



*Challenges and Opportunities for Rail Safety*

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# **National Health Assessment Standard for Rail Safety Workers in Australia**

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## **1. INTRODUCTION**

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On July 1 this year, a National Standard for Health Assessment of Rail Safety Workers<sup>1,2</sup> was adopted by all jurisdictions throughout Australia.

The Standard represents a significant step in the continuous improvement of rail safety and ensures a common system of health assessments for rail safety workers across the country.

This paper describes the features of the Standard and its implementation, including:

- The risk based health assessment system which ensures assessments match the inherent requirements of rail safety work;
- The administrative requirements which support effective implementation of the system by rail operators;
- The revised testing procedures and medical criteria which improve identification of workers at risk and enable prediction of health risk;
- The support provided by the National Transport Commission and State jurisdictions to facilitate implementation of the Standard by rail organisations; and
- Initial industry response to the Standard.

### **Victorian Project**

A project to review the health assessment standards was initiated by the Victorian Department of Infrastructure in October 2002.

It stemmed from recognition of deficiencies and inconsistencies in current practice and the need for up-to-date guidance with respect to the monitoring of rail safety workers' health.

The review was driven particularly by a rail incident at Footscray station in June 2001, in which an empty express train collided with the back of a suburban electric train. Medical issues were found to be a significant factor in the incident, the investigation identifying serious defects in the monitoring of the driver's health. In particular the investigation found that there was lack of communication and coordination between those responsible for driver management and the health professionals. It also found that the health standards themselves were deficient in their ability to identify factors, both physiological and psychological, that may impact on driver performance<sup>3</sup>.



In framing the review of the health assessment standard, a number of further issues were identified:

- Existing standards had not undergone substantial review for more than 20 years - they did not reflect current medical practice and were not evidence-based;
- The importance of psychological health issues and sleep disorders with respect to rail safety were not reflected in the current standards;
- The health standards varied across the rail system, which had been disaggregated in the early 90s;
- Systems for implementation of the standards also varied across the industry;
- The standards did not reflect changes that had occurred in the rail operating environment;
- There tended to be a poor matching of health assessments to job requirements;
- There tended to be lack of clarity between OH&S requirements and rail safety requirements;
- Quality of examinations by medical practitioners was variable; and
- Recent changes in anti-discrimination and privacy laws needed to be considered.

## **National Project**

In October 2003, whilst the Victorian standard was in a draft form and undergoing stakeholder consultation, the National Transport Commission (NTC) initiated a process for development of a national standard, based on the work already undertaken in Victoria.

The national review was driven by concerns similar to those in Victoria. In many States and Territories the health assessment standards used by rail organisations had been in place for some time without having undergone substantial revision.

Rail incident investigations also had a significant impact on the national process, with the tragic Waterfall (New South Wales) accident occurring during the review.

Investigations into this incident have noted similar deficiencies with the adequacy of the standards and the management systems within the NSW system<sup>4</sup>.



In particular, the investigation found that the medical examinations were inadequate in that:

- The standard did not enable prediction of risk of serious health problems such as heart attack;
- There was insufficient guidance provided by the rail authority to the examining doctor;
- The medical standards were not revised at appropriate intervals in order to bring requirements up to contemporary medical practice;
- The medical examiners did not possess the expertise to carry out the required health assessments;
- The examination of the particular driver was carried out by a medical practitioner who did not know or understand the real nature of the driver's duties;
- The medical examiners were not provided with background medical histories to assist them in making appropriate assessments;
- The medical standards confused the requirements of occupational health and safety with rail safety;
- There was no requirement for followup testing of rail safety workers who were indicating signs of future health problems; and
- There was no overview of the results of medical examinations by a specialist Chief Medical Officer.

This paper describes the features of the new National Standard as developed through the Victorian and National processes.

In light of the issues discussed above, the key challenges in developing the Standard have been:

- To ensure health assessments match the risks inherent in rail safety work;
- To ensure consistency with current medical knowledge;
- To address psychological as well as physiological health issues (ie human factors);
- To ensure quality and consistency of health assessments performed nationally; and
- To protect workers' rights with respect to antidiscrimination and privacy.



