

The Delivery hub health, safety and environment
Raising the bar 12
Occupational health

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Objective

This raising the bar guidance aims to provide advice on minimum standards for an occupational health program that assists the Highways England and its delivery partners to develop and integrate occupational health as part of a holistic approach to the management, design and construction activities associated with Highways England.

Definitions

Health Surveillance: monitoring undertaken as there is a legal obligation or in response to exposure to a hazard. This is reactive and is a check on other control measures that are in place to prevent harmful exposure.

Safety Critical Medical: an assessment of the individual's health against a defined standard. This is proactive to prevent people with health conditions below the defined standard being placed in an environment where they could be harmed or through their actions or omissions, could harm others.

Wellbeing: Promotion of lifestyle factors to improve health. This is proactive to encourage people to enhance their health in order to prevent long term illness.

Background

Health protection is a management responsibility with medical professionals and other experts assisting in the development and implementation of a health management programme. Although we seek to reduce injuries to our workforce as we can see accidents as an immediate consequence the results of poor/inadequate occupational health standards has a much greater long term effect on the people that work for us. Addressing these risks is essential if we are to maintain a healthy workforce both now and in the future.

Legislation Requirement

Employers must meet statutory requirements relating to occupational health as set out in both specific (e.g. lead, asbestos) and general (e.g. health and safety at work etc act, working time regulations) legislation.

Specific legislation which deals with occupational health issues can be found at www.hse.gov.uk. Some example of which are:

- Reporting of Injuries Diseases and Dangerous Occurrences (RIDDOR) Regulations 1995
- The Control of Lead at Work (CLAW) Regulations 2002
- The Control of Asbestos Regulations 2012
- The Health and Safety (display screen equipment) Regulations 2002
- Control of Substances Hazardous to Health Regulations 2002.
- Work in Compressed Air (The Work in Compressed Air Regulations 1996)
- Work with Ionising Radiation (Ionising Radiation Regulations 1999)
- Manual Handling Regulations 1992
- The Control of Vibration at Work Regulations 2005
- Equality Act 2010
- Control of Electromagnetic Fields at Work Regulations 2016

Some of these require health checks or surveillance by a certificated Occupational Health Physician, details of when the surveillance is required and the surveillance requirements for each agent are given in the regulations themselves and their associated guidance and approved codes of practice.

Minimum requirements

1. General Occupational Health Requirements.

Structure

Delivery partners should demonstrate that they have a provision for occupational health services, with competent occupational health advice accessible to all employees. There should also be a clear management structure for occupational health which is clearly defined with assigned responsibilities.

The structure should also be able to show a systematic approach to risk assessment and the risk assessment covers: all tasks with potential occupational health risks to employees and all tasks where employee's fitness may affect health and safety, either to themselves or to others.

Proactive health culture

A proactive health culture should be promoted throughout the design, pre-construction, construction and commissioning phases by:

- Management / leadership
- Enforcement of health procedures
- Safety awareness talks
- Information hand-outs
- Promotional campaigns
- Advice and assistance from the SHE professionals
- Employee participation in the promotion of a health culture these elements are discussed further in this standard.
- The input of occupational health and human factors specialists
- Engagement with construction suppliers.

Pre-construction planning

The Principal Designer should ensure that the advice, information and risk assessments developed at design provide Principal Contractors with sufficient information. Using this information, the Principal Contractor should consider the following occupational health issues for inclusion in the construction phase plan:

- Occupational health management and controls
- Identification of and information on significant hazardous operations
- Providing information on any substances that will be used during the construction process.
- Emergency procedures for high risk activities
- Risk assessments to reduce and eliminate any potential health problems such as vibration etc
- Proposed safe working methods resulting from the risk assessments
- Health issues to be included in the Induction and training
- Health information
- Welfare and medical provisions
- Workforce consultations
- Personal protective equipment specific to health hazard
- Auditing arrangements

Project health management systems

Appropriate control measures should be in place for managing occupational health risks, it is essential that management system and control measures are monitored to enable evaluation of effectiveness. Successful health management system should cover three broad areas:

- Identifying health objectives and reviewing progress toward their achievement
- Planning, implementing and auditing of health activities and standards
- Performance measurement and reporting.

