

Ref:	NR/L2/OHS/00124
Issue:	3
Date:	3 December 2016
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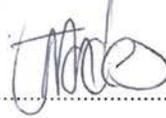
## Level 2

### Specification

# Competence specific medical fitness requirements and occupational health provider requirements for medical assessments

#### Endorsement and Authorisation

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Accepted for issue by:



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## User information

This Network Rail document contains colour-coding according to the following Red–Amber–Green classification.

### **Red requirements – no variations permitted**

- Red requirements are to be complied with and achieved at all times.
- Red requirements are presented in a red box.
- Red requirements are monitored for compliance.
- Non-compliances will be investigated and corrective actions enforced.

### **Amber requirements – variations permitted subject to approved risk analysis and mitigation**

- Amber requirements are to be complied with unless an approved variation is in place.
- Amber requirements are presented with an amber sidebar.
- Amber requirements are monitored for compliance.
- Variations can only be approved through the national non-compliance process.
- Non-approved variations will be investigated and corrective actions enforced.

### **Green guidance – to be used unless alternative solutions are followed**

- Guidance should be followed unless an alternative solution produces a better result.
- Guidance is presented with a dotted green sidebar.
- Guidance is not monitored for compliance.
- Alternative solutions should be documented to demonstrate effective control.

## Amendment marks

- First document amendments are presented with a single black line to the right of the affected text.
- Second document amendments are presented with a double black line to the right of the affected text.

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## Compliance

This Network Rail standard is mandatory and shall be complied with by Network Rail and its contractors if applicable from 4<sup>th</sup> March 2017.

Where it is considered not reasonably practicable<sup>1</sup> to comply with the requirements in this standard, permission to comply with a specified alternative should be sought in accordance with the Network Rail Standards and Controls process, or with the Railway Group Standards Code if applicable.

If this standard contains requirements that are designed to demonstrate compliance with legislation they shall be complied with irrespective of a project's GRIP stage. In all other circumstances, projects that have formally completed GRIP Stage 3 (Option Selection) may continue to comply with any relevant Network Rail standards that were current when GRIP Stage 3 was completed.

**NOTE 1:** Legislation includes Technical Specifications for Interoperability (TSIs).

**NOTE 2:** The relationship of this standard with legislation and/or external standards is described in the purpose of this standard.

## Disclaimer

In issuing this standard for its stated purpose, Network Rail makes no warranties, express or implied, that compliance with all or any standards it issues is sufficient on its own to provide safe systems of work or operation. Users are reminded of their own duties under health and safety legislation.

Compliance with a Network Rail standard does not, of itself, confer immunity from legal obligations.

## Supply

Copies of documents are available electronically, within Network Rail's organisation. Hard copies of this document may be available to Network Rail people on request to the relevant controlled publication distributor. Other organisations may obtain copies of this from an approved distributor.

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<sup>1</sup> This can include gross proportionate project costs with the agreement of the Network Rail Assurance Panel (NRAP).

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## Issue record

Issue	Date	Comments
1	Dec 2008	First Issue
2	Dec 2009	Revised issue to give clearer explanation to actions on failure to meet medical fitness levels and implementation of risk assessment
3	Dec 2016	Reissued following review of the health requirements of the medical standard, with evidence-based changes made.  Network Rail standard NR/L2/OHS/018 has been incorporated into this standard, so that the provider requirements are included.

## Reference documentation

- NR/L2/CTM/021 *Competence and Training in Track Safety*
- NR/L1/OHS/051 *Drugs and Alcohol Policy*
- NR/L2/OHS/00120 *Testing for Drugs and Alcohol*
- NR/L2/ERG/003 *Management of fatigue: Control of working hours for staff undertaking safety critical work*
- NR/L2/OHS/050 *Sentinel Scheme Rules*
- NR/L2/OHS/052 *Traumatic Incident Management*
- Equality Act 2010*
- Railways and other Guided Transport Systems (Safety) Regulations 2006 (ROGS)*
- BS 4274-1:2003 Visual acuity test types. Test charts for clinical determination of distance visual acuity. Specification*
- HSE Guidance Note MS7 Colour Vision examination - A guide for occupational health providers*
- BS EN 60645-1:2015 Electroacoustics. Audiometric equipment. Equipment for pure-tone audiometry*
- BS EN ISO 8253-1:2010 Acoustics. Audiometric test methods. Pure-tone air and bone conduction audiometry*
- Assessing fitness to drive: a guide for medical professionals by Driver and Vehicle Licensing Agency*
- Managing the risk associated with sudden incapacity in safety critical occupations T663 RSSB 2009*
- Health and Safety at Work etc. Act 1974*
- Network Rail Corporate Retention Schedule*
- RISQS Product and Service Codes - 04.69.04 for Medical Screening and Surveillance*

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## 1 Purpose

- 1.1.1 The implementation of this standard contributes to:
- controlling the risk of individuals being appointed to roles they are not medically fit for;
  - reducing the risk of individuals' health impacting on their work; and
  - supporting occupational health providers in providing safe, appropriate and effective services.

## 2 Scope

- 2.1.1 This standard defines:
- the minimum medical fitness requirements for individuals working on Network Rail managed infrastructure;
  - the requirements for conducting a competence specific medical assessment; and
  - the requirements for occupational health providers to become registered as Network Rail approved suppliers of medical assessments.
- 2.1.2 The standard applies to:
- Network Rail employees and individuals who hold one or more of the competences listed on Sentinel;
  - all sponsors of individuals who hold specific competences that require them to be medically fit to work for, or on behalf of, Network Rail; and
  - all providers of occupational health services who wish to become a registered, approved Network Rail supplier for medical assessments.
- 2.1.3 This standard does not apply to the Industry Common Induction (ICI) competence.

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### 3 Definitions

Table 1 lists the terms and definitions that apply to this standard.

Term	Definition
Clinical governance	A framework for continuous improvement of the quality of professional service. This should be achieved by applying evidence-based practice, implementing clinical standards and guidelines, and workforce planning and employee development.
Competence	As defined in the Network Rail standard NR/L2/CTM/021: The ability to undertake responsibilities and to perform activities to a recognised standard on a regular basis. A combination of practical thinking skills, experience and knowledge and includes a willingness to undertake activities in accordance with agreed standards, rules and procedures.
Data	All records and correspondence; including anything that is, or represents, a fact, for example text, numbers, graphics, sound, video.
Industry Common Induction	An induction providing staff with information on health and safety information for working in construction sites, rail depots and station maintenance. It covers the safety procedures and risks that are common across the rail industry, whatever the role and type of site.
Informed consent	Consent to a procedure, freely given following a full explanation.
Line manager	The person who has person responsibilities for an individual. When a line manager is not on duty, this might be a responsible on-call manager or a rail incident officer.
Medical Examiner	A health professional (being either an occupational health technician, nurse, advisor, or occupational physician) who is responsible for performing medical assessments on behalf of the Responsible Occupational Physician.
Network Rail	Network Rail Infrastructure Limited of One Eversholt Street, London, NW1.
Occupational health provider	An approved occupational health service supplier, qualified through Rail Industry Supplier Qualification Scheme (RISQS), which carries out medical assessments and/or drug and alcohol testing.
Responsible Occupational Physician	An accredited specialist in occupational medicine, that is on the specialist registers of the General Medical Council. They are competent to give advice on fitness for railway work in general and safety critical work in particular. Such a specialist will be able to show current evidence of knowledge, experience, skills and understanding relevant to occupational health practice in the railway industry.

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Term	Definition
Safety critical work	Work defined as safety critical in the Railways and other Guided Transport Systems (Safety) Regulations 2006 (ROGS).
Sentinel	Network Rail's scheme for making sure that the people who work on or near the line are competent and medically fit. All employees and contractors who hold one or more of the competences listed on Sentinel will hold a valid Sentinel card.
Sponsor	An employer which is registered with the Sentinel scheme and takes responsibility for the training, assessment and briefing activities associated with the competences held by its employees, as required by the scheme. This might be Network Rail or a contractor.

**Table 1 – Definitions**

## 4 Fitness for duty

4.1.1 The sponsor shall make arrangements to monitor and maintain the fitness for duty of individuals who hold one or more of the competences listed on Sentinel.