The development of the Standard was achieved through an extensive consultation process involving industry, unions, regulators and the medical profession.

For the national process, an Industry Reference Group was established with broad representation from State rail regulators, rail organisations, unions and medical experts. Expert working groups were formed regarding risk management, administrative procedures and medical matters. Jan Powning (Department of Infrastructure, Victoria) was the National Project Manager assisted by Keith Wheatley (National Transport Commission), and Dr Bruce Hocking and Fiona Landgren were the consultants to the project.



## **2. BACKGROUND - THE AUSTRALIAN RAIL SYSTEM**

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In Australia, rail safety is regulated under State legislation with national consistency supported by a program of mutual recognition of rail accreditation, and reference to national standards for rail safety management systems.

In Victoria, for example, The Office of the Director of Public Transport, Victorian Department of Infrastructure is the designated accreditation and regulatory authority for public transport. Its role includes defining the minimum requirements for what must be included in a specific safety management system, and overseeing and enforcing a co-regulatory safety regime to enable and promote safe public transport operations.

Under the provisions of the *Transport Act 1983* and *Transport (Rail Safety) Regulations 1998* a person or organisation must be accredited to manage rail infrastructure or provide or operate rolling stock. Accreditation ensures the person or organisation has the capacity and competence to safely provide the services or infrastructure. A key criterion for accreditation is that the organisation has an established and adequately resourced safety management system.

Nationally at present there are approximately 240 accredited transport organisations providing rail (train & tram) services including interstate, intrastate, metropolitan train/tram networks as well as not-for-profit tourist/heritage organisations. Each organisation participating in the accreditation scheme is required to assess the risks associated with their transport operations and to establish a safety management system to ensure control of those risks.

*Australian Standard AS4292 Railway Safety Management* outlines general requirements for a rail safety management system in an accredited rail organisation. Section 4.3 *Health and Fitness* of AS4292 specifies that procedures shall be established and maintained for identifying the health and fitness requirements and standards for all workers engaged in safety related work. Section 4.3 requires that workers shall be of sufficiently good health and fitness to perform assigned tasks and that relevant procedures be developed and records maintained in this regard.

Beyond these requirements accredited rail operators have been responsible for establishing their own medical standards and systems. These have varied considerably, not only between jurisdictions but also between individual rail organisations.



The Australian Transport Council requested the National Transport Commission develop the new standards with a view to ensuring uniformity across Australia.

Alignment with medical standards for other transport sectors was also an objective. Revised Australian medical standards for private and commercial road vehicle drivers had been recently mandated<sup>5</sup>. These road standards have a strong medical evidence base and the commercial standards were taken as the starting point for the medical standards for rail safety workers.

### 3. FEATURES OF THE HEALTH ASSESSMENT STANDARD

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The key features of the Standard are illustrated in Diagram 1 overleaf.

They include:

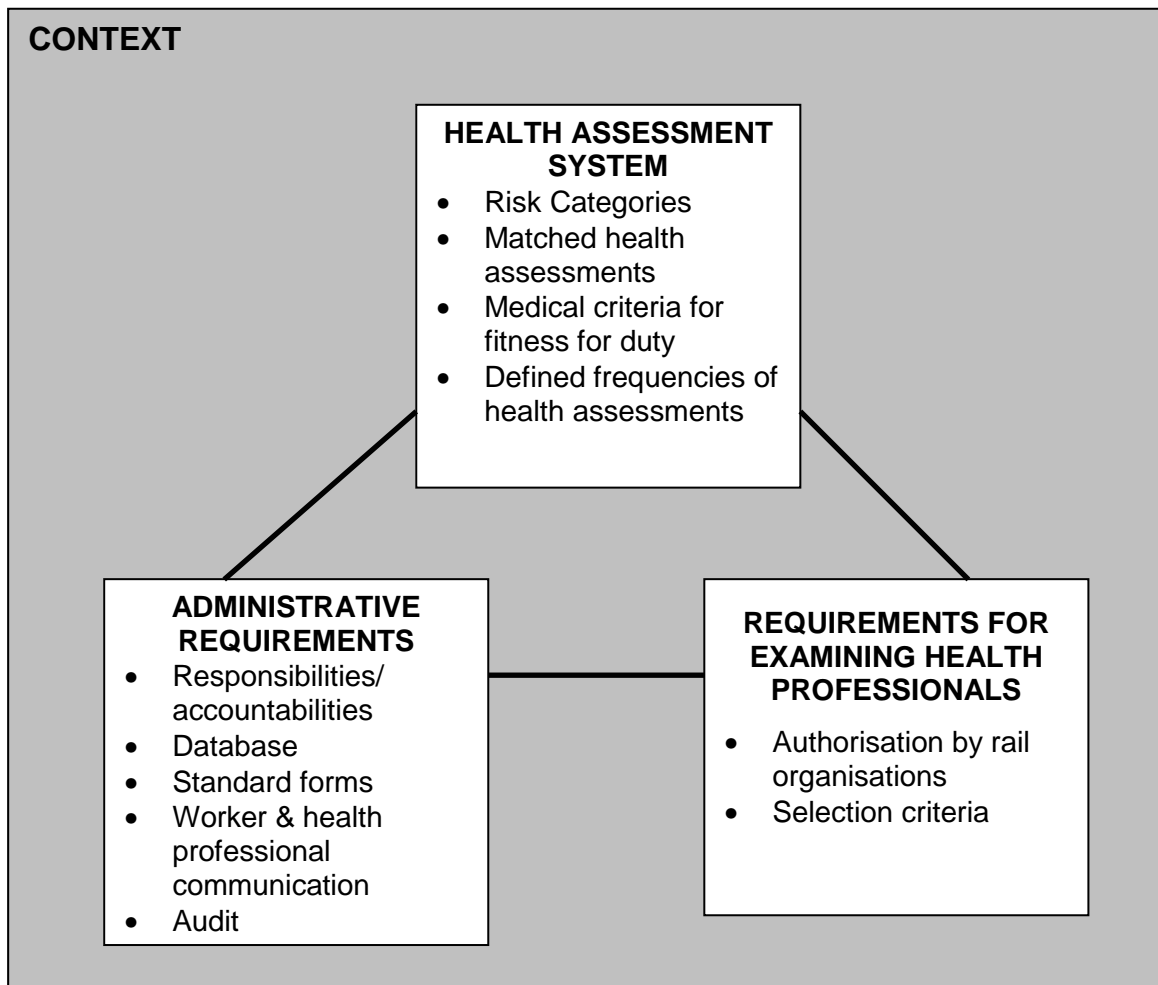
- A **Health Assessment System** based on a risk management approach and comprising:
  - Risk Categories derived from consideration of the potential impact of ill health on the safety of the rail system;
  - Health assessments matched to the Risk Categories;
  - Specific medical criteria to define fitness for duty across the spectrum of disease states and body systems;
  - Defined frequencies for health assessments to ensure identification of health problems likely to impact on rail safety.
- **Specified requirements for examining health professionals**, to ensure quality of health assessments, including:
  - The requirement for rail organisations to “authorise” health professionals to conduct health assessments for rail safety workers;
  - Defined criteria for authorisation including qualifications, experience of the rail environment and familiarity with the Health Assessment Standard and the requirements of rail safety work.
- **Recommended administrative procedures** to ensure effective application of the Health Assessment System, including:
  - Identification of roles and responsibilities of rail organisations, rail safety workers and health professionals;
  - Implementation of appropriate monitoring systems (databases) for scheduling health assessments and managing outcomes;
  - Standard forms and defined health information management requirements to ensure consistency of application by rail organisations and examining health professionals as well as compliance with privacy legislation;

- Appropriate communication with workers and health professionals to ensure their understanding and compliance with the health monitoring process;
- Requirements for internal audit etc.

These aspects of the Standard are positioned within a context in which:

- health monitoring is recognised as only one of a number of controls supporting rail safety; and
- interfaces with the with other employee health and performