEE and silica in preparation
- COSHH, 2002 duties re DEEE – robust precautionary approach
- Assess exposure to DEEE/ Prevent and Control consistent with hierarchy of control
- High exposures to nitrous oxide in busy station areas/ Para 15-Elemental Carbon as marker
- Silica – keep away, reduce dust, health surveillance, PP3 face masks, face fit testing regime

# Repeat of the **ORR baseline review**

<http://orr.gov.uk/what-and-how-we-regulate/health-and-safety/monitoring-and-reporting/occupational-health-assessment>

- **HSE Labour Force Survey Data**
- **ORR Quantification Survey**
- **Information & Intelligence from:**
  - Inspections
  - Annual Return
  - Industry Reports
- **Due to be published June 2015**



# HAVS / MSD / Asbestos / Stress Position Statements

## Updated Strategic Risk Priorities Document Chapter 9



ORR position paper on hand arm vibration risk 2014



ORR position paper on asbestos in the rail industry 2014



ORR position paper on work related stress in the rail industry 2014

### 9. Occupational health

#### Introduction

1. Occupational or work-related ill health describes those conditions that are caused, or made worse, by work.
2. Occupational health covers many different aspects of workforce well-being. This includes health considerations from:
  - physical work activities such as musculoskeletal disorders arising from manual handling and exposure to hand arm vibration;
  - exposure to hazardous substances; and
  - mental health issues, for example stress.
3. Worker health has historically had a far lower profile than worker and passenger safety in the rail sector. However, evidence suggests that occupational ill-health is an area of risk that could be better managed across all GB industry and we have found evidence of failure to meet minimum legal requirements in the railways industry.
4. HSE data indicates that railway workers report a higher incidence of work related ill health when compared with construction workers; other transport drivers and mobile machine operatives; and with the transport, storage and communications sector as a whole. Reliable, accurate data on occupational ill health within the rail industry is difficult to obtain.
5. Rail industry datasets, including RSSB's SMIS and London Underground Limited's LUSEA, are useful but do not capture all sectors of the industry or types of ill health. RIDDOR data is unhelpful when looking at manual handling and stress, generally perceived as the key work related ill health issues for the industry. There is some evidence to suggest under reporting of prescribed occupational diseases under RIDDOR.
6. RSSB research in 2005 estimated that the rail industry lost about 1.17 million working days per year through sickness absence. The associated direct payroll costs of ill health were estimated at about £100M per year, around ten times that of the total expenditure on OH

Office of Rail Regulation | September 2012 | strategy for regulation of health and safety risks 1



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# Mandatory Investigations & RGD 2010-10

- Case of legionnaires disease where the source of infection may be on a railway location enforced by ORR
- Suspension from work due to high blood lead levels
- Occupational asthma, ...isocyanate paint as respiratory sensitizer
- Plus,
- RGD 2010-10 Matters of Evident Concern – conditions that pose a serious risk of ill-health – old pipework - legionella



# Quarterly occupational health programme updates

<http://orr.gov.uk/what-and-how-we-regulate/health-and-safety/monitoring-and-reporting/occupational-health-quarterly-updates>

The screenshot shows the ORR website's navigation menu and the Occupational Health page content. The ORR logo is at the top left. The navigation menu includes: About ORR, What & how we regulate (selected), Info for passengers, Publications, Consultations, and Statistics. The breadcrumb trail is: Home / What & how we regulate / Health and safety / Occupational health. The left sidebar lists: Health and safety, Regulation and certification, Monitoring and reporting, Investigating incidents, Enforcement, Guidance and research, Occupational health (selected), Presentations and events, Network Rail regulation, High Speed 1 (HS1), and Competition and consumers. The main content area is titled 'Occupational health' and contains the following text:

Our second occupational health programme has been developed to encourage the railway industry to proactively manage health risks. This is structured around the four E's:

- Excellence
- Engagement
- Efficiency
- Enabling

Our vision is of a rail industry that consistently achieves best practice in occupational health.

Over the next five years we want to see railway companies improve the health of their workers by striving for:

- Excellence in health risk management;
- Greater engagement with employees and others;
- Better efficiency and reduced costs from people suffering work-related ill-health; and
- Enabling improvements in competency, information, co-ordination and control.

Download the Occupational health programme 2014 to 2019: making it happen PDF, 1,751 Kb

Download the Health and wellbeing programme summary 2014-19 PDF, 1,751 Kb

The image shows the cover and introduction of the 'ORR occupational health programme update July 2012'. The cover features the ORR logo and the title. The introduction text reads:

**Introduction**

This quarterly brief aims to bring you up-to-date on progress with some of the work under the liaison meetings with ORR inspectors. We have identified key messages for rail duty holders and would welcome [feedback](#).

**This issue focuses on:**

- Developing front line manager competence on occupational health - new ORR good practice guidance
- Recent changes to the law on management of asbestos, and ORR inspection
- Sharing good practice in occupational health management - more case studies show the business benefits of a proactive approach

**1. ORR guidance on developing rail manager competence on occupational health**

One of the aims of ORR's [Health Programme 2010-14](#) is to encourage excellence in health risk management by helping the industry to improve its managers' competence on health. Many rail managers and supervisors are on the front line in identifying and managing risk to workers' health and they need the right level of skills and knowledge to do this. As well as helping to comply with health and safety law, ensuring that front line managers have the right occupational health training can deliver real business benefits by increasing productivity, reducing sickness absence and costly insurance claims, and can help rail companies to get the most from specialist occupational health services.

[New ORR guidance](#) seeks to help the rail industry to bridge the gaps in rail manager competence on occupational health by providing clear practical advice on what good practice looks like and how to achieve it. We provide good practice guidance on what rail managers need to know on occupational health, and advice on how to achieve this. We suggest a number of free training resources for smaller rail companies, as well as training support for larger rail businesses. As part of this work we have looked to source a syllabus for occupational health training for rail managers.

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](http://www.rail-reg.gov.uk)

The image shows the cover of the 'ORR Occupational Health eBulletin June 2014 Issue 1'. The cover features the ORR logo and the title. The text on the cover includes:

**ORR Occupational Health eBulletin**

June 2014 Issue 1

Welcome to the Occupational Health eBulletin!

As we launch the second Occupational Health Programme for 2014-19, we wanted to introduce this eBulletin to help you up-to-date on the events, seminars and training courses, which may be of interest to you. We invite you to notify us of any not-for-profit courses, we would welcome your comments and feedback. If you have any suggestions or ideas please do send us an email at [occupational.health@orr.gov.uk](mailto:occupational.health@orr.gov.uk).

**Latest events and courses**

The 10th Occupational Health eBulletin

The Toolkit is a free resource it brings together information, guidance, fact sheets, case studies, training materials, presentations and more to help you tackle occupational health problems. [View the Toolkit for Occupational Health eBulletin](#)

Occupational Health Awareness Day - free event

This event will be held at two different locations this year, dates are listed below:

- 10th September 2014 - Chester
- 25th November 2014 - Stafford

For further information, please email [occupational.health@orr.gov.uk](mailto:occupational.health@orr.gov.uk)

Office of Rail Regulation

<http://www.orr.gov.uk> | [occupational.health@orr.gov.uk](mailto:occupational.health@orr.gov.uk) | Contact us: 0207 282 2000

# RM3 – Health

- Information on web
- Example for stress
- Pilot at TPE & CrossCountry

<http://orr.gov.uk/what-and-how-we-regulate/health-and-safety/monitoring-and-reporting/occupational-health-and-the-railway-management-maturity-model>

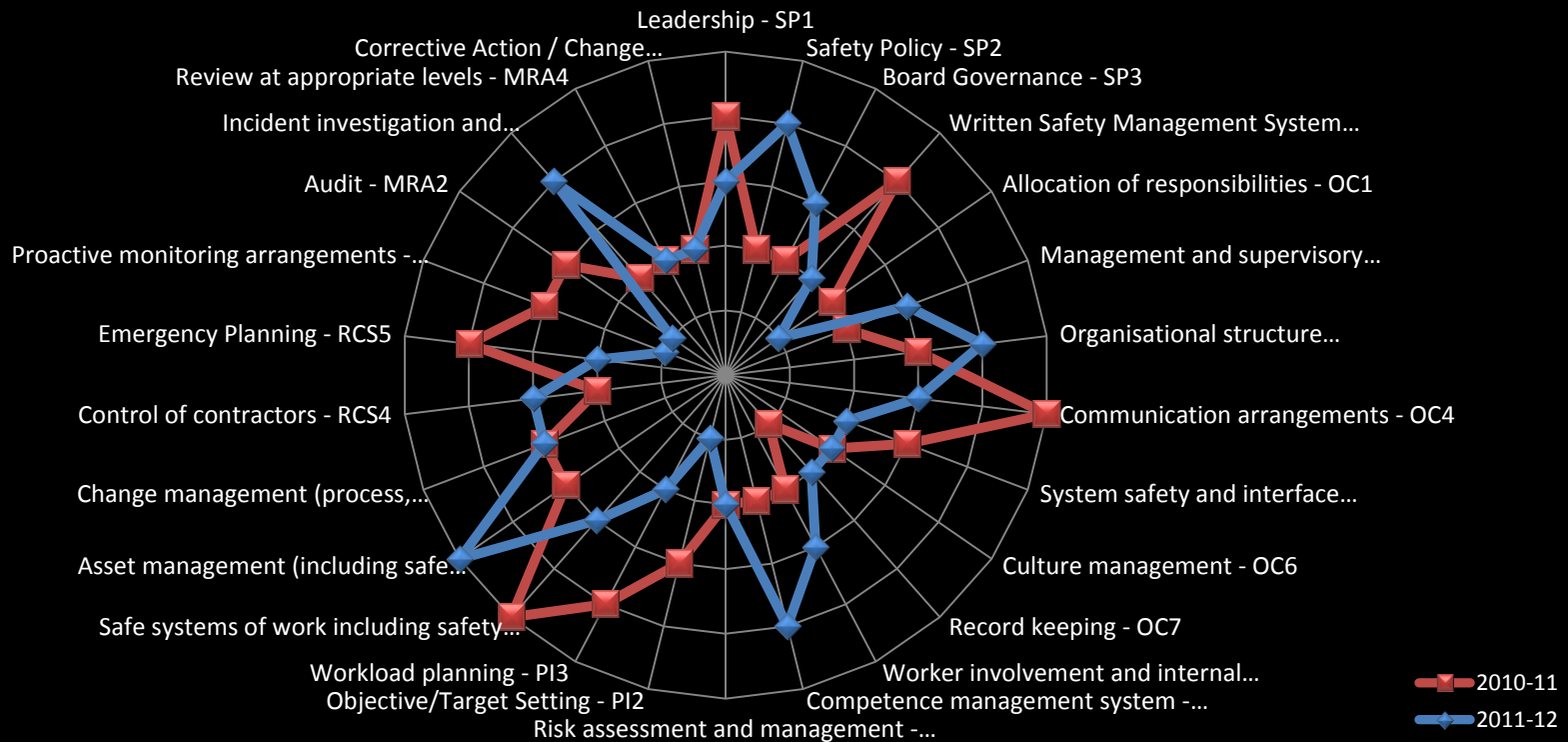
## Example of a key issues agenda for managing stress risks

HSE publication HSG218 'Managing the causes of work-related stress' is accepted as good practice in managing the causes of work related stress. The approach is a step-by-step approach using the Management Standards and the key issues below reflect the steps given in HSG 218 (in italics in the framework) and if followed allow an assessment to be made of how stress is managed as a risk control system within the RM3 framework.

RM3 Criteria	Key issues to explore during assessment
Leadership - SP1	<p><i>Prepare</i> - Are senior management committed to the process for managing stress within the organisation? For example is there evidence of senior managers;</p> <ul style="list-style-type: none"> <li>- Visibly demonstrating support and participating in communication activities</li> <li>- Allocating sufficient resources</li> <li>- Delegating authority to relevant groups e.g. steering group</li> <li>- attending steering group meetings</li> </ul>
Safety Policy - SP2	<p><i>Prepare</i> - Is there a commitment within the safety policy to managing stress. Excellent organisations will have a specific stress management policy (<i>appendix 1</i>)</p>
Board Governance - SP3	<p><i>Prepare</i> - Has management commitment been achieved e.g. by making the ethical and legal case at board level</p>
Written Safety Management System - SP4	<p><i>Prepare</i> - Occupational health issues including stress should be explicit in the written HSMS.</p>
Allocation of responsibilities - OC1	<p><i>Prepare</i> - Is there a stress steering group with defined objectives, key roles assigned appropriately and adequate resources.</p>
Management and supervisory accountability - OC2	<p>Are staff with responsibilities for managing stress held accountable (<i>step 3</i>)?</p>
	<p><i>Prepare</i> - Has a communications/employee</p>

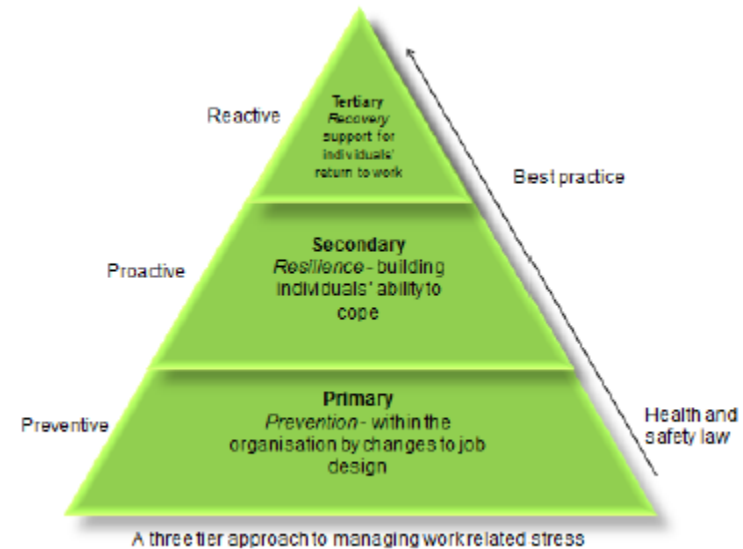
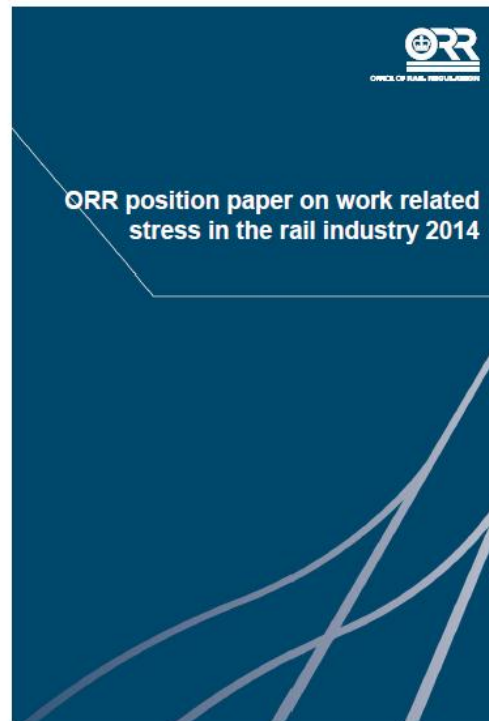
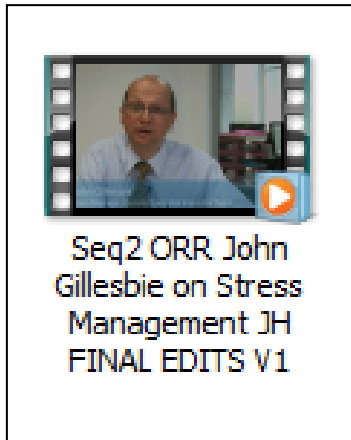
# RM3 Radar Plot

## RM3 assessment comparison 2010/11 with 2011/12



# Managing Stress

\*\* Marking European H&S Week October 2014





# What does good stress management look like?

## ➤ **Primary - prevention**

- preventing harmful levels stress
- ***work centred*** - focus on the work and way it is done

## ➤ **Secondary - coping skills**

- building coping skills – resilience training, employee assistance, buddying
- focus on the individual

## ➤ **Tertiary - support for affected**

- support after the event – rehabilitation, staged return to work, counselling and employee assistance
- focus on the individual

# Where is the rail industry ?

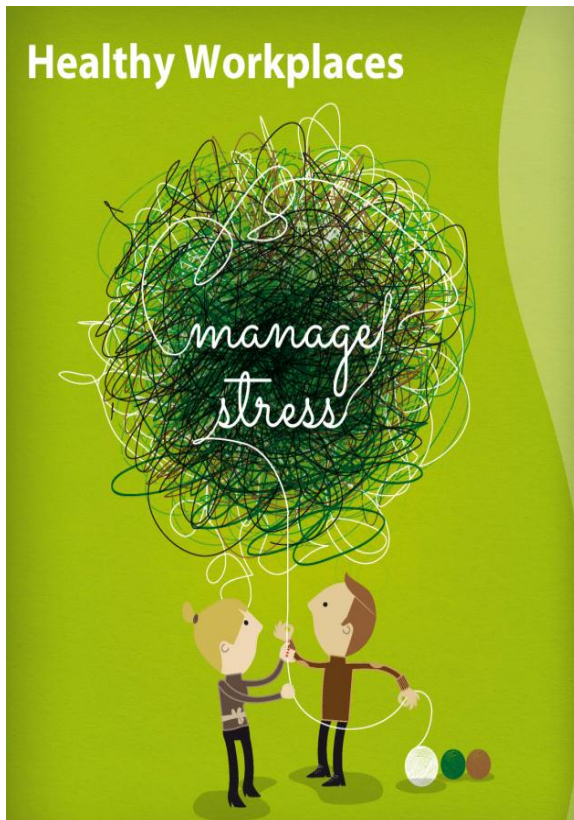
- Pockets of good practice.....ORR web site good practice [case studies](#)
- Arriva Trains Wales – NICE guidelines on post traumatic stress management = **tertiary** intervention
- Transport for London – Stress Reduction Groups to build personal resilience = **secondary** intervention
- Need more effort and focus on prevention by looking at way work done = **primary** intervention
- Shift towards organisational approach as well as individual
- [HSE Management Standards](#) approach well tested framework





European Agency  
for Safety and Health  
at Work

# European Agency for Safety and Health at work



- Healthy Workplaces Campaign 2014-2015 'Managing stress and psychosocial risks at work' starts in April
- Support and guidance for workers and employers to recognise and tackle stress at the workplace, and promotes the use of practical tools.
- Check out the new Campaign Guide at [Healthy Workplaces Campaigns — Safety and Health at Work - EU-OSHA](#)



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# Conclusion

## What do ORR expect ?

1. Demonstrate that progressing from reactive to proactive to excellence in health risk management, using RM3-Health to assess this
2. Demonstrate good practice e.g. stress/trauma management, good job design
3. Improving arrangements for health surveillance, health policies, health reporting
4. No one's health affected by their working environment or working practises

Thank you  
Any questions?

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