4.1.2 The sponsor shall make arrangements to confirm that individuals are not impaired by:

a. alcohol and drugs;

**NOTE:** This includes illegal drugs, substances of abuse, drugs where there is no legitimate medical reason for use and certain prescription or over the counter medication, as per Drugs and Alcohol Policy NR/L1/OHS/051.

b. fatigue caused by excessive hours of work, working time patterns, travel to and from site, or other causes;

c. illness or the effects of treatment for an illness;

d. any of the circumstances or conditions listed in clause 6.2 of this standard; or

e. any other circumstances or conditions of which they have been notified of or should be reasonably aware of.

4.1.3 The sponsor shall make arrangements so that individuals communicate information about their fitness for duty to their sponsor where necessary, on a confidential basis.

4.1.4 The sponsor shall make arrangements to assess whether individuals are medically fit to work as soon as is reasonably practicable, after they are involved in an accident or incident.

**NOTE:** The sponsor should refer individuals to their occupational health provider to facilitate a return to work and to identify what arrangements will be needed to support their return.

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## 5 Medical assessments

- 5.1.1 Medical assessments to meet the medical fitness requirements described in this standard shall be carried out by occupational health providers approved by Network Rail.
- 5.1.2 A process shall be established by the sponsor for the booking of initial and periodic medical assessments and for recording outcomes of the assessments.

**NOTE:** Arrangements for the booking of initial and periodic medical assessments within Network Rail are undertaken by Human Resource Shared Services (HRSS).

## 6 Medical fitness requirements

### 6.1 Medical levels

- 6.1.1 Medical levels are used to determine the fitness requirements for competences on Sentinel.
- 6.1.2 The medical level required for each competence can be found on Sentinel.
- 6.1.3 The six medical levels of fitness requirements are set out in Table 2 and specified in detail in clauses 6.2 to 6.6.

	General health - clause 6.2	Normal colour vision - clause 6.3	Hearing Category 1 - clause 6.4	Hearing Category 2 - clause 6.4	Visual acuity Category 1 - clause 6.5	Visual acuity Category 2 - clause 6.5	Visual acuity Category 3 - clause 6.5	Ability to work alone - clause 6.6	Specific individual medical restrictions - clause 7.2
Level 1	✓	✓	✓		✓			✓	
Level 2	✓	✓	✓		✓				✓
Level 3	✓		✓		✓			✓	
Level 4	✓		✓		✓				✓
Level 5	✓	✓		✓		✓			✓
Level 6	✓	✓	✓				✓		

**Table 2 – Medical levels of fitness requirements**

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## 6.2 General health

6.2.1 Individuals should not be suffering from medical conditions, or be taking any medical treatment, likely to cause:

- a. sudden loss of consciousness;
- b. impairment of awareness or concentration;
- c. sudden incapacity;
- d. temporary visual impairment;
- e. impairment of balance or co-ordination; or
- f. significant limitation of mobility.

**NOTE:** "Likely to cause" should be considered in light of unavoidable impairment over and above the acceptable frequency for specific tasks, as set out in the Rail Safety and Standards Board's (RSSB) 'Managing the risk associated with sudden incapacity in safety critical occupations'.

6.2.2 Occupational health professionals should manage general health conditions in accordance with Group 2 Driver and Vehicle Licensing Agency (DVLA) medical standards.

6.2.3 Obesity shall be assessed by the Medical Examiner to determine whether it is likely to limit mobility or be related to any medical abnormality that could increase the risks to safety while working.

6.2.4 The occupational health provider should provide individuals with additional health and wellbeing information at medical assessments, focusing on safety and the improvement in the quality of health and wellbeing.

6.2.5 If individuals report excessive fatigue, in accordance with NR/L2/ERG/003, their line manager should refer them to their occupational health provider.

6.2.1 The individual has a duty under the *Health and Safety at Work etc. Act 1974*, to report any health concerns about their fitness for work to their sponsor. A separate medical assessment might be required as a result of a report.

## 6.3 Colour vision

6.3.1 Colour vision shall be recorded as normal or deficient.

6.3.2 Individuals requiring medical levels 1, 2, 5 and 6 shall have normal colour vision.

6.3.3 Coloured spectacles or contact lenses shall not be used as a means of passing a colour vision test or to perform tasks requiring normal colour vision.

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## 6.4 Hearing and speech

6.4.1 For medical levels 1, 2, 3, 4 and 6 (Category 1) - hearing loss shall not exceed 30dB averaged over frequencies of 0.5, 1, and 2 kHz in either ear.

6.4.2 For medical level 5 (Category 2) - if the criteria in 6.4.1 are not met, the individual's hearing shall be assessed by the Medical Examiner to determine if it is sufficient to:

- a. understand normal conversation;
- b. use a telephone; and
- c. hear alarms above workplace background noise, such as in signalling or operations centres.

6.4.3 There shall be no evidence of a medical condition likely to cause a sudden or unpredictable change in hearing.

6.4.4 Provided that the criteria in 6.4.1 are met without the use of a hearing aid, a hearing aid may be used to improve hearing further.

6.4.5 The Medical Examiner conducting the medical assessment should review the impact of speech impediments on an individual's ability to communicate in safety critical situations.

6.4.6 Where the hearing result is borderline, the test shall be repeated in a sound attenuating enclosure.

6.4.7 When an individual's hearing has been reduced following exposure to a high level of noise (temporary threshold shift), and their hearing result is borderline, or the individual does not meet the requirements set out in 6.4.1, the Medical Examiner should repeat the hearing test after 48 hours.

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## 6.5 Visual acuity

6.5.1 Individuals shall have distance vision as per Table 3, with spectacles or contact lenses if worn.

	Category	Better eye	Other eye
Level 1	Category 1	6/9	6/12
Level 2		6/9	6/12
Level 3		6/9	6/12
Level 4		6/9	6/12
Level 5	Category 2	6/12	6/36
Level 6	Category 3	6/9	6/12

**Table 3 – Distance vision**

6.5.2 Individuals requiring Level 6, shall have uncorrected distance vision of 3/60 in each eye, where spectacles or lenses are used to achieve the distance vision requirement in Table 3.

6.5.3 If an individual normally uses contact lenses in order to meet these requirements, spectacles of an equivalent prescription shall be carried when on duty.

6.5.4 There shall be no evidence of a condition of the eyes likely to cause visual impairment.

6.5.5 Individuals requiring medical Level 6 shall not wear tinted or photochromic prescription lenses.

**NOTE:** *The use of tinted or photochromic prescription spectacles for all other medical levels is permitted.*

6.5.6 Individuals wishing to have laser eye surgery to improve their vision shall notify their sponsor.

**NOTE:** *A period of time off work after surgery will be required and visual acuity will take some time to stabilise. A return to work plan, including referral to the sponsor's occupational health provider, will be required prior to returning to safety critical duties.*

6.5.7 Both eyes shall have full visual fields.

**NOTE:** *This can be assessed with a confrontation test, as defined in the DVLA guidance. The requirement for safety critical workers should be 120 degrees vision.*

## 6.6 Ability to work alone

6.6.1 Individuals requiring medical Levels 1 and 3 shall not be suffering from any medical condition, or be taking any medical treatment, that impairs their ability to work alone.

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## 7 Failure to meet the medical fitness requirement level for a competence

### 7.1 Failure to meet medical levels

- 7.1.1 Where an individual fails to meet the requirements for a medical level they shall not hold any competence requiring that medical fitness level.
- 7.1.2 Where the required medical fitness level is not met, the Medical Examiner shall identify whether an alternative medical fitness level can be certified, with or without restrictions; or if no level of medical fitness can be certified. Where an alternative medical level is certified, the sponsor shall review the competences held by the individual and the tasks to be carried out.
- 7.1.3 Where an individual meets none of the medical fitness levels, the sponsor shall review the competences held by the individual, the tasks to be carried out, and determine whether alternative duties are reasonably practicable.

### 7.2 Restrictions

- 7.2.1 Where an individual does not fully meet the medical requirements, the occupational health provider might pass them as “fit with restrictions”. These restrictions will be determined by the Medical Examiner and might be permanent or temporary. The Medical Examiner might consult the individual’s line manager on restrictions.
- 7.2.2 Where an individual is certified as meeting a medical fitness level with restrictions, the sponsor shall:
- review the medical restrictions that apply and, if they require further information, seek the advice of the Responsible Occupational Physician;
  - determine whether it is reasonably practicable to implement a safe system of work to allow the individual to hold the competency, having made reasonable adjustments in accordance with the *Equality Act 2010*; and
  - undertake a health risk assessment to enable a safe system of work to be implemented.

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## 7.3 Implementing a safe system of work for individuals with restrictions

7.3.1 When implementing a safe system of work for an individual with restrictions, the sponsor shall:

- a. make documentation available to line managers for undertaking risk assessments;
- b. document the control measures to be put in place to mitigate the impact of any restrictions;
- c. inform the individual with restrictions and others responsible for their safety, of the additional control measures forming the safe system of work;
- d. implement and maintain the safe system of work; and
- e. monitor the compliance and the efficacy of the safe system of work.

**NOTE:** Network Rail employees use the health risk assessment guidance, provided by the Occupational Health and Wellbeing Strategy team, to carry out health risk assessments.

## 8 Periodic examinations

8.1.1 A medical assessment shall be carried out before an individual is permitted to hold one or more of the competences listed on Sentinel, except ICI.

8.1.2 The maximum expiry date of medical certificates issued shall be:

- a. ten-yearly until aged 40;
- b. five-yearly until the age of 65; and
- c. renewed annually thereafter.

8.1.3 Shorter expiry dates may be issued for medical reasons.

## 9 Medical assessment following illness, injury or change in personal circumstances

9.1.1 If at any time there is any reason to doubt an individual's fitness for work, the sponsor shall refer the individual to an occupational physician for assessment prior to resuming or continuing to work; regardless of whether the individual concerned has been absent from work. Any change in vision or colour requires a vision retest for that individual.

**NOTE:** Requirements and guidance on managing individuals that might be affected by a significant traumatic event (e.g. an accidental or traumatic death, major passenger train incident or major collision at level crossings) can be found in NR/L2/OHS/052.

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## 10 Recording the results of medical assessments

10.1.1 The occupational health provider shall update Sentinel with the results of medical assessments.

10.1.2 Each entry shall record:

- a. the expiry date of the medical assessment;
- b. that the individual has been medically assessed in accordance with this standard;
- c. any medical restrictions arising from the application of clause 7.2;
- d. colour vision status (normal/deficient); and
- e. the name of the Medical Examiner who conducted the assessment.

## 11 Reporting of results

11.1.1 The occupational health provider shall inform the sponsor of the medical fitness status of the individual and the date of their next medical assessment, in line with supplier contract service level agreements.

11.1.2 The results of all medical assessments relating to personal track safety should be recorded on Sentinel by the occupational health provider, as soon as is practicable.

11.1.3 The occupational health provider shall report all failed and restricted medical assessments to the Sentinel scheme in addition to the sponsor.

## 12 Retention of records

12.1.1 The sponsor shall make arrangements to maintain records of all medical certificates, in line with the Network Rail *Corporate Retention Schedule*, NR/L3/INF/02226.

12.1.2 The occupational health provider shall retain all personal medical records, completed questionnaires, clinical tests, and any other assessments. The results of medical assessments shall be recorded in individuals' confidential medical records.

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## 13 Requirements for approved occupational health providers completing medical assessments

### 13.1 Approving occupational health providers of medical assessments

- 13.1.1 The medical assessments described in this standard shall only be conducted by approved occupational health providers of medical assessments services.
- 13.1.2 The occupational health provider shall be Railway Industry Supplier Qualification Scheme (RISQS) qualified against product code *04.69.04 for Medical Screening and Surveillance*.
- 13.1.3 They shall be RISQS qualified against code *04.69.05*, if carrying out drug and alcohol testing, as part of the medical assessment.

### 13.2 Arrangements for information governance

- 13.2.1 All approved occupational health providers shall maintain occupational health clinical records. This shall include:
  - a. maintaining records to meet legal and regulatory compliance and professional best practice recommendations;
  - b. arrangements for backing up computer data, backup verification, a safe backup system and authorisation for loading programmes where a computer is used; and
  - c. procedures for the transfer of records on change of contract or close of business.
- 13.2.2 All approved occupational health providers shall make arrangements to protect the confidentiality of occupational health clinical records including:
  - a. briefing their employees of their responsibility to protect confidentiality;
  - b. the safe and secure storage, transportation and disposal of all hard copies of occupational health clinical records;
  - c. preventing unauthorised access to digital data; and
  - d. processes to protect the intellectual property of customers.

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### 13.3 Arrangements for the clinical governance of Medical Examiners

- 13.3.1 All approved occupational health providers shall have a Responsible Occupational Physician.
- 13.3.2 The Responsible Occupational Physician shall make arrangements to assess the competence of Medical Examiners, audit their work and provide Medical Examiners with advice in case of doubt.
- 13.3.3 The occupational health provider shall make and document arrangements for quality assurance and clinical governance that reflect current evidence based guidelines and national guidelines. This shall include the following:
- processes for the management of competence, recruitment, supervision and continuing professional development of staff;
  - occupational health professionals shall carry identification cards for all site visits detailing their name, job role and the name of the approved occupational health provider they work for;
  - a defined management structure for the delivery of clinical protocols, risk management, internal audit and review of their delivery; and
  - arrangements to detect and address, as early as possible, unacceptable clinical practice and concerns regarding a member of staff's conduct, performance and health.

### 13.4 Facilities and equipment requirements

#### General requirements

- 13.4.1 All approved occupational health providers are responsible for conducting medical assessments in facilities that are safe, accessible and appropriate for the services provided.
- 13.4.2 The approved occupational health provider shall:
- implement and monitor systems to safeguard the general health and safety of individuals having assessments, staff and others;
  - make arrangements so that services are delivered in facilities that meet legal requirements in relation to disability, as per the *Equality Act 2010*;
  - assess whether facilities are suitable for conducting medical assessments;
- NOTE:** Consider design, layout and individuals' rights to privacy and dignity.
- make arrangements for facilities to be maintained; and
  - adhere to hand hygiene principles.

#### Visual acuity

- 13.4.3 Visual acuity shall be measured using a six metre Snellen's Chart at a distance of 6 metres.
- 13.4.4 The chart should be well-illuminated, preferably back-lit.
- NOTE:** Further guidance on minimum level of illumination for externally illuminated charts is provided in BS 4274-1:2003 'Visual acuity test types. Test charts for clinical determination of distance visual acuity. Specification'.
- 13.4.5 If a mirror is used to achieve the required optical path length, it shall be clean and capable of providing an image without visible distortion or loss of contrast.
- NOTE:** Mirrors that are designed for use by optometrists are preferable.

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## Colour perception testing

- 13.4.6 The Ishihara test shall be performed under natural diffused daylight (not direct sunlight) or fluorescent lighting. Tungsten lighting shall not be used.
- 13.4.7 The candidate shall be tested on 38 plates.
- 13.4.8 Testing shall be done in a non-sequential order.
- 13.4.9 An assessment of the readings of plates 1 to 17 (the transformation and vanishing plates) determines the normality or deficiency of colour vision.
- 13.4.10 If 14 or more of the first 17 plates are read correctly, record the individual's colour vision as normal. Three or more incorrect responses shall be recorded as deficient colour vision.
- 13.4.11 The test books containing the plates shall be closed and stored in their box away from direct sunlight when not in use.
- 13.4.12 The test books shall be replaced at intervals according to manufacturer's instructions.
- 13.4.13 The plates should not be touched by the individuals being assessed, or the Medical Examiner.
- 13.4.14 When undertaking the test, the test book containing the plates should be held or placed on a table at 'arm's length', approximately 66 cm from the eye.
- 13.4.15 The Medical Examiner shall have normal colour vision.

**NOTE:** Further guidance is available in 'HSE Guidance Note MS7 Colour Vision examination - A guide for occupational health providers'.

## Hearing

- 13.4.16 Perform hearing assessments using audiometry equipment that conforms to British Standard BS EN 60645-1:2015 for pure tone air conduction audiometers. Do not use bone conduction audiometers.
- 13.4.17 Calibrate hearing assessment equipment in accordance with BS EN 60645-1:2015.
- 13.4.18 Conduct hearing assessments in accordance with BS EN ISO 8253-1:2010.
- 13.4.19 Where it is not reasonably practicable to conduct hearing assessments using a sound attenuating enclosure, a quiet environment may be used, in accordance with the requirements set out in 13.4.18
- 13.4.20 Where the assessment finds hearing to be borderline, the test shall be repeated using a sound attenuating enclosure and a full otoscopic examination.

## Service and calibration of equipment

- 13.4.21 All equipment shall be serviced and maintained in accordance with the manufacturer's specifications.
- 13.4.22 The occupational health provider shall make arrangements to check that inspections, calibration, maintenance and replacement of medical equipment are carried out and that records are maintained.
- 13.4.23 Disposable equipment shall not be used beyond its expiry date.

Ref:	NR/L2/OHS/00124
Issue:	3
Date:	3 December 2016
Compliance date:	4 March 2017

## 13.5 Pre-assessment checking

13.5.1 The Medical Examiner shall confirm that the individual being assessed has a sponsor before a competence specific medical fitness assessment is undertaken.

**NOTE:** Without a sponsor the competence specific medical fitness assessment is invalid.

13.5.2 The Medical Examiner shall confirm the identity of the individual being assessed and obtain informed consent before the assessment is conducted.

**NOTE:** This includes understanding that a failure of medical fitness will be recorded on Sentinel.

13.5.3 Examples of acceptable identification include photo identification issued by an employer (and recognised by the occupational health provider), passports, and driving licences.

## 13.6 Assessment requirements

13.6.1 All types of medical assessment shall include:

- a. a review by a Medical Examiner of a health questionnaire completed and signed by the candidate on the date of assessment. The health questionnaire shall include systematic questioning for symptoms of common disorders, past medical history, previous employment history, recent sickness absence and attendances for treatment. Questions shall be designed to assess psychological wellbeing and the use of medication, alcohol, tobacco or drugs;
- b. measurement of height, weight, body mass index, blood pressure and pulse, urine test, and blood glucose levels (if glucose in urine is identified); and
- c. a clinical interview and relevant clinical examination of the candidate by the Medical Examiner to assess mobility (spine and limbs) and the likely effects of any health condition on the ability to work safely on or near the line or in safety critical work posts.

13.6.2 Drugs and alcohol testing may be performed at the time of medical assessment, if specifically requested by the sponsor.

13.6.3 Drugs and alcohol testing shall be completed in accordance with Network Rail's *Drugs and Alcohol Policy* (NR/L1/OHS/051) and *Testing for Drugs and Alcohol* (NR/L2/OHS/00120).

Ref:	<b>NR/L2/OHS/00124</b>
Issue:	3
Date:	3 December 2016
Compliance date:	4 March 2017

## **13.7 Competence specific medical fitness certification**

- 13.7.1 Issue all medical assessment certificates using the form on Sentinel.
- 13.7.2 Each certificate shall carry a unique reference number and all fields shall be completed by the occupational health provider.
- 13.7.3 Each medical assessment certificate shall record:
  - a. the duration of validity for the assessment;
  - b. that the individual named on the certificate has been medically assessed in accordance with this standard;
  - c. any medical limitations arising from the application of this standard;
  - d. colour vision status (normal/deficient); and
  - e. the name of the Medical Examiner who conducted the medical examination.
- 13.7.4 The certificate provides evidence of medical fitness. It does not imply fitness to perform a specific task.
- 13.7.5 The occupational health provider of medical assessments shall advise the sponsor if there are concerns regarding an individual's fitness to perform a specific task.

<b>Ref:</b> NR/L2/OHS/00124	<b>Issue:</b> 3
<b>Title:</b> Competence specific medical fitness requirements and supplier requirements for medical assessments	
<b>Publication Date:</b> 03/12/2016	<b>Compliance Date:</b> 04/03/2017
<b>Standard Owner:</b> Director of Risk Analysis and Assurance	
<b>Non-Compliance rep (NRNC):</b> Brian Tomlinson Director Of Risk Analysis & Assurance	
<b>Further information contact:</b> Jane Manders	<b>Tel:</b> 07710 964324

**Purpose:**

The implementation of this standard contributes to:

- a. controlling the risk of employees being appointed to roles they are not medically fit for;
- b. reducing the risk of employees' health impacting on their work; and
- c. supporting suppliers in providing safe, appropriate and effective services.

**Scope:**

This standard defines:

- a. the minimum medical fitness requirements for employees and contractors working on Network Rail managed infrastructure;
- b. the requirements for conducting a competence specific medical assessment; and
- c. the requirements for providers to become registered as Network Rail approved suppliers of medical assessments.

The standard applies to:

- a. Network Rail employees and contractors who hold one or more of the competences listed on Sentinel;
- b. all sponsors of individuals who hold specific competences that require them to be medically fit to work for or on behalf of Network Rail; and
- c. all providers of occupational health services who wish to become a registered, approved Network Rail supplier for medical assessments.

This standard does not apply to the Industry Common Induction (ICI) competence.

**What's New/ What's Changed and Why:**

The key changes within the standard are:

1. amendment of wording regarding general health issues as the current wording could be considered overly restrictive and too stringent, given the current mitigation measures in place (see section 6.2);
2. the introduction of Driver and Vehicle Licensing Agency (DVLA) guidance for the management of general health issues, so that there is a stable and suitable benchmark for occupational health professionals working in the rail industry to refer to (see section 6.2);
3. the inclusion of speech impediments as part of the general health review, as the ability to communicate in a safety critical situation is paramount to the health and safety of employees (see section 6.4);
4. a review of the assessment of field of vision is to be included. This can be undertaken with a confrontation test, as is set out in the DVLA guidance document (see section 6.5);
5. the inclusion of advice on laser eye surgery, as per RSSB's Guidance on Medical Fitness for Railway Safety Critical Workers (GO/GN 3655) (see section 6.5);
6. the periodicity of medicals will be amended as follows:
  - a. ten-yearly until aged 40;
  - b. five-yearly until the age of 65; and
  - c. renewed annually thereafter (see section 8).
7. the inclusion of the opportunity for further health interventions and support for healthy lifestyle changes at an occupational health assessment focussing on safety, but also an improvement in the quality of life and wellbeing for the individual, in order to encourage good health and wellbeing in our employees (see section 6.2); and
8. the inclusion of NR/L2/OHS/018 into this standard, so that the supplier requirements are included within the standard.

The whole standard has been revised to improve clarity.

**Affected documents:**

<i>Reference</i>	<i>Impact</i>
NR/L2/OHS/00124 ISSUE 2	Superseded
NR/L2/OHS/018 ISSUE 5	Withdrawn

**Briefing requirements:** Where Technical briefing (T) is required, the specific Post title is indicated. These posts have specific responsibilities within this standard and receive briefing as part of the Implementation Programme. For Awareness briefing (A) the Post title is not mandatory.

Please see <http://ccms2.hiav.networkrail.co.uk/webtop/drl/objectId/09013b5b804504da> for guidance.

<b>Briefing</b> <i>(A-Awareness/ T-Technical)</i>	<b>Post</b>	<b>Team</b>	<b>Function</b>
T	Occupational Health and Wellbeing Managers		Network Operations
T	HoRSHE/Heads of S&SD (incl. Supply Chain Operations/IP/GDR)		Network Operations/Supply Chain Operations/IP/GDR
T	Head of Corporate Workforce Safety	STE Leadership	STE
A	Occupational Health providers (through RISQS)		Rail Industry Contractors
A	All line managers, with people management responsibilities	All	Network Rail
A	Human Resources Business Partners	Human Resources	All
A	ISLG Chairman for Rail Industry Association of Contractors	Rail Industry Contractors	Rail Industry Contractors

\*NOTE: Contractors are responsible for arranging and undertaking their own Technical and Awareness Briefings in accordance with their own processes and procedure