2. Management of Occupational Health Hazards.

Occupational health provision

Delivery partners should include in their arrangements provision for:

- Managing sickness absence/ rehabilitation programmes
- Awareness of general health issues to employees to help them to make informed healthy life choices regarding lifestyle and working practice
- Implementing health surveillance programmes which meet the requirements of the appropriate legislations and best practice.
- Display screen work station advice and guidance
- Provision of general occupational health advice and guidance
- Training in relation to health topics
- Routine health surveillance based upon risk assessment
- Health education / promotion
- Musculoskeletal disorders
- Additional occupational health services could include:
 - Health assessment needs (at workplace)
 - Stress Management

Where external occupational health providers are used they should understand the construction industry and its hazards to health.

Risks/controls

At design stage the relevant health risks should be identified and included in the pre-construction information, along with assumptions and controls the designer is able to build in, or risk mitigation measures.

In order to control the risk associated with the planned works, occupational health of the workers should always form part of the assessment.

There are a number of standard risks and associated conditions which may form part of this process.

- Noise induced hearing loss
- Hand arm vibration syndrome (HAVS)

- Whole body vibration (WBV)
- Leptospirosis (Weil's disease)
- Dermatitis
- Silicosis
- Chronic obstructive pulmonary disease (COPD).
- Occupational asthma.
- Asbestosis
- Lead
- Legionnaires Disease
- Hepatitis A, B, HIV and AIDS

Following the assessment and where potential health risks have been associated with the task, which cannot be reduced to an acceptable level, the employer should make arrangements to ensure that those affected are under a programme of health surveillance or health monitoring.

3. Management of Health Standards.

Safety Critical Workers (SCW)

Who is Safety Critical?

Each person's fitness for undertaking any task is important but it is essential when the employee is undertaking a high risk activity, is in a high risk environment or conducting an activity where their health could have a critical impact on the safety of the individual or others.

As a result of the working environment the majority of people on Highways England contracts are safety critical, anyone within the scope of either of the following two statements will be required to demonstrate that they have had a safety critical medical before starting work:

- A. any person required to work within 5 metres of live traffic without a fixed barrier and an adequate barrier deflection zone.
- B. any person working within temporary traffic management (even if fixed barrier) in a high speed environment (50mph or more, prior to any temporary traffic restrictions being implemented.)

A fully inducted individual who has been declared fit for work can accompany up to two visitors who would otherwise be covered by the road worker definition above.

In the few occasions when personnel are not within the scope of the above definition some roles remains safety critical in all circumstances, these include:

- Mobile plant operators
- Asbestos licensed workers
- Tunnellers or those working in a confined space
- Tasks carried out at height where collective preventative measures to control risk are not practicable, e.g. scaffolders, steel erectors and persons erecting or dismantling tower cranes.
- Banksmen, Traffic Marshals and Slinger Signallers

Safety Critical Medicals

What should the medical cover?

Safety Critical Medicals must include the following:

- Blood Pressure
- Glucose
- Musculoskeletal Assessment (movement)
- Vision (Distance and Colour)
- Audiometry
- Lung Function
- General Health Questionnaire

Depending on the role or individual the medical may also include health surveillance elements e.g.

- Skin Assessment
- HAVS Assessment
- Cholesterol Test

The frequency of health surveillance checks will be advised by the Occupational Health provider but may be more frequent than the Safety Critical Medical.

Referral criteria are provided in Appendix 1.

Safety Critical Medicals

How often do I need one?

The frequency of medicals is dependent upon risk/age:

- Under 55 – Every three years.
- 55-65 – Every two years
- Over 65 - Annual.

In line with the requirements of BS 7121, all crane operators below the age of 65 will, in addition to undertaking full medicals in line with the above, be required to complete – as a minimum - an annual medical questionnaire in the intervening years when they will not be undergoing a medical. This questionnaire must be reviewed by an OH professional. An annual Fitness for Work certificate will therefore be required for all crane operators.

If an individual can provide evidence that they have had a safety critical medical to the standard defined in this document within the timescales above they do not need to have a new medical for each contract they work on.

Health Surveillance may be required more frequently than the time periods above if it has been identified the individual is at particular risk or has early signs of a condition.

There should be a system in place so that the underlying approach is to match the requirements of the particular task with the fitness and abilities of the person. Employers should provide the medical at no cost to the employee, where work is sub-contracted the principal contractor should check that their supply chain personnel covered within the definition have safety critical medicals and that these have been conducted to the specified standard.

All personnel who complete a medical should be given proof (e.g. certificate or card) so that they can present this and do not have to repeat the medical if they move contracts or employers.

In order to reduce administrative burden delivery partners may consider using a central database to hold records. One option for this is the B&CE (former Constructing Better Health) database.

Level of fitness

For safety critical work the following general fitness should be assessed by medically qualified person, normally an occupational health nurse or physician. Following the assessment (criteria provided in Appendix 1), the employer will be informed of the fitness of the individual by their occupational health provider either:

- Fit
- Fit with reasonable adjustment
- Fit with specific restrictions to carry out tasks
- Unfit (subject to application of Equality Act)

This allows matching of individuals to suitable jobs and is important for both traffic management and road works to ensure that individuals are fit to carry out the job, their health will not compromise the safety of themselves or others and the job will not exacerbate any pre-existing health problems.

Where an Occupational Health Nurse recommends a functional assessment, sample questions are provided in Appendix 2.

Substance misuse

Substance abuse is potentially a serious threat to the individual involved and any other person working alongside them.

Awareness campaigns and should be considered as part of the overall occupational health provision.

A system should be in place for testing for substances which could affect performance on the following basis:

- Pre-start screening at induction
- For cause testing following an incident or accident
- Random testing of persons on the project of at least 5 percent per year.

Drugs

Pre-start indicative testing should test for the following as a minimum:

1. Cocaine
2. Tetrahydrocannabinol (i.e. Cannabis)
3. Methamphetamine (stimulant related to amphetamines)
4. Methadone
5. Opiates
6. Amphetamines

For cause or random testing should test for the following as a minimum:

1. Amphetamines
2. Cocaine
3. Benzodiazepines
4. Cannabis
5. Opiates
6. Barbiturates
7. Methadone
8. Phencyclidine
9. Propoxyphene

Contracts with Network Rail interface should also test for Methaqualone.

There is zero tolerance for a laboratory positive result for which no alternative medical explanation can be found.

Alcohol

Permitted alcohol limits are a maximum of 13 Breath (BrAC) micrograms/100ml, it should be noted that this is less than the drink drive limit (currently 35 (BrAC) micrograms/100ml in England and Wales and 22(BrAC) micrograms/100ml in Scotland).

Anyone found to be in excess of this limit should follow their employer's disciplinary process which may result in dismissal.

Rehabilitation

Delivery Partners are to offer advice and help to any Employee with a drug or alcohol dependency who discloses such a dependency and expects that person to be conscientious in following the necessary treatment.

(i) It is the Employees responsibility to advise their immediate Line Manager of any drugs or alcohol dependency condition and of any medical treatment they may be receiving for dependency. This advice will be treated in confidence and is subject to the provisions of the Equality Act 2010.

(ii) The policies of the delivery partner, or the individual's Employer, will apply in respect of any illness/sickness absence or disciplinary proceedings. If the Employee is undertaking a safety critical role, the delivery partner has the right to re-deploy him/her into a suitable alternative post or, if no such post is available, to suspend him/her on basic pay (for a limited period of time.)

(iii) Any Employee undergoing rehabilitation treatment will be required to submit to a full medical examination by a delivery partners appointed Medical Advisor before returning to work. If assessed as fit to return to work, a condition of being allowed to return will be the prior agreement to submit to the following:

- a. Regular medical check-up
- b. Periodic, unannounced testing and/or searching for drugs or alcohol in the workplace
- c. Attending follow-up counselling.

(iv) A failure to comply with rehabilitation treatment (i.e. refusal of advice, continuation of drug or alcohol abuse, failure to co-operate in the prescribed treatment including submitting to a full medical examination or a subsequent periodic unannounced test) will lead to disciplinary procedures, which may result in dismissal.

(v) If drug or alcohol dependency is discovered by means other than self-disclosure (e.g. as the result of the use of the disciplinary procedure, random or with cause testing), the individual will be subject to disciplinary procedures. Dependency will not be allowed as a mitigating circumstance within the disciplinary procedure.

4. Management of Wellbeing.

Health promotion

Occupational health campaigns can be designed to raise awareness of occupational health hazards or look to improve workers general health.

Campaigns aimed at raising awareness of occupational health hazards may include:

- Skin disease (Dermatitis)
- Noise induced hearing loss
- Respiratory disease (occupational asthma, sensitizers, asbestoses)
- Hand arm/whole body vibration
- Injuries associated with manual handling and repetitive strain.
- Fatigue

The delivery partners should provide health risk information as part of the daily briefings as identified in the risk assessment for the task, in addition there should be a program of awareness campaigns around these issues delivering these to the workforce on at least a quarterly basis.

General health campaigns aimed at improving workers general health with advice given on diet; smoking; alcohol; exercise; skin cancers etc. and out voluntary lifestyle screening should also be considered.

Recording and monitoring

There should be a system in place for recording and reviewing occupational health statistics including the delivery of information, cases of ill health or disease, screening and testing. There should also be process which allow for the investigation and reporting of adverse health events

Mental health and wellbeing

The Health and Safety Executive defines stress as 'an adverse reaction to excessive pressure' undertaking a proper risk assessment for stress and taking action should help you to ensure that staff are efficient and effective. In looking at stress the delivery partners should consider the following and put in place measures which reduce the impact these elements have on individual employees.

- Demands. including workload, working hours and targets. They also include the demands related to management attitudes towards risk, absence and what is expected of employees.
- Control. how much influence an employee has over the way that they do their work including the way in which work is allocated, monitored and controlled, and the extent to which there is flexibility with regard to the way that things are done.
- Relationships. at all levels, and includes the personal trust that develops between line managers and staff and between work colleagues, and the extent to which team working and mutual respect are encouraged.
- Change. organisational change, and the personal trust that develops between line managers and staff and between work colleagues and the extent to which staff are consulted and/ or involved in change.
- Role. the extent to which individuals understand their role and responsibilities within the organisation and the actions that the organisation takes to minimise role conflict or overload.
- Supporting and training factors. This relates specifically to the support that individuals receive from their managers and colleagues, and the extent to which they are given appropriate training to carry out their role.

Managing the working time of employees

Consideration should be given to the management of fatigue to ensure that no one works excessive hours, travels for excessive time or distance. Personal factors should also be taken into account, e.g. age, lifestyle, diet, medical conditions and domestic responsibilities. Further guidance is provided in IAN 189/190.

Legislation and risk assessment

Highways England occupational health standard		Minimum – additional requirements to meet standard	Desirable / optional tools
Structure	There is a clear management structure for occupational health (and safety) which is clearly defined with assigned responsibilities.		
Policy	There is an occupational health policy with appropriate strategies and the allocation of adequate resources.		
Legislation	All relevant health and safety legislation has been identified.	The construction phase health and safety plan identifies method of compliance with relevant health and safety legislation.	
Approach	A systematic approach is taken to risk assessment and the risk assessment covers all tasks with potential occupational health risks to employees; all tasks where employee's fitness may affect health and safety, either to themselves or to others.	Adoption of constructing better health Industry standard for workplace health in UK construction http://www.cbhscheme.com/	Adopt the health like safety approach as undertaken on the Olympic Park and athletes' village http://www.employment-studies.co.uk/resource/occupational-health-provision-olympic-park-and-athletes%E2%80%99-village-final-report The Health and Safety Laboratory have produced a maturity matrix which will help to identify how you manage occupational health by assessing your overall occupational health culture maturity. From this you should be able to work out ways to improve occupational health standards on your site in a way that will maximise your overall productivity. The matrix can be found by following the link https://www.hsl.gov.uk/surveys/maturityindex/maturityindexv.htm .
Design		Design to take into account occupational health implications during construction maintenance and possible removal.	

Occupational health advice

Highways England occupational health standard	Minimum – additional requirements to meet standard	Desirable / optional tools
Industry knowledge	Occupational health providers used should understand the construction industry and its hazards to health. Use of occupational health service providers OHSPs accredited constructing better health http://www.cbhscheme.com/ In house provision of occupational health services must as a minimum be equivalent to that available from CBH scheme accredited providers.	
OH systems	Occupational health provision includes systems which allow for occupational health providers to have an input into: Hazard (risk) assessment Pre-placement (pre-employment) assessment Health surveillance and monitoring Fitness to work following injury/illness	Advice available to managers from occupational health provider, nurse or doctor. Drop in sessions to be made available on sites on a regular basis with a background/programme of health themes/issues. Provision of a facility for staff rehabilitation following absence. Full time OH nurse and physiotherapist on site. Make available access to employee support programmes.
Competence	Occupational health advisors must have a demonstrable competence relevant to their role as follows: Doctors – hold the D.Occ.Med qualification or are in a training post recognised by the Faculty of Occupational Medicine as a minimum. Nurses – should be part 3 registered with the Nursing and Midwifery Council (NMC), or working toward an occupational health qualification with supervision of an appropriately qualified clinician (doctor or nurse) Occupational health technicians – should be trained in the specific elements of the service they deliver, and must be clinically supervised. Additionally, some aspects of health surveillance also require additional competences to be demonstrated and in prescribed cases this may require registration as an appointed doctor by the Health and Safety Executive.	The construction phase health and safety plan identifies method of compliance with relevant health and safety legislation.

Pre-placement assessment and training

Highways England occupational health standard	Minimum – additional requirements to meet standard	Desirable / optional tools
<p>Pre-placement assessments</p>	<p>Pre-placement assessment is linked to the risk assessment and conducted for all jobs not defined as minimal risk.</p>	<p>All safety critical roles are subjected safety critical medicals as defined by constructing better health. www.cbhscheme.com/Press-Releases/Safety-critical-workers</p> <p>All employees to have medical screening prior to commencement upon the project, should issues be identified referral to local GP or OH provider to be given.</p>
<p>Statutory medicals</p>	<p>Where there is a statutory requirement for a medical this is conducted by an Health and Safety Executive appointed doctor or by a competent occupational health professional as appropriate.</p>	<p>Records held by HR and or health provider under data protection act 1998.</p>
<p>Training and development</p>	<p>There is an on-going training and development strategy aligned to the needs of the business and this is flexible enough to meet changing requirements.</p>	<p>Regular publications are to be issued to the business and briefed out to all concerned. These are live / current documents that address the concerns and strategies of the business.</p> <p>From issues identified quarterly targeted campaigns to be introduced eg healthy eating, smoking cessation.</p> <p>British heart foundation life saving skills http://www.bhf.org.uk/heart-health/life-saving-skills.aspx</p>

Health surveillance and monitoring

Highways England occupational health standard		Minimum – additional requirements to meet standard	Desirable / optional tools
Competence	Pre-placement assessment is linked to the risk assessment and conducted for all jobs not defined as minimal risk.	Where there is a statutory requirement for a medical (eg asbestos, lead) this is conducted by a Health and Safety Executive appointed doctor, otherwise health surveillance (eg under COSHH) is conducted by, or under the supervision of, a competent occupational health professional.	
Health records	Employers hold health records for all employees under health surveillance or monitoring.	Records of fit/unfit/fit with restrictions available to line managers with full records held by HR/occupational health provide.	The use of constructing better health national database and card scheme http://www.cbhscheme.com/
Referral between assessments		Where employees develop symptoms between periodic assessments there is a procedure for management/self referral to a competent occupational health professional Drop in sessions to be made available on sites on a regular basis with a background/programme of health themes/issues.	Access to employee support programme. Counselling service

Investigation, recording and feedback on injury and health statistics

Highways England occupational health standard		Minimum – additional requirements to meet standard	Desirable / optional tools
Health information	There is a system for analysing health information with subsequent review of risk control measures and production of appropriate action plans.	Summary results provided from the occupational health provider, eg number overweight/obese/high blood pressure/high cholesterol. All in compliance with data protection act. The data to be used to formulate the strategy on high risk issues.	From issues identified targeted campaigns to be introduced eg healthy eating, smoking cessation.
Health records	Reporting	All reported diseases listed in RIDDOR reported to the Health and Safety Executive and Highways England.	

Health checks and employee welfare

Highways England occupational health standard	Minimum – additional requirements to meet standard	Desirable / optional tools
<p>Health checks</p> <p>Where a task has been identified as having a safety critical nature there are specific strategies in place that involve a programme of assessment and re-assessment health checks.</p> <p>Visual acuity testing Hearing tests Drug and alcohol policy</p>	<p>Health assessment checks are carried out in accordance with the Constructing Better Health (or similar) defined safety critical assessments.</p> <p>All personnel screened at induction for drugs and alcohol.</p>	<p>Blood pressure monitors made readily available for self checks.</p> <p>Provision of flu jabs etc.</p>
<p>Occupational driving</p> <p>Employers have a strategy on driving-at-work which includes on-site driving. Where the job involves the employee holding a driving licence the employer has procedures which ensure that the employee remains fit to drive.</p>	<p>Drivers of vehicles used for work are subject to review of their driving licence prior to being allowed to drive and then on an annual basis records held at site level and for employees copied to HR. Where an issue is picked up during health assessments that impact on that persons driving ability, they are prevented from driving until the issue is resolved.</p> <p>Drivers subject to medicals as part of their licensing requirements must inform their employer of any conditions, medication or external influences which may affect their ability to perform their duties safely and effectively.</p> <p>Have a driving policy that has a review process for High risk drivers such as high mileage or drivers convicted of moving vehicle offences.</p>	<p>Transport for London's fleet operators recognition scheme (FORS) along with industry best practice dictates that a driver should be able to read a number plate at a distance of 20.5 meters this to be undertaken on a quarterly basis.</p> <p>Further advice is given on the FORS website which can be found by following the link http://www.fors-online.org.uk</p> <p>Licence checks with DVLA</p>
<p>Site welfare facilities</p> <p>There is a strategy relating to on-site welfare facilities</p>	<p>https://www.gov.uk/government/publications/health-and-safety-for-major-road-schemes-temporary-sleeping-accommodation</p> <p>Drinking water in all welfare.</p>	<p>Commitment to providing welfare within 10 minutes walk or 5 minutes drive of work location. Where transient sites occur welfare vans are to be used. Consideration given to satellite compounds toilet and welfare facilities with hot and cold running water to be prioritised.</p>

continued

Health checks and employee welfare (continued)

Highways England occupational health standard	Minimum – additional requirements to meet standard	Desirable / optional tools
Approach	<p>Employers have considered a holistic approach to health and welfare promotion both within and outside of the workplace.</p> <p>As part of the first aid risk assessment consideration must be given to the provision and location of defibrillators.</p> <p>Provision of rehabilitation programme in conjunction with OH provider.</p> <p>Have a policy on fatigue to minimise, control and monitor in line with legislation and current best practice to reduce fatigue.</p> <p>Have policy on noise at work. to minimise, control and monitor in line with legislation and current best practice.</p> <p>Have a policy on the occupational exposure to dust to minimise, control and monitor in line with legislation and current best practice. Where dust masks are required the use of positive pressure face masks.</p> <p>Have a policy on reduction of occupational vibration to minimise, control and monitor in line with legislation and current best practice.</p>	<p>The provision of free advice health helpline as part of the company OH scheme.</p> <p>Project health targets set as part of scheme KPI eg weight loss, monthly poster campaigns on health topics.</p> <p>The provision of subsidised local gym memberships for project staff.</p> <p>Commitment to allow twelve hours rest period between shifts and a maximum number of thirteen consecutive shifts without a minimum rest period of 24 hours before the next shift. Where travel and on call is classed as work. A maximum working week of 48 hours</p> <p>The use of noise attenuated hearing protection. Use of dose meters.</p> <p>Use of dose meters.</p> <p>Use of low vibration tools and exposure monitoring system (HAVI HAVmeter etc).</p>

Emergency

Highways England occupational health standard	Minimum – additional requirements to meet standard	Desirable / optional tools
<p>Emergency response</p>	<p>The delivery partner in conjunction with the occupational health provider, shall ensure that their emergency response provision includes:</p> <p>Sufficient first aid cover, taking into account detailed risk assessment</p> <p>First aiders trained in relation to site specific situations/ hazards and updated on the basis of accident data reviewed</p> <p>First aiders being involved in training with on site emergency medical staff and off site emergency services eg local ambulance/ emergency rescue service, helicopter emergency medical services and hazard area response teams</p> <p>Nominated person responsible for liaison with offsite emergency services as appropriate to site</p> <p>The provision of defibrillators within all site welfare facilities including mobile facilities.</p>	<p>Regular liaison and planning with appropriate local offsite emergency services eg local ambulance service.</p> <p>Joint training exercise with local emergency response units.</p>  <p>The use of in case of emergency (ICE) helmet tags. The fluorescent tags can be stuck to an individual's safety helmet and contain details of who to contact should the individual be seriously injured in an accident or give a first aider or attending ambulance staff instant access to potential lifesaving information about the person. The tags are made from 3M reflective material so they can be easily seen, are 100 percent waterproof with a security flap to protect the workers information and will not weaken nor damage safety helmets in any way and can be purchased from your PPE supplier.</p> <p>The provision of a hard standing area for the local ambulance service to either locate an ambulance on standby and/or temporary self-contained welfare facilities for ambulance crews who are on standby.</p>

Appendix 1

Referral Criteria for Safety Critical Medical and Health Surveillance.

Referral criteria				Referral criteria					
Screening Cat	Screen Item	Condition	Action	Screening Cat	Screen Item	Condition	Action		
ALL	Blood Pressure <i>(Average of best two of at least three readings taken)</i>	Systolic > 140 and/or Diastolic > 90	GP/Practice Nurse Referral		Musculoskeletal	Failure of any part of functional assessment.	Refer To OHA		
		Systolic > 159 and/or Diastolic > 99	GP/Practice Nurse Referral AND Refer for OHA/OHP Review		Refer To OHA Refer To OHA				
		Systolic > 179 and/or Diastolic > 109	GP/Practice Nurse Referral AND Make Immediate OHA Contact		Refer To OHA				
	Lung Function / Respiratory	Positive response to OH7 banded question.	Refer To OHA		Audiometry	Results Category 3 or 4 or U	Refer To GP Consider OHA Contact & immediate restriction where job safety may be compromised by impaired hearing.		
		FVC < 80% Predicted	Refer To OHA						
		FEV1 < 80% Predicted	Refer To OHA						
		FER% < 70%	Refer To OHA						
		Fat in FEV1 > 15%	Refer To OHA						
	Urinalysis	Positive Findings For Glucose.	Refer To OHA & Issue GP Referral		CvR Calculation	High Risk (AR>20%, RR>80)	Refer To GP		
	Blood Glucose	7.1 mmol/l – 8.0 mmol/l	GP/PN Referral (If subject has not eaten for 2Hrs)					Cholesterol	TC (Total Chol) > 7.5mmol/l TC/HDL Ratio > 6.0
8.1 mmol/l – 11.1mmol/l		GP/PN Referral							
	> 11.1mmol/l	Immediate Contact For OHA Review & GP/PN Referral	Vision	Combined Visual Acuity (VA) worse than 20/40. For Group 2 Drivers (HGV/PCV) Corrected VA worse than 20/30 (6/9) in better eye, or 20/40 (6/12) in poorer eye. Uncorrected VA worse than 3/60 in either eye.	Refer To OHA Refer To Optician Refer To OHA Refer To Optician OHA Contact & immediate restriction where job role requires driving if acceptable standards are not met.				
Skin Assessment	Any work related skin problems. Any skin problems on exposed skin areas.	Refer To OHA							
HAVS	Any reported HAVS symptoms.	Refer To OHA							

Appendix 2

Functional Assessments

Functional Assessments may be required where the Occupational Health professional has identified a potential restriction but needs further information regarding the individual in their working environment. The following guidance provides suggested questions for assessing common medical conditions. The answers should be formally recorded and records retained by the Occupational Health professional/provider.

Hearing:

1. **Can the individual hear alarms when not wearing hearing protection?** Ask vehicle to reverse with reversing siren- individual being assessed should stand in place of safety with back to truck to identify if they can hear at 15m, 10m etc.
2. **Can the individual hear alarms when wearing hearing protection?** As previous question, with hearing protection
3. **Can the individual hear shouted instructions when not wearing hearing protection?** Individual being assessed to be able to hear and in turn repeat instructions shouted from 15m, 10m, etc
4. **Can the individual hear shouted instructions when wearing hearing protection?** As above, previous question, with hearing protection
5. **Can the individual hear conversation speech/instructions when not wearing hearing protection?** Normal working scenario- i.e. verbal instructions, requests as per normal conversation
6. **Can the individual hear conversation speech/instructions when wearing hearing protection?** As previous question, with hearing protection
7. **Can the individual hear shouted instructions when wearing hearing protection and NOT being able to see the instructor's mouth/facial movements?** As above, with hearing protection.

Appendix 2

Functional Assessments

Respiratory/Dust:

1. **What is the type of dust / fume exposed to onsite?**
e.g. solder fume; welding fume; vapour; wood dust; diesel fumes; silica in sand or cement, earthworks
2. **What are levels of dust / fume exposed to on site?**
Include any known air sampling
3. **What is length of time of dust / fume exposure?**
State your working hours and the percentage / ratio assigned to the dust task
4. **Is there potential exposure to respiratory sensitisers / respiratory allergens?**
Refer to site COSHH assessments.
5. **Is Face Mask Fitting required?**
Has this been completed/state date of face fit test and make/model of mask.
6. **How is dust / fume controlled?**
E.g. dampening / vacuum extraction / air conditioning / particulate filters in plant op cabin / closed windows / any other ventilation. For plant operators please state frequency of air conditioning servicing / frequency of cab filters servicing / replacement / particulate filter replacement for blower fans.
7. **Frequency of cleaning PPE?**
How often are masks or disposable filters replaced? Is this suitable?

Eyesight: including Myopia, Amblyopic and Monocular Vision.

Myopia is a condition of the eye that makes it difficult to see objects that are far away. The risk assessment is recommended where the worker has not achieved Safety Critical Vision standards unaided 3/30.

Monocular Vision is a condition in which both eyes are used separately. By using the eyes in this way, as opposed by binocular vision, the field of view is increased, while depth perception is limited.

Amblyopia, also known as lazy eye, is a vision development disorder in which an eye fails to achieve normal visual acuity, even with prescription eyeglasses or contact lenses.

Tests to be completed in good and poor lighting environments e.g. day and night.

1. **Can the individual see hand signals at varying distances?**
E.g. 10m, 15m, 20m.
2. **Can the individual see hand signals at varying angles?**
E.g. 0, 45, 90, 120 degrees?
3. **If the individual requires corrective lenses, do they have safety glasses with the correct prescription?**

Appendix 2

Functional Assessments

Colour Blindness:

1. **Does the individual undertake a role where they need to distinguish between different colour wires?**
E.g. Electrician – no mitigation available so alternative role may be required.
2. **Does background lighting influence the ability to see colour?**
E.g. night workers or tunnel works may require a high intensity torch [LED], the assessment must be conducted in working conditions for accuracy.
3. **Does the individual undertake a role where they need to distinguish between different colour spray markers?**
E.g. to identify underground services. Flags with symbols may be an alternative to coloured flags or sprayed lines. Spraying the word e.g. Gas, rather than a yellow line is another alternative.
4. **Does the individual undertake a role where they need to distinguish between different colour lights?**
E.g. Traffic Lights or Alarm lighting? Lighting can be supplemented with an audible alarm.

Individuals over 100kg (15.75 stone):

1. **Are office/welfare seating arrangements suitable?** Lyreco computer chairs accommodate weight up to 117kg as standard. For weights higher, refer to catalogue, up to 150kg is available.
2. **Are Vehicle Seating Recommendations suitable?** E.g. Leg Room, Seat Adjustment, Height Adjustment, Make & Model of Vehicle, Seat belt length, ability to climb in/out of vehicle.
3. **Are there any restrictions in moving and carrying loads?**
4. Is PPE provided / appropriate fit? E.g. is the individual within the specification for Lanyards / Harnesses / D-rings.
5. **Are there any areas of the work that may be restricted?** E.g. manholes, confined spaces, ladder access

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