



**Good Practice in the
Management of Rail Driver
Health and Wellbeing**

Guideline



This Rail Industry Safety and Standards Board (RISSB) product has been developed using input from rail experts from across the Rail Industry. RISSB wishes to acknowledge the positive contribution of all subject matter experts and DG representatives who participated in the development of this product.

The RISSB Development Group for this Guideline consisted of representatives from the following organisations:

CQUniversity

Flinders University

Viva! Health at Work

Metro Trains Melbourne

V/Line

Rail Tram and Bus Union

Transport for New South Wales

Lendlease

Development of this Guideline was undertaken in accordance with RISSB's accredited processes. It was approved by the Development Group, endorsed by the Standing Committee, and approved for publication by the RISSB Board.

I commend this Guideline to the Australasian rail industry as part of the suite of RISSB products assisting the rail industry to manage rail safety, improve efficiency and achieve safety outcomes through interoperability and harmonisation.



Paul Daly

Chief Executive Officer

Rail Industry Safety and Standards Board

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Document Control

Identification

Document Title	Version	Date
Good Practice in the Management of Rail Driver Health and Wellbeing	1.0	26/03/2019

Document History

Publication Version	Effective date	Reason for and extent of changes
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Approval

Name	Date
Rail Industry Safety and Standards Board	26/03/2019

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Glossary of Abbreviations and Acronyms

Abbreviation/Acronym	Description
CQU	Central Queensland University
DIDO	Drive-in drive-out
EAP	Employee Assistance Program
FIFO	Fly-in fly-out
RISSB	Rail Industry Safety and Standards Board
SPAD	Signal Passed at Danger

Key Definitions

Term	Definition
Human factors	A scientific discipline concerned with the understanding of interactions among humans and other elements of a system, and the profession that applies theory, principles, data and methods to design to optimize human well-being and overall system performance.
National Health Standard	The National Health Standard for Health Assessment of Rail Safety Workers in Australia.
Rail driver	The definition for rail driver from the RISSB glossary is: a competent worker controlling the movement of rail traffic. In this Guideline, we further refine this to specify the person(s) controlling movement from inside the cab of a heavy or light rail vehicle.
Systems Thinking	A discipline and philosophy focusing on the way that a system's constituent parts interrelate and work over time with the appreciation that changing one part of the system will affect other parts and the whole system.
Wellbeing	A state of being reflecting happiness and life satisfaction. Wellbeing represents a complex combination of a person's physical, mental, emotional, and social health factors, not just the absence of disease or illness.

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1 Introduction

1.1 Why is this Guideline needed for the Australian rail industry?

In Australia, as in many other parts of the world, rail is a growing sector. As a rail driver, trying to live healthily can be challenging. The job involves shift work, a great deal of time spent seated, and periods of very high workload. All of these factors, in addition to the daily stressors faced while on the job, can hinder even the best intentions and efforts to stay healthy and maintain wellbeing. Rail drivers are prone to a variety of cardiovascular and metabolic problems, carrying implications for their individual health and their livelihood.

However, rail driving requires safety-critical shift-work, which also carries grave implications for safety. In Sydney and many other places, the numbers of people aboard a standard commuter train far outnumber those on the world's largest and most spacious passenger aircraft. As society moves towards '24-hour connectivity,' there is strong public expectation that transport services will accommodate their needs. As train services adapt to meet this demand, drivers operate more trains, across more hours of the day, with tighter timeframes and ever faster turnaround times.

This Guideline is needed because of the increased prevalence of health risks and conditions in drivers, and because rail driving in Australia is now classed as one of the highest "at-risk" occupations for stress- and work-related mental disorders. Countries facing similar concerns (e.g. the UK) have identified a need for consistent industry-wide medical programs, prompting the development of large-scale health and wellbeing roadmaps and related policy. In Australia, the current National Standard for Health Assessment of Rail Safety Workers was designed as a tool for monitoring rail driver health, but recent research demonstrates that its application now assumes the dual roles of monitoring and intervention.

While the Standard is featured as an active control within rail safety risk registers, the absence of clear individual-level support, integrated work and health policy and practice, and consistent information provision or strategies for change make it unsuitable for effective and sustainable intervention. Applying the Standard in this manner therefore appears to have had the effect of eclipsing or replacing other local health and wellbeing initiatives. Few operators are aware of this and little is known about how to address the issue. Coordinated effort is needed so that this critical workforce, and those whom their actions affect, may be safeguarded. This Guideline creates a critical first step for coordinating our efforts and promoting the health and wellbeing of the rail driver workforce in the Australian rail industry.

1.2 Who contributed to the authorship of this Guideline?

This Guideline, presenting Good Practice in the Management of Rail Driver Health and Wellbeing (herein, referred to simply as the Guideline) was authored by: Associate Professor Anjum Naweed from the Appleton Institute for Behavioural Science at the Adelaide-based campus of Central Queensland University; and Dr Janine Chapman, from the Flinders Centre for Innovation in Cancer (FCIC) and the National Centre for Education and Training on Addiction (NCETA) at Flinders University. Key individuals and stakeholders from several rail organisations were also involved in the development group. The complete list of contributing organisations is provided on Page 2 of this Guideline.

1.3 What information was used to develop this Guideline?

Seminal health literature and studies were used to inform this Guideline, however, all material was selected and translated from the directions derived by the outcomes of a research project undertaken by Chief Investigators Associate Professor Anjum Naweed and Dr Janine Chapman. The project, entitled Health status, lifestyle habits, accident risk and organisational outcomes: A study of Australian train drivers, was funded by a Central Queensland University Merit Grant and conducted in collaboration with Flinders University. The key articles from this research are explained in more detail in Section 3.4 Critical Relevant Research, and listed at the end of the Guideline in the section of suggested further reading.

1.4 For whom is this Guideline meant?

This Guideline is designed for the Australian rail industry and meant primarily for drivers, health and wellbeing coordinators, and middle-management staff in rail operating organisations. It may be applicable to close rail industry analogues, such as New Zealand, as well as having broad application to other rail settings. As a critical issue that crosses many boundaries within the system, the content is useful for those at all levels of the system, such as authorised health professionals involved in performing rail driver health assessments.

While rail safety workers comprise a range of different roles, the scope of this Guideline is targeted to rail drivers. Despite this, the general guidance is likely to be highly applicable to other rail driving modes as well as workers in broadly analogous industries that involve shift work. It should be noted that while the content of this Guideline is evidence-based, it is by definition, a guideline, therefore not enforceable or mandatory.

1.5 How do you use this Guideline?

The Guideline commences with first-hand accounts from Australian rail drivers on issues related to their health and wellbeing. Note that the quotes (Table 1 and Table 2) are presented verbatim and have not been modified in order to preserve and respect the driver's expression. Section 2 provides important background information. This includes a summary of the rail human factors relevant to this topic, and the importance and relevance of Systems Thinking in the management of rail driver health. The occupational health characteristics of rail driving are then described in relation to three distinct parts of the rail system, which are used to structure this Guideline. This is followed by a summary of the critical relevant research literature underpinning this Guideline.

In Section 3, health barriers specific to rail driving are given, accompanied by potential facilitators which, if appropriately implemented, may assist in improving health status. Based on the aforementioned and underpinning studies, an indication of the most relevant issues are provided with icons that help with readability. These are as follows: