

**Health risk
assessment guidance
for line managers**

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1 Introduction

1.1 Purpose

- 1.1.1 This guidance document describes the process for a line manager to follow, when occupational health recommend that a health risk assessment needs to be completed.
- 1.1.2 This health risk assessment is required to be completed before the employee returns to working in a track based environment or in safety critical work.

2 The five principles of risk assessment

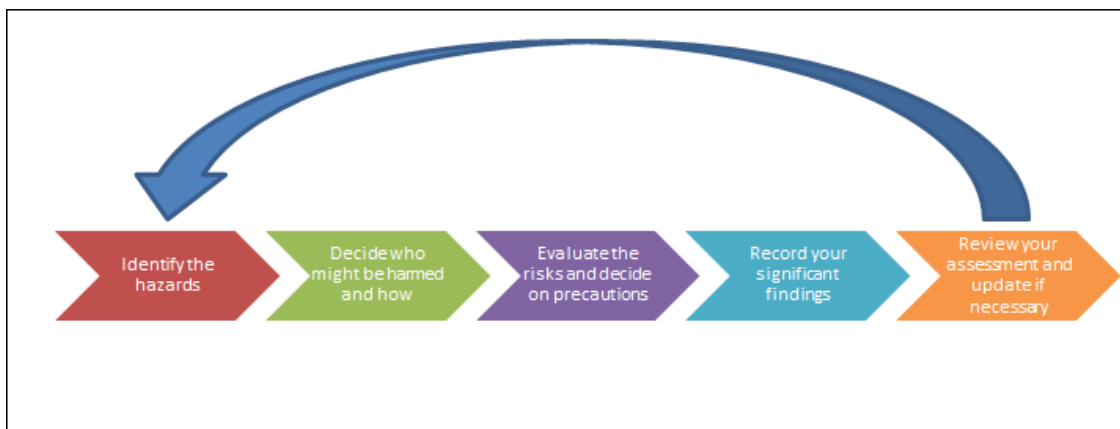


Figure 1 – How to assess the risks in your workplace HSE 2016

- 2.1.1 Occupational health will identify when an individual, due to a general health condition, may be at increased risk due to exposure to certain workplace hazards.
- 2.1.2 Occupational health will identify the level of risk and the likelihood of this happening; and will suggest control measures for the line manager to consider, as part of the health risk assessment process.
- 2.1.3 The line manager will be required to assess, or evaluate, hazardous work activities and determine the level of risk, if the required control measures are not implemented. This is recorded in the health risk assessment form and the outcomes of the assessment will need to be reviewed on a regular basis, by the line manager.
- 2.1.4 Occasionally the line manager may need to consult with others, such as safety advisors or trade union representatives, in order to confirm the hazards, likelihood and severity of risk.

3 Health risk assessment process

- 3.1.1 When a line manager believes that an employee's health or wellbeing may be at risk through illness or injury, the line manager will refer the employee to OH Assist for an occupational health assessment. This could be a management referral, competence specific medical, other type of occupational health assessment or a periodic health assessment
- 3.1.2 If during this assessment, occupational health identifies that a health risk assessment needs to be completed, they will complete Part 2 of the health risk assessment and score the likelihood of the condition occurring. Recommendations for possible control measures will also be made by occupational health.

NOTE: Part 1 of the health risk assessment is started by occupational health and completed by the line manager.

- 3.1.3 The health risk assessment form will then be sent to the line manager to complete.

- 3.1.4 Occupational health will keep the case open and will not update outcomes on Sentinel, if the assessment relates to a competence specific medical.
- 3.1.5 The line manager will arrange a time and date with the employee to complete the health risk assessment form together.
- 3.1.6 The line manager completes the following sections in Part 3 of the health risk assessment (see Figure 2 below):
- Work activities are reviewed in column A, with the frequency of how often the employee is exposed to these hazards completed in column B.
 - Control measures are assigned to each of the work activities, in column C.
 - The level of severity, if the control measures are not implemented, is completed in column D.
- NOTE:** Examples of control measures can be found in Appendix A and B.
- 3.1.7 Part 4 of the health risk assessment is completed by the line manager, as an assurance check after Part 3 is completed.
- 3.1.8 The level of risk is identified by completing Part 5 of the assessment in the Risk Ranking Matrix.
- 3.1.9 If further advice is needed, the health risk assessment form should be sent to the safety team for comment and input. Alternatively, trade union health and safety representatives or technical advisor advice can also be sought.
- 3.1.10 If satisfactory, and the line manager is happy to accept the outcomes of the health risk assessment, the form will need to be returned to OH Assist's case closure team on NWRCaseClosures@ohassist.com. The case will then be closed by OH Assist and the form will be sent to the HRSS medicals team, to upload onto Sentinel.
- 3.1.11 If the level of risk is unacceptable to the line manager or their advisors, such as when the risk assessment score is "high" (8 to 10 based on the calculations within the health risk assessment form), the line manager should refer the employee to occupational health for further management advice and consideration for possible redeployment.

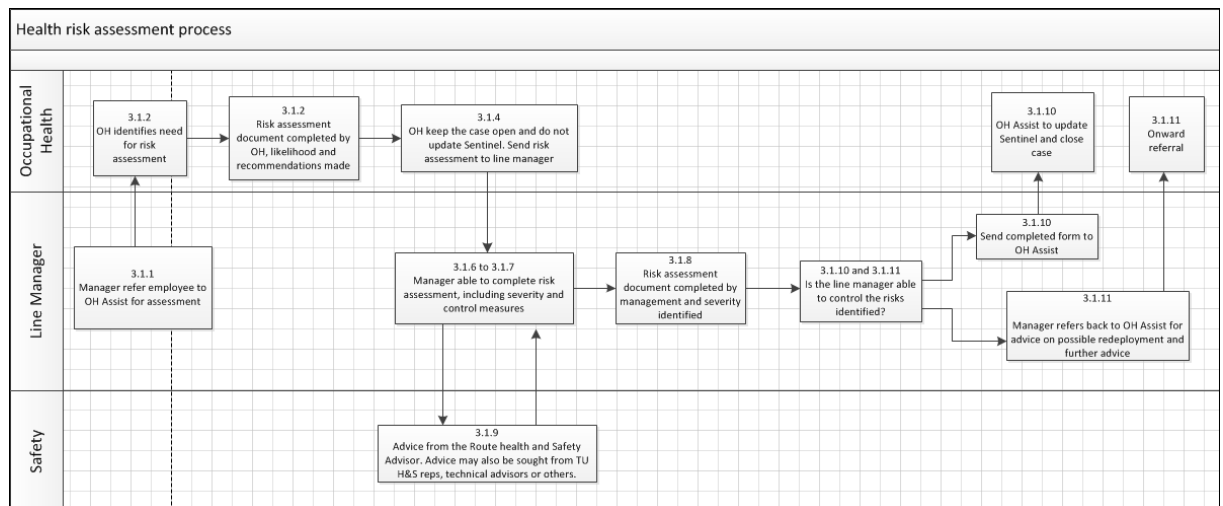


Figure 2 - Health risk assessment process

4 Additional information

4.1.1 Further information on the five steps for risk assessment can be found on the HSE website:

<http://www.hse.gov.uk/risk/controlling-risks.htm>

4.1.2 Some conditions mean that an employee is covered by equality legislation as a disabled person. In these circumstances, Network Rail is legally obliged to explore reasonable adjustments that when provided either allow the employee to continue in their substantive role, or mean that redeployment should be arranged. These adjustments can also include offering different working patterns. The definition of disability is included in Appendix A.

NOTE: *Employees in these circumstances should not be asked to apply for other roles. The line manager should seek support from HR about appropriate transfers.*

4.1.3 Further information on reasonable adjustments, please visit:

<http://connectdocs/NetworkRail/Documents/CorporateServices/HR/InformationCentre/EmployeeHandbook/ReasonableAdjustmentPolicy.pdf>

4.1.4 Further information on redeployment, please visit:

<http://connectdocs/NetworkRail/Documents/CorporateServices/HR/HROnline/Recruitment/Redeployment%20policy%20and%20procedure.pdf>

Appendices

Appendix A

- A.1.1 Modified safe systems of working can lower risk. Line managers and/or safety advisors are best placed, working in collaboration with occupational health, to implement such systems to reduce the risks of those with specific general health issues.
- A.1.2 A good understanding of an employee's work role and the associated tasks within it is a requirement of making an appropriate decision regarding their suitability to perform specific work tasks.
- A.1.3 The Equality Act 2010 defines disability as "a physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities." Substantial' means more than minor or trivial. 'Impairment' covers, for example, long-term medical conditions such as asthma and diabetes, and fluctuating or progressive conditions such as rheumatoid arthritis or motor neurone disease.
- A.1.4 A mental impairment includes mental health conditions, like bipolar disorder or depression, learning difficulties like dyslexia, and learning disabilities for example, autism and Down's syndrome. People with progressive and fluctuating illnesses such as cancer, motor neurone disease, multiple sclerosis and HIV/AIDS, are automatically protected by the Act from the point of diagnosis. People with severe disfigurement are protected without needing to show that their disability has a substantial adverse effect on day-to-day activities.
- A.1.5 Below are some examples of conditions where health risk assessments may be recommended by occupational health.

A.1 Sudden risk of incapacity

Example 1: sudden risk of incapacity – insulin dependent diabetes

- A.1.1 The individual has insulin dependent diabetes.
- A.1.2 Occupational health has assessed an employee and their level of risk as:
Risk of sudden incapacity: Likelihood of risk 3 - likely
- A.1.3 Examples of modified safe systems of work might include:
- a. Being accompanied at all times
 - b. No Lookout or individual working alone (IWA) duties
 - c. Regular review of the employee's wellbeing by the manager
 - d. Checking blood glucose prior to working
 - e. Regular breaks for meals, medication or self-monitoring
 - f. No strenuous work on the live track
 - g. Employee to carry at all times suitable readily absorbed glucose formulations to reverse the effects of low blood sugar levels
 - h. Employee to be fully aware of the early warning signs of their hypoglycaemia and to educate their working colleagues, first aider or manager of how any emergency should be handled
 - i. If blood sugar levels fluctuate significantly at night time, advisable that individual refrains from night duty
 - j. Employee keeps diabetic clinic appointments, complies with all treatment and alerts the organisation of any complications or health issues that he/she experiences
 - k. No working in small confined spaces with restricted egress in emergency

- l. No working on or near 3rd or 4th conductor rail areas, OLE or other traction supplies
- m. No working at heights unprotected.

A.1.4 The manager may then grade that the likelihood of severity:

2 - Minor health effects causing lost time injury 1-20 days with some impact on local level activities.

A.1.5 The total risk is 5 – moderate risk so these modified safe systems of work and precautions should be put in place in order for the employee to work safely.

Example 2: sudden risk of incapacity – epilepsy

A.1.6 The individual has epilepsy.

A.1.7 Occupational health has assessed an employee and their level of risk as:

Risk of sudden incapacity: Likelihood of risk 3 – likely

A.1.8 Examples of modified safe systems of work might include:

- a. Being accompanied at all times
- b. Regular review of the employee’s wellbeing by the manager
- c. Supervisor or first aider knowledge of medical condition and the issues
- d. Agreement by the employee to avoid provoking factors (such as lack of sleep)
- e. Adjustments to shift working times.

A.1.9 The manager may grade between 2 and 5, which will determine whether the individual is able to work trackside or not.

Example 3: sudden risk of incapacity - vasovagal attacks / fainting

A.1.10 Occupational health has assessed an employee and their level of risk as:

Risk of sudden incapacity: Likelihood of risk 3 – likely

A.1.11 Examples of modified safe systems of work might include:

- a. Regular lunch breaks
- b. Avoiding long periods standing or working in hot conditions
- c. Avoiding other provoking factors specific to the employee
- d. No safety-critical tasks until the condition has been well controlled for a period of time.

A.1.12 The manager may then grade that the likelihood of severity:

2 - Minor health effects causing lost time injury 1-20 days with some impact on local level activities.

Example 4: sudden risk of incapacity - Cardiac symptoms

A.1.13 Occupational health has assessed an employee and their level of risk as:

A.1.14 “High Risk” of recurrence 4. In cases of unexplained loss of consciousness with high risk features, it is suggested that employees are not medically suitable for safety-related work where sudden incapacity would affect safety for 6 to 12 months, depending on risk assessment.

A.1.15 “Low Risk” of recurrence 3. In cases of unexplained loss of consciousness with low risk cardiac features, it is suggested that employees are not medically suitable for safety-related work where sudden incapacity would affect safety for 1 to 3 months, depending on risk assessment.

A.1.16 Examples of modified safe systems of work might include:

- a. Alert line manager of any new medications taken.
- b. Employee to be fully aware of the early warning signs of their condition and to educate their working colleagues, first aider or manager of how any emergency should be handled.
- c. Reduce distance travelled by foot.
- d. Avoid climbing to heights
- e. Avoid heavy manual handling activities, excessive bending, pushing or pulling
- f. Carry out partial duties and/or review task and workload.
- g. To be accompanied at all times
- h. No working in small confined spaces with restricted egress in emergency
- i. Ensure adequate rest breaks are taken
- j. No Lookout or Individual Working Alone duties
- k. Seek medical fitness for night work

A.1.17 With the controls in place the manager may then consider the likelihood of severity as 2 – so the total is 6 for high risk conditions or 5 for lower risk conditions.

A.2 Poor mobility, both traversing the working environment and lifting and handling

Example 5: poor mobility - Claudication (pain and/or cramping in the lower leg due to inadequate blood flow to the muscles)

A.2.1 Occupational health has assessed an employee and their level of risk as:

Risk of sudden poor mobility: Likelihood of risk 3 – likely

A.2.2 Examples of modified safe systems of work might include:

- a. Reduce distance travelled by foot.
- b. Avoid heavy manual handling activities, excessive bending, pushing or pulling
- c. Carry out partial duties and/or review task and workload.

A.2.3 The manager may then grade that the likelihood of severity:

2 - Minor health effects causing lost time injury 1-20 days with some impact on local level activities.

Example 6: Poor mobility - Partial amputation or hip replacement

A.2.4 Occupational health has assessed an employee and their level of risk as:

Risk of sudden poor mobility: Likelihood of risk 3 – likely

A.2.5 Examples of modified safe systems of work might include:

- a. Avoid prolonged standing
- b. Avoid work that involves excessive and repetitive pushing, pulling, bending, twisting or reaching.
- c. Manual handling assessment/training
- d. Multi-skilling and task variation
- e. No work alone on or near the line.
- f. Provide suitable (and adjustable) seating to maintain correct posture
- g. Reduce distance travelled by foot.

- h. Avoid heavy manual handling activities, excessive bending, pushing or pulling
- i. Carry out partial duties and/or review task and workload
- j. No working in small confined spaces with restricted egress in emergency
- k. Alert line manager of any new medications taken
- l. No working on or near live 3rd or 4th conductor rail areas, OLE or other traction supplies
- m. No working at heights

A.2.6 The manager may then grade that the likelihood of severity:

2 - Minor health effects causing lost time injury 1-20 days with some impact on local level activities.

A.3 Ability to communicate

Example 7: Vision

A.3.1 Occupational health has assessed an employee and their level of risk as:

Risk of ability to communicate: Likelihood of risk 3 – likely

A.3.2 Examples of modified safe systems of work for vision might include:

- a. Continued requirement for corrective lenses
- b. Use of safety glasses
- c. Need to be accompanied track side at all times
- d. Report any changes in vision to manager
- e. No night working

A.3.3 The manager may then grade that the likelihood of severity:

2 - Minor health effects causing lost time injury 1-20 days with some impact on local level activities.

Example 8: Hearing

A.3.4 Occupational health has assessed an employee and their level of risk as:

Risk of ability to communicate: Likelihood of risk 3 – likely

A.3.5 Examples of modified safe systems of work for hearing might include:

- a. Check verbal communication and understanding of instructions, telephone communication, hearing of radio and all audible alarms
- b. If hearing aid in place, ensure spare batteries are available at all times, regular maintenance of aid and that hearing aid is of correct and comfortable fit
- c. No working on or about the line (unaccompanied)
- d. COSS understands need for 1 to 1 briefings
- e. Touch look out

A.3.6 The manager may then grade that the likelihood of severity:

2 - Minor health effects causing lost time injury 1-20 days with some impact on local level activities.

A.4 Impaired cognition and alertness

A.4.1 Problems that may cause impairment of awareness or concentration, impaired decision making & understanding of instructions might include diabetes, medication, sleep apnoea, alcohol and drug abuse and learning disabilities.

A.4.2 Occupational health has assessed an employee and their level of risk as:

Risk of impaired cognition and alertness: Likelihood of risk 3 – likely

A.4.3 Examples of modified safe systems of work for impaired cognition might include:

- a. Avoid supervision of other staff
- b. Ensure adequate breaks are taken to avoid unnecessary fatigue
- c. Delegation of some tasks to other team members
- d. More frequent competency specific medical assessments
- e. Restrict or remove from safety critical work/decision making.
- f. Seek counselling/support
- g. No driving
- h. Employee should be accompanied and/or their work supervised at all times
- i. No Lookout or Individual Working Alone duties.
- j. Alert line manager of any new medication taken
- k. Check understanding of instructions
- l. Avoidance of night working

A.4.4 The manager may then grade that the likelihood of severity:

3 - Major health effects causing lost time injury 20+ days and/or redeployment.

A.5 High risk behaviours

A.5.1 Suicidality and the use of alcohol or drugs are considered high risk behaviours. These behaviours are likely to lead to removal from trackside immediately by the occupational health team. However, following a period of sustained improvement, on return to work, controls may have to be put in place as per A.4.

Appendix B

- B.1.1 Below are examples of good control measures that can be in place to maximise employee performance for a variety of roles:
- a. Modified safe systems may include changes to the work environment location, hours, tasks, or supervision
 - b. Employee may be expected to agree to personal actions necessary to maintain a low risk environment
 - c. Educating fellow colleagues on signs and symptoms of a particular condition and what first aid treatment would need to be applied
 - d. Ensure safety briefing understood
 - e. Ensure reasonable workload and deadlines
 - f. Ensure good communication and reporting of problems
 - g. Restructure task (job design)
 - h. Provide appropriate training
 - i. Monitor overtime and shift work
 - j. More frequent comp spec medicals
 - k. Stress risk assessment
 - l. Provision of suitable PPE and warm clothing for outdoors work
 - m. Changes to job design.