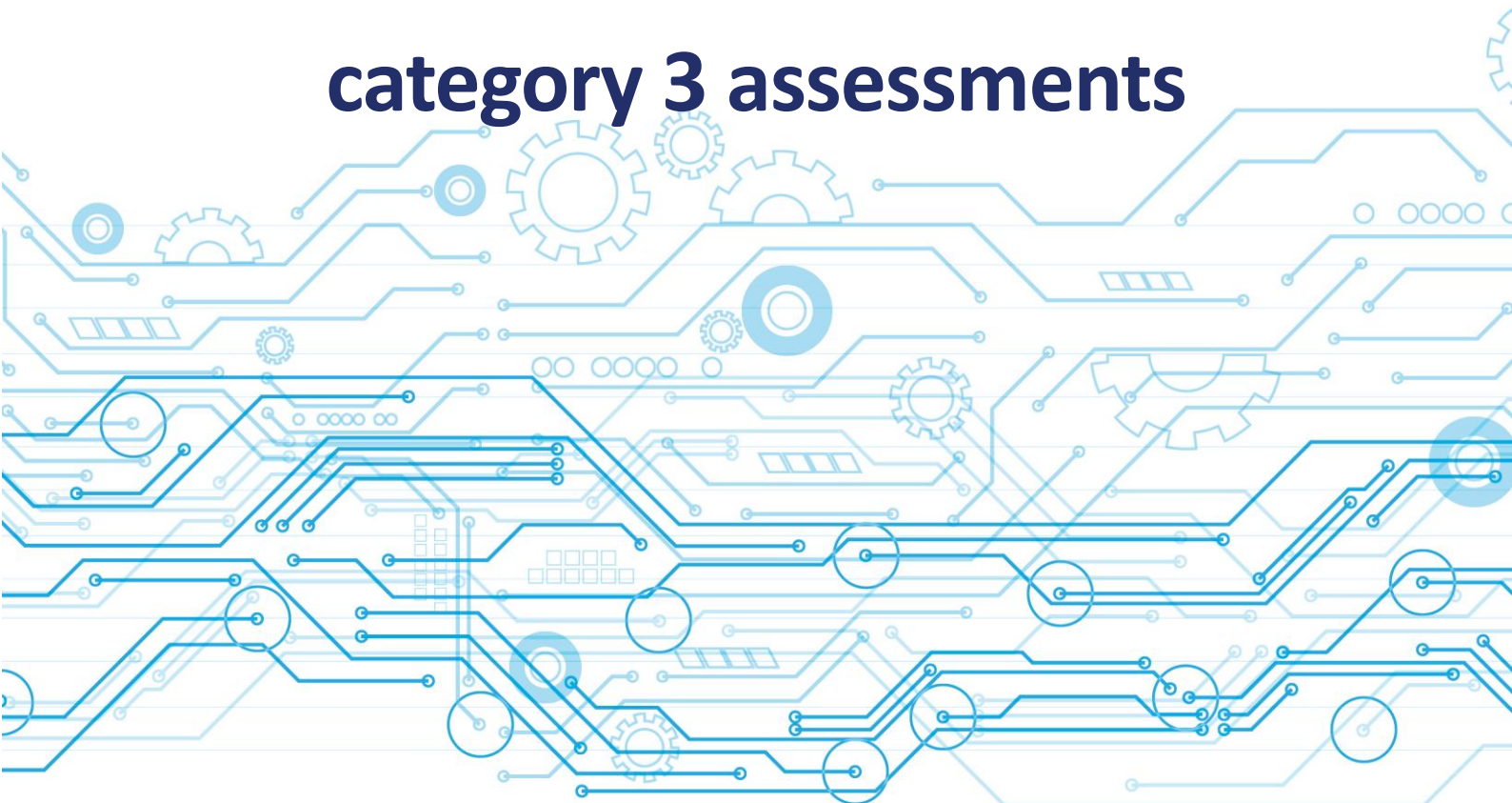


National Standard for Health Assessment of Rail Safety Workers

Technical note for AHPs on category 3 assessments



This Rail Industry Safety and Standards Board (RISSB) product has been developed using input from medical experts from across the Rail Industry under the auspices of the Chief Medical Officers Council. RISSB wishes to acknowledge the positive contribution of all subject matter experts who participated in the development of this product.

I commend this guidance material 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.



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1 Introduction

1.1 Reason for this technical note

The health requirements for around the track (category 3) work are based on the principle of a worker being able to see a train, hear a train and move out of the way for their own safety. The health requirements cover vision, hearing and mobility.

However, conditions that cause loss of attention or loss of consciousness can also prevent a person from seeing, hearing and/or moving out of the path of an oncoming train and could be of equal or greater concern. The National Standard for Health Assessment of Rail Safety Workers acknowledges this in the introduction to the medical criteria for category 3 workers:

“Although the medical criteria for health assessments of Category 3 workers relate only to hearing, vision and musculoskeletal capacity, it is recognised that a number of other conditions may affect their safety around the track. Rail operators should ensure that workers are advised to notify their supervisor and/or request a triggered health assessment if they develop a condition that could lead to collapse on track; if they incur serious injury or illness to their eyes, hearing or limbs; if they suffer a serious brain injury; or if they develop a cognitive or psychiatric disorder. Substance abuse should also be declared in accordance with the employer’s drug and alcohol policies. Workers making such notifications should be referred for a triggered assessment to assess implications for safety around the track and action taken should be taken accordingly, including job modification as required.”

The absence of clearly defined guidelines covering conditions such as those referred to above, creates the potential for workers with such conditions to be treated inconsistently between different Authorised Health Professionals (AHP) and Rail Transport Operators (RTO*). AHP decisions have ranged from no consideration of conditions not specifically covered by the category 3 standard, to the application of category 1 standards for category 3 workers. This technical note provides information for AHPs in relation to a range of conditions that should trigger a more detailed medical examination of the category 3 worker.

**for the purpose of this technical note, RTO includes a Rail Infrastructure Manager (RIM) or Rolling Stock Operator (RSO).*

1.2 Review Periods

In relation to category 3 workers with conditions listed below, it is not the intention of this technical note to mandate more frequent review periods. In particular, it is not the intention that a routine annual review apply, as is required for category 1 and 2 workers with many of the conditions covered by the standard. AHPs should take into consideration the severity and degree of instability of a condition when determining if a worker should be reviewed earlier than 5 years.

In the case of younger workers, who may not otherwise be reviewed until age 40, consideration should be given to an earlier triggered assessment if a serious medical condition is present. Where an earlier review is assessed as being necessary, the triggered assessment should focus on the condition as opposed to repeating the entire category 3 assessment. A triggered assessment can involve a review of documents obtained from the treating doctor and need not necessarily require a face-to-face assessment of the worker.

2 Medical conditions and AHP guidance

The table below lists a number of medical conditions with associated guidance for AHPs in terms of classifying the worker as either not fit for duty unconditional, fit for duty subject to review or fit for duty with a job modification.

Medical Condition	Guidance
Blackouts	<ul style="list-style-type: none"> • A person is not fit for duty unconditional if the person has experienced blackouts of an unknown cause that cannot be diagnosed as syncope, seizures or other recognised medical causes of loss of consciousness. • Fit for duty subject to review may be recommended taking into account the opinion of the treating doctor and the nature of the work: <ul style="list-style-type: none"> ◦ In the case of blackouts that were confined to a single 24 hour period, where there have been no further blackouts for at least 6 months. ◦ If there have been 2 or more blackouts separated by at least 24 hours, where there have been no further blackouts for at least 12 months. • Fit subject to job modification or fit subject to review following a lesser period without further blackouts may be considered on a case by case basis following discussion with the Chief Medical Officer of the RTO and consideration of the duties that will be performed.
Cardiovascular	<ul style="list-style-type: none"> • A person is not fit for duty unconditional if the person has a history of unstable angina, angina on mild exertion or heart failure that could interfere with their capacity to move quickly from the path of an oncoming train. • Fit for duty subject to review may be recommended taking into consideration the opinion of the treating doctor and the nature of the work if: <ul style="list-style-type: none"> ◦ satisfactory treatment has been instituted; and ◦ the person's exercise tolerance has improved such that they can reliably move from the path of an oncoming train. • A person is not fit for duty unconditional if the person has a history of episodes of syncope without warning due to any medical condition. • Fit for duty subject to review may be recommended taking into consideration the opinion of the treating doctor and the nature of the work if: <ul style="list-style-type: none"> ◦ the underlying cause has been identified; and ◦ satisfactory treatment has been instituted; and ◦ the person has been symptom-free for at least four weeks.
Diabetes	<ul style="list-style-type: none"> • A person is not fit for duty unconditional if the person has had a recent 'severe hypoglycaemic event' (within 6 weeks) and/or is subject to recurrent episodes of severe hypoglycaemia. • Fit for duty subject to review may be recommended taking into consideration the opinion of the treating doctor and the nature of the work if: <ul style="list-style-type: none"> ◦ any recent 'severe hypoglycaemic event' has been satisfactorily treated; and ◦ the person is following a treatment regimen that minimises the risk of recurrent hypoglycaemia; and

Medical Condition	Guidance
Hearing	<ul style="list-style-type: none"> ○ the person experiences early warning symptoms (awareness) of hypoglycaemia or has a documented management plan for lack of early warning symptoms.
Mobility	<ul style="list-style-type: none"> ● A person is not fit for duty unconditional if hearing loss is ≥ 40 dB averaged over 0.5, 1 and 2 KHz in the better ear without hearing aids. ● Fit for duty conditional on wearing hearing aids may be recommended if the standard is met with hearing aids. <ul style="list-style-type: none"> ● A person is not fit for duty unconditional if pain, weakness, instability or other impairment from a musculoskeletal or medical condition results in interference with the ability to walk on coarse ballast and/or move rapidly from the path of an oncoming train. ● Fit for duty subject to review may be recommended taking into consideration the opinion of the treating doctor and the nature of the work if the condition is adequately treated and function is restored.
Neurological (Cognitive Impairment)	<ul style="list-style-type: none"> ● A person is not fit for duty unconditional if the person has cognitive impairment. ● Fit for duty subject to review may be recommended taking into consideration information provided by the treating doctor regarding the level of impairment of visuospatial perception, insight, judgement, attention, reaction time and memory, and the likely impact of any impairments on the person's capacity to reliably detect and move rapidly from the path of an oncoming train.
Psychiatric Disorders	<ul style="list-style-type: none"> ● A person is not fit for duty unconditional if the person has psychiatric disorder that is likely to impair insight, judgement, perception, behaviour or cognitive function and affect the person's capacity to move rapidly from the path of an oncoming train. ● Fit for duty subject to review may be recommended taking into consideration the opinion of the treating doctor and the nature of the work if the condition is well controlled, the person has been compliant with treatment, there are no adverse medication effects that may affect the person's ability to move rapidly from the path of an oncoming train, and the impact of co-morbidities has been considered (e.g. substance abuse).
Seizures and Epilepsy	<ul style="list-style-type: none"> ● A person is not fit for duty unconditional if the person has experienced a seizure. ● Fit for duty subject to review may be recommended taking into consideration the opinion of the treating doctor and the nature of the work: <ul style="list-style-type: none"> ○ In the case if a first seizure if there have been no further seizures (with or without medication) for at least 6 months. ○ In the case of epilepsy treated for the first time, if the person has been treated for at least 6 months, there have been no seizures in the preceding six months, if any seizures occurred after the start of treatment they happened only in the first six months after starting treatment and not in the last six months, and the person follows medical advice including adherence to medication. ○ In the case of acute symptomatic seizures if there have been no further seizures for at least 6 months. If there have been two or more separate transient disorders causing acute symptomatic seizures the default standard applies. ○ In the case of safe seizures with no loss of consciousness, if 'safe' seizures have been present for at least 2 years, there have been no seizures of any other type for at least 2 years, and the person follows medical advice with respect to medication if prescribed.

Medical Condition	Guidance
	<ul style="list-style-type: none"> ○ In the case of sleep only seizures: <ul style="list-style-type: none"> - there have been no previous seizures while awake, the first sleep-only seizure was at least 12 months ago, and the person follows medical advice including adherence to medication if prescribed; or - there have been previous seizures while awake but not in the preceding two years, sleep-only seizures have been occurring for at least two years, and the person follows medical advice including adherence to medication if prescribed. ○ In the case of a seizure in a person whose epilepsy was previously well controlled: <ul style="list-style-type: none"> - the seizure was caused by an identified provoking factor that can be reliably avoided and that has not caused previous seizures, there have been no seizures for at least 4 weeks and the person follows medical advice including adherence to medication; or - no cause was identified, there have been no seizures for at least 3 months and the person follows medical advice including adherence to medication. - If the person has experienced one or more seizures during the 12 months leading up to the last seizure, there is no reduction and the default standard applies. ○ In all other cases if there have been no seizures for at least 12 months and the person follows medical advice including adherence to medication if prescribed or recommended. ● Fit subject to job modification or fit subject to review following a lesser period without further seizures may be considered on a case by case basis following discussion with the Chief Medical Officer of the RTO and consideration of the duties that will be performed.
Substance Misuse	<ul style="list-style-type: none"> ● A person is not fit for duty unconditional if there is evidence of substance misuse. ● Fit for duty subject to review may be recommended taking into account the opinion of the treating doctor and the nature of the work if the worker has been assessed and managed and the risk of further substance misuse has been assessed as being low. ● In the case of workers with more severe substance use problems a longer period of demonstrated remission should be considered. Remission is attained when there is abstinence from use of illicit drugs or where the use of other substances, such as alcohol, has reduced in frequency to the point where it is unlikely to cause impairment or to result in a positive test at work. The workers substance use history, response to treatment and level of insight should be considered, as well as the drug and alcohol and rehabilitation policies of the rail operator. Remission must be confirmed by biological monitoring.
Vision (Visual Acuity)	<ul style="list-style-type: none"> ● A person is not fit for duty unconditional if the person's best corrected visual acuity is worse than 6/12 in the better eye. ● Fit for duty conditional on wearing corrective lenses may be determined if the standard is met with spectacles or contact lenses. ● Fit for duty subject to review may be determined if the person meets the standard but has a condition that may result in their vision deteriorating before the next routine review date.

Medical Condition	Guidance
Vision Visual Fields	<ul style="list-style-type: none">• A person is not fit for duty unconditional if:<ul style="list-style-type: none">○ their binocular visual field (or the visual field in the remaining eye in the case of monocular vision) does not have a horizontal extent of at least 110° within 10° above and below the horizontal midline; or○ if there is any significant visual field loss (scotoma within a central radius of 20° of the foveal fixation or hemianopia).• Fit for duty subject to review may be determined if the visual field standard is met and provided that the visual field loss is unlikely to progress rapidly.



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