

## Respiratory health surveillance FAQs

For information regarding NR-L2-OHS-157 - Health surveillance for silica and asbestos and the management of diagnosed occupational respiratory conditions.

### **Q. How do I refer an employee for health surveillance?**

**A.** Line managers can refer an employee for health surveillance via the vista referral mechanism found [here](#).

### **Q. How do I identify an at risk employee?**

**A.** Employees can be identified as 'at risk' by utilisation of Network Rail's work activity risk assessment (WARA) standard NR/L2/OHS/00103 and undertaking exposure monitoring as defined in NR-L2-OHS-157.

### **Q. How do I determine whether an employee requires a referral for health surveillance?**

**A.** Once an employee has been identified as being at risk of an exposure, they must be referred for health surveillance should one or more of the following be identified:

- previous cases of diagnosed occupational respiratory conditions in the workplace or industry with a causal link to respiratory hazards identified in the workplace;
- personal exposure monitoring identifies a work exposure limit as exceeding 50% of the permitted daily exposure limit values should one exist and be listed in the EH40;
- an employee is identified as working with an exposure to an occupational respiratory hazard and has a pre-existing diagnosed respiratory medical condition with ongoing treatment, such as asthma, which can be exacerbated by exposure to a known respiratory hazard; or
- reliance on respiratory protective equipment (RPE) as an additional exposure control measure for RCS when undertaking activities with an exposure above 50% of the WEL.

### **Q. What is exposure monitoring and how do I arrange?**

**A.** Please use the exposure monitoring information sheet for more information on this which can be found [here](#).

### **Q. When are new employees referred and who is responsible for referrals?**

**A.** New employees undergoing a pre-placement level 1 medical competence will be subject to a **baseline respiratory assessment**. In order for this to be undertaken, line managers must refer the employee via the vista referral process for a baseline assessment.

### **Q. What do I do if an employee is inadvertently exposed to asbestos?**

**A.** Where work with asbestos is required to be undertaken, it shall be done in accordance with the Control of Asbestos Regulations 2012, and NR/L2/CIV/168.



If an employee, through the course of their work, is inadvertently exposed to asbestos, it shall be investigated in accordance with NR/L3/INV/3001 and NR/L2/INV/002, using the Level 1 – preliminary report Investigation form (NR2072P) which can be found on the reporting of accidents and safety incidents section on Connect

Where it has been confirmed that an employee has been inadvertently exposed to asbestos and the employee has concerns regarding the health implications, the line manager of the employee shall refer them to Network Rail's Asbestos helpline and or for the non-licensed post asbestos exposure medical assessment.

**Q. An employee has been diagnosed with a respiratory health condition, what happens now?**

**A.** Where an employee is diagnosed with an occupational respiratory condition, the employee, HRSS and the line manager will be notified by the occupational health provider with details of the diagnosis and the fitness of the employee to continue to work.

A Health Management Action Plan (HMAP) shall be completed by line managers for each of employee diagnosed with an occupational respiratory condition using and support the employee in line with the recommendations made within the outcome report. The HMAP can be found [here](#).

**Q. What will respiratory health surveillance involve?**

**A.** Respiratory health surveillance will consist of a face to face assessment with and Occupational health practitioner (OHP). During this assessment, generic respiratory and/or respirable crystalline silica (RCS) questionnaire will be completed along with a lung function test.

**Q. What do I do if I experience symptoms?**

**A.** Should you work with a known respiratory hazard and experience any of the symptoms listed below:

- A persistent cough
- Persistent shortness of breath
- Weakness and tiredness
- Nasal irritation unrelated to a common cold and/or hay-fever
- Other respiratory symptoms such as persistent wheezing which is not related to a common cold and/or hay-fever

Speak to your line manager who can refer you to our occupational health. If you do not work with a respiratory hazard and still experience the above symptoms, please consult your GP.

**Q. What is the frequency of health surveillance?**

**A.** Health surveillance will be, as a minimum, annually unless otherwise stated following the clinical assessment. Where a chest x-ray is clinically determined whether through years of work or clinical assessment, once undertaken, shall be repeated 3yearly.



**Q. I work with an exposure to a hazardous substance. What types of underlying respiratory health conditions should I make my line manager aware of?**

**A.** If you are working with an exposure to a known respiratory hazard, it is very important that you discuss with your line manager should you have a diagnosed respiratory condition with ongoing treatment. The below list give an indication of the types of conditions, this is not an exhaustive list:

- Asthma
- Chronic Obstructive Pulmonary Disorder (COPD)
- Bronchitis
- Emphysema
- Pneumoconiosis