Resourcing Solutions
engaging people

HSQE Briefing
September 2017

Think Safe, Act Safe and Be Safe

Our Safety Vision:

- Our vision of “preventing harm to all” is at the centre of our Safety Strategy and is synonymous with our commitment to resourcing and working safely.

- We believe that our vision can be achieved if we all develop a safe mind-set, plan our tasks correctly and actively seek ways to prevent incidents. We also believe that behaving in a safe way will also lead to zero accidents. We have devised a set of rules that underpins our vision and are consistent with our mantra. **Think safe, act safe and be safe!**

Resourcing Safely

Think Safe, Act Safe and Be Safe

Resourcing Safely

In this edition:

- Crushing Fatality
- Distant Lookout hit by Train
- Track worker almost hit by train (2 seconds away)
- Close Call when fitting conductor rail shrouds
- Worker trapped by JCB Telehandler while loading out “bog mats”

Action required:

After reading this briefing, you are required to respond, please click **“I have read and understood”** or email lmillard@resourcing-solutions.com with acknowledgement and any questions/suggestions

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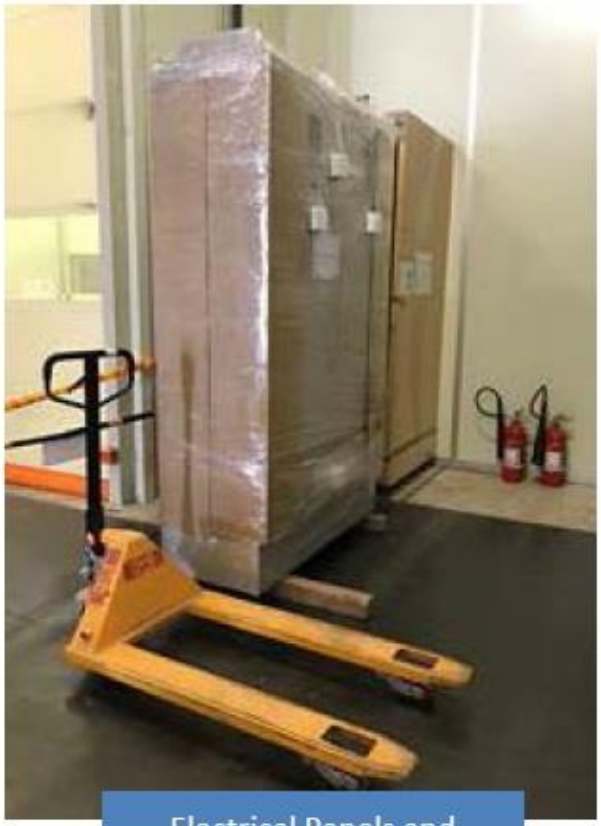
Crushing Fatality

What happened:

On 27 July 2017 a lift operator was crushed beneath a box of heavy electrical panels, which fell off a pallet jack. The lift operator had exited the lift to assist with the movement of the load, but as the pallet truck entered the lift it stopped suddenly, and the momentum in the load led to the panels toppling. The load had not been secured for the movement.

Findings:

- Lack of recognition of the hazard.
- Electrical panels were not secured on the pallet jack.
- The pallet truck was not the right equipment for moving such high centre of gravity loads.
- Insufficient staff were available to undertake the task safely.
- Lack of task planning.



Electrical Panels and Pallet Jack

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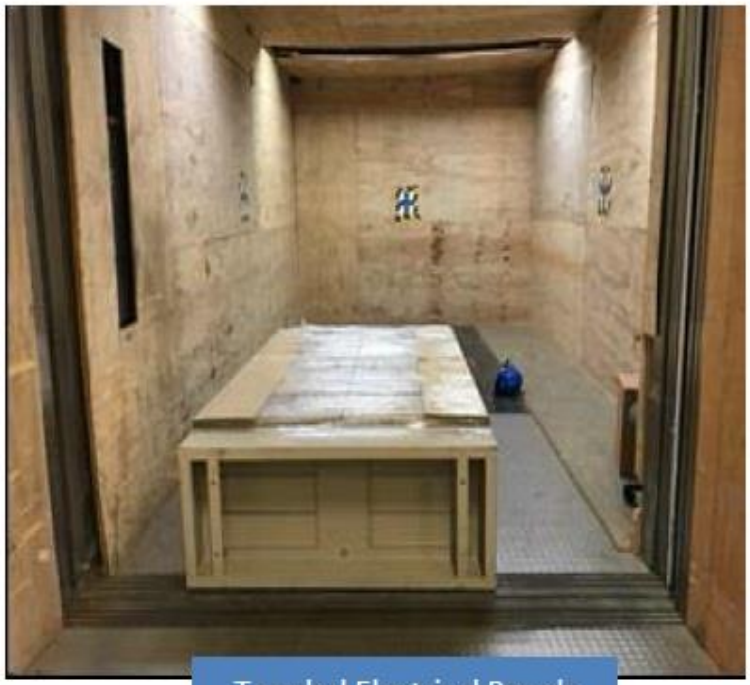
Crushing Fatality

Actions :

Please communicate this alert to your staff and where appropriate take action to ensure the following:

- The right equipment to be used to move loads.
- Suitable risk assessments to be in place for using lifting equipment, in particular pallet jacks.
- Pre-start briefings take place which address the use of pallet jacks.
- Pallet jacks are not overloaded, and loads must be secured.
- Manufacturer's guidance is taken into account in relation to the type of load the pallet jack is suitable for moving/lifting.



Toppled Electrical Panels

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Lookout Struck

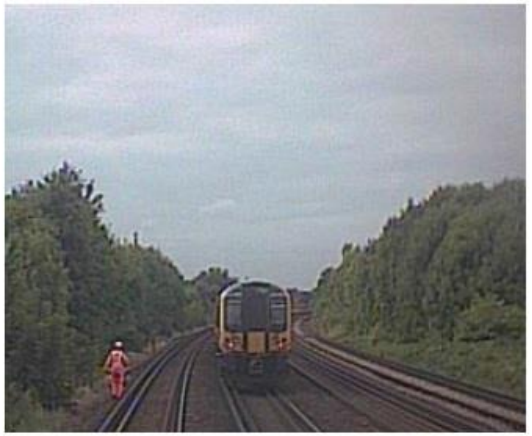
Safety Bulletin

A serious incident has taken place

everyone home safe every day

Advanced lookout struck by a train

Issued to:	**All Network Rail line managers, safety professionals and RISQS registered contractors**
Ref:	NRB 17/18
Date of issue:	24/08/2017
Location:	Raynes Park, Wessex Route
Contact:	Steven Edwards, WHSEA Wessex Inner



Overview

At approximately 12:05 on the 22 August, an advanced lookout was struck by a South Western Railways passenger train. The lookout sustained cuts and bruises to his elbow, which required stitches.

The advanced lookout was part of a three man track patrolling team and was providing advanced warning from the down cess to the patroller who was inspecting the up fast and up slow line, accompanied by his site lookout.

The advanced lookout was ahead of his colleagues, positioned in the down cess on a curve, in order to provide the required warning time to the team. He was standing on the raised ballast shoulder.

One train was passing on the down fast line when a second train approached the advanced lookout on the down slow line at approximately 45mph. That train struck the advanced lookout's right elbow. He was facing the other way as it approached.

When trains passed on either of the down lines, the lookout's view of any trains on the Up lines was compromised.

A lookout was fatally injured in similar circumstances at Leeds in 2009.

Are you a Lookout or Planner?

- How do you maintain awareness of all trains, particularly when focusing on a specific task like looking out in one direction?
- How does the lookout make sure they are in a position of safety while performing their duties?
- How can site conditions such as vegetation impact upon or change the safe system of work in practice?
- How should planners, responsible managers and track workers assess whether an area is suitable for working under lookout protection?

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Near Miss

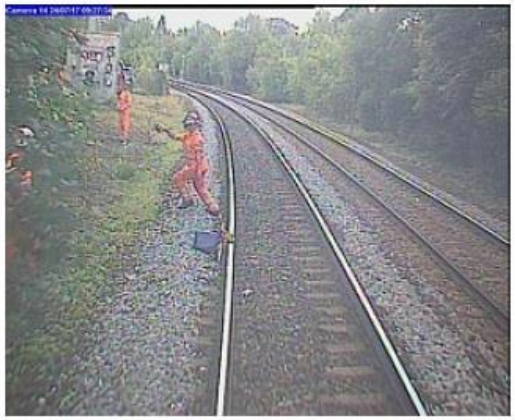
Safety Bulletin

A serious incident has taken place

everyone home safe every day

Near miss with trackworker

Issued to:	**All Network Rail line managers, safety professionals and RISQS registered contractors**
Ref:	NRB 17/17
Date of issue:	17/08/2017
Location:	Location: Trowbridge, Wiltshire - Western Route
Contact:	Helen Barnes, Works Delivery HSEA



Overview

On 24 July 2017 at 09:27 a COSS with a 7-person vegetation clearance team working for a Works Delivery Principal Contractor was less than two seconds from being struck by a train.

The COSS had taken a line blockage for the up line, but the team were actually working on the down line, which was open to traffic.

The train was slowing on the approach to Trowbridge station and was travelling at 25mph on a 50mph line with good visibility during daylight hours.

Since March 2017 there have been two near misses and three close calls on the Western Route.

Four of these incidents involved the teams being in the wrong location due to either not understanding the track layout or not understanding the safe system of work pack (SSOWP).

The fifth incident was an error of judgement by the COSS.

No one involved in these incidents challenged that they were working in an unsafe position or even in the wrong location.

Please take time to watch the 'One Near Miss Too Many' on the Track Safety Alliance website.

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Are you a C.O.S.S. or track worker?

- How is the safe system of work briefed to the team, so that the relevant information is shared and how is the team's understand checked?
- Do you Take-5 to review the Safe System of Work before testing and implementing it?
- What action must be taken when a COSS needs to change the safe system of work?
- How do you check the line blockage information is correct for the location of the work and planned arrangements?
- How will the new 019 process assist in understanding the correct locations where work is to be undertaken including the details

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3rd Rail incident

Safety Advice

Action required following a serious incident

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Close call involving conductor rail short-circuit

Issued to: **All Network Rail line managers, safety professionals and RISQS registered contractors**

Ref: NRA 17/06

Date of issue: 25/08/2017

Location: Ascot Station, Wessex Route

Contact: James Snowdon, Senior Engineer DC Contact Systems

Overview

A close call was raised recently when a member of staff was applying a Vortok conductor rail shield sideways, the shield disturbed the ballast and in doing so forced a stray piece of otherwise hidden wire buried in the ballast into contact with the live conductor rail, resulting in some arcing.

The correct method to apply a conductor rail shield is to fit it from above. However the close call highlighted that staff have been fitting shields from the side. The horizontal application was included as an option in the PTS DCCR training material.

The PTS DCCR training is to be amended to make it clear that fitment of the shield is only from above as this removes the issue of potentially pushing stray metal onto the live rail.

Staff using conductor rail shields should only ever fit the yellow Vortok conductor rail shield **from above the rail**.

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Company HSQE Flash Alert – No. 17-13

Title - Contact with moving machinery

Template Rev: May17

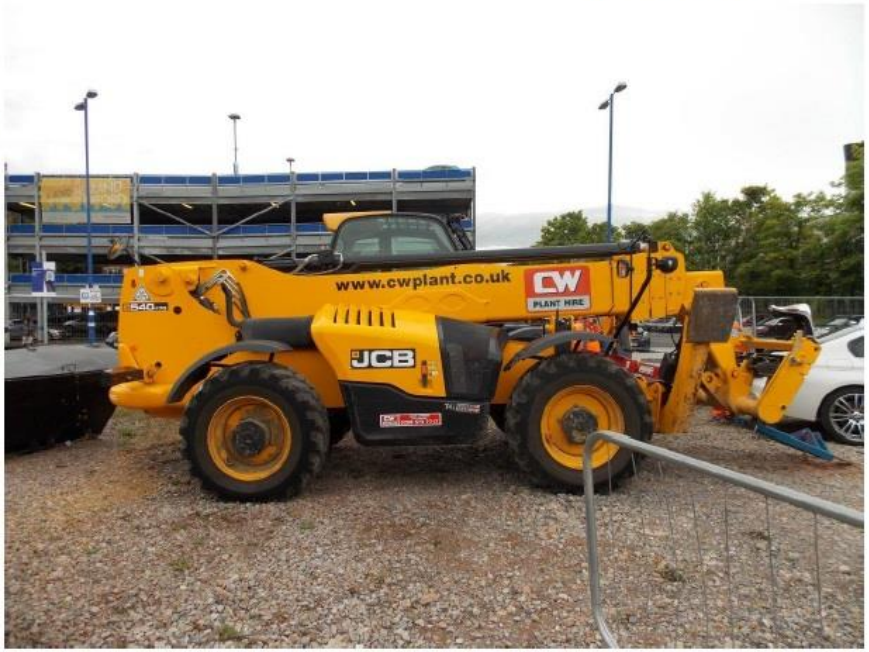
On the 30th August 2017 at Wycombe Station, an operative was seriously injured when he came into contact with a JCB tele-handler.

The IP was working with the machine operator to lay "bog-mats" in preparation for heavy vehicle access.

Whilst positioning a section of "bog-mat", the IP became trapped at the front of the machine causing injuries to his right leg. Exact details of his injuries are not known at this stage.

Investigations are ongoing to determine the circumstances of the incident and further updates will be made available once the full facts are known,

The actual M/C



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Initial Lessons Learned

- Never enter the exclusion zone unless directed to by the person in charge.
- Maintain eye contact with machine operator at all times.
- Ensure effective communications between M/C operator and others including slinger/banksman.
- Check lift plans for all activities involving lifting of plant or equipment.
- Review similar activities either current or planned to ensure all are properly planned and briefed.

Updates on the IP's condition along with further information will be made available as soon as possible.

Contacts

If you have any questions or comments please contact the H&S Team: **01226 243413**

Target Group	All employees/Subcontractors	X	Supervisors	X	Managers	X		Directors	X

PLEASE COMMUNICATE THE CONTENTS OF THIS ALERT TO THE TARGET GROUP(S) GIVEN ABOVE

Should you have any questions in relation to this alert or any other HSQE issues please contact a member of the Health & Safety or Sustainability & Assurance Teams

HSS&A Team

Alan Muddiman H&S Director T: 0113 2814200 M: 07795 087452	Simon Donkin Head of H&S T: 01226 243413 M: 07725 811488	John Westmoreland Deputy Head of H&S T: 01226 243413 M: 07810 506329	Neil Dunlop Snr H&S Advisor (Scotland) T: 01236 457157 M: 07880 002751	Thomas McStay Trainee H&S Advisor (Scotland) T: 01236 457157 M: 07909 256835	Sonia Sweeney H&S Advisor (North) T: 01226 243413 M: 07876 878935	Vince Pearce H&S Advisor (NW–S & Midlands) T: 01942 405550 M: 07774 336814	David Morris H&S Advisor (NW - North) T: 01942 405550 M: 07867179086	Phil Price H&S Advisor (W&W) T: 01443 233400 M: 07825 977106	Rebecca Price Trainee H&S Advisor (W&W) T: 01443 233400 M: 07557540053
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Date of Issue: 31/08/17 JW

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Find us on

www.resourcing-solutions.com

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What happens next

The person in charge and the employee will try to reach an agreement that there has been a suitable and sufficient risk assessment of the task, the system of work is safe and that the work can be restarted.

If no agreement is reached on this basis, the work will not be restarted and the person in charge and the employee will try to reach an agreement that the work can be restarted using the existing system of work with agreed additional control measures if appropriate.

If no agreement is reached on this basis, the work will not be restarted and the person in charge will consult their immediate Line or On-Call Manager

NOTE Where there is no immediate risk to Safety and the member of staff feels unable to instigate this procedure then CIRAS is an alternative method of confidentially raising a safety concern to the respective management level..
“CIRAS can be contacted by phone on 0800 4 101 101, by text message to 07507 285 887 or in writing to "Freepost CIRAS".
The CIRAS office is open from 09:00 to 17:00 Monday to Friday. A message may be left with contact details outside these hours. One of the CIRAS team will arrange to call back at a time to suit.