

Sleep & Sleep conditions: Workplace risk, awareness and referral

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Obstructive Sleep Apnoea and Sleepiness risk in The Rail Industry

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Sleepiness and Incidents in Rail

2017 letter from ORR to all train operators;

“Incidents continue to occur involving rail staff with sleep disorders, including SPADs and road traffic collisions during journeys after work. Companies should ensure they operate adequate screening and treatment for sleep disorders as part of medical assessments, both routinely and particularly where a worker has been involved in a suspected fatigue related incident. Companies should also ensure there are requirements on individuals to declare any known sleep disorders

Sleepiness and Incidents in Rail

- RAIB recommendation in their report on the two SPADs at Reading Westbury Line Junction and Ruscombe Junction (both caused by microsleeps with neither driver reporting unfit for duty)
- Chalfont Latimer SPAD RAIB published a learning point re the importance of organisations checking that periodic medical examinations include consideration of sleep disorders when assessing the medical fitness of safety critical workers

Sleepiness and Incidents in Rail

London Buffer Stop Collision 2025

- RSSB with industry, should review....guidance relevant to the assessment and impact of additional working hours for staff with medical conditions.
- This should consider the information that should be provided to medical specialists on the possible impacts of medical conditions and/or medication on an individual's ability to safely perform their role.
- Such information may include working conditions, typical shift patterns, working hours, length of working days, breaks and possible variations, such as the likelihood of rest day working and extended working hours.

Health impairment leading to a safety risk

An underlying health condition may lead to:

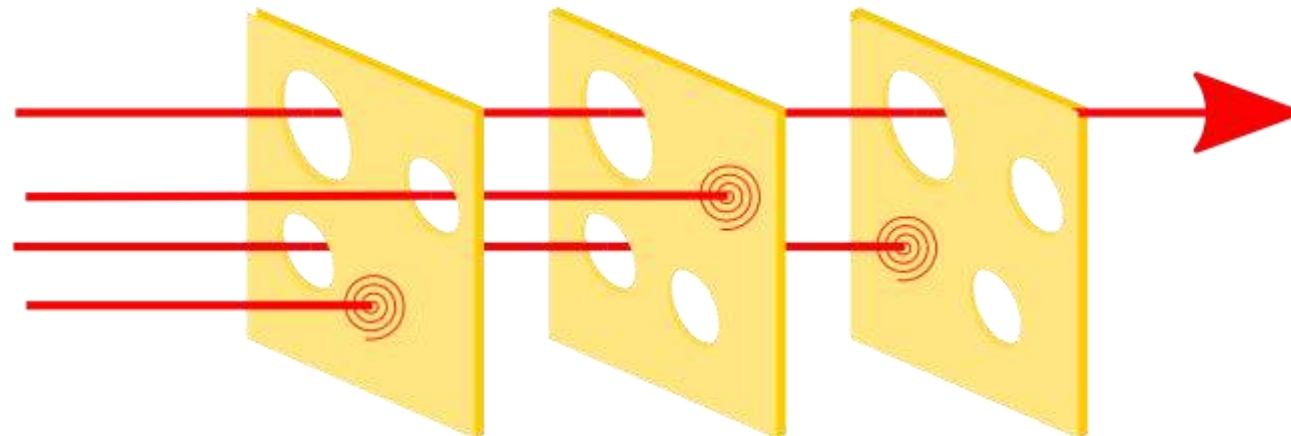
- “a) Sudden loss of consciousness.*
- b) A reduction in attention or concentration.*
- c) Sudden incapacity.*
- d) A loss of balance or co-ordination.*
- e) Significant limitation of mobility. “*

| | | |
|--------------------------------|---|--|
| Sudden incapitation | Sudden loss of consciousness, | Epilepsy · Insulin treated diabetes with hypoglycaemia · Heart rhythm disturbance |
| | Sudden incapacity | Myocardial infarction · Respiratory disorders e.g. Asthma |
| Mobility/balance /coordination | Significant limitation of mobility | Knee, hip or spinal disorders · Neurological conditions |
| | Loss of balance or coordination | Meniere's disease · Multiple sclerosis · Transient ischaemic attacks |
| Attention/ concentration | Reduction in attention or concentration | Obstructive sleep apnoea · Some cases of anxiety and depression · Side effects of medication · Dementia |

Table 1 - Health issues related to top safety events from T663

Defining the hazardous scenario

What are we trying to manage?



Excessive sleepiness can be described as a tendency to fall asleep at inappropriate times while intending to stay awake.

The symptom is common in the general population and is associated with increased accident and injury risk.

Sleepiness VS Fatigue

SLEEPINESS \neq FATIGUE



Sleep Disorders

Sleep disorders that may be associated with excessive sleepiness;

Chronic insomnia

Obstructive sleep apnoea syndrome

Periodic limb movement disorder (PLMD)

Narcolepsy with or without cataplexy;

Restless legs syndrome (RLS)

Idiopathic hypersomnia

Other general conditions with disruptive sleep symptoms, such as menopause or anxiety and depression

Non-medical causes of excessive sleepiness include irregular sleep schedules, for example, shift work, disturbed sleep, insufficient sleep, sleep deprivation or personal factors impacting on work

OSAS and the Transport Sector

- In transport Obstructive Sleep Apnoea Syndrome (OSAS) is associated with excessive daytime sleepiness and inattention
- OSAS is a common and complex condition, characterised by obstruction of the airway during sleep, accompanied by oxygen desaturation and arousals from sleep.
- The cognitive deficits associated with OSA have been linked with significant safety incidents
- The rail industry now routinely screen all safety critical workers for indications and risk of OSA and sleepiness

OSAS Prevalence In Rail Workers; Australian Evidence

- A 2015 Australian publication highlighted that OSA within the rail workforce was more prevalent than initially reported.
- The prevalence of OSA in an Australian population-based study found up to 47% in middle-aged males, and 24% in middle-aged females.
- In a recent retrospective study of OSA severity and safety incidents in Australia; 44% of rail safety workers with confirmed OSA were found to have at least one incident in the 3 years prior to their health assessment.

Medical Fitness Assessment

- General health questionnaire; current diagnoses, relevant disease or comorbidities, self-reports of sleepiness and other risk factors for OSA.
- Screening for OSAS:
 - a) STOP-Bang questionnaire (apnoea and choking specifically relevant);
 - b) The Epworth Sleepiness Score (ESS).
 - c) Reviewing any two symptoms positive from the NICE Guidelines.
- Objective measurements to assess obesity as a risk factor, blood pressure and adjusted neck circumference.

The risk of OSA increases two-fold with a BMI of over 25, and four-fold with a BMI over 30.

Medical Fitness Assessment - Outcomes

- Assessment tools should be considered carefully alongside feedback from the workplace
- Referral to a specialist sleep service may be required
- It may still be possible to carry out safety critical work if there is satisfactory symptom control (may refer to performance tests such as a Psychomotor Vigilance Test)
- There may be ongoing treatment/assurance of condition management for example using of positive air pressure devices e.g. CPAP machines or wrist oximetry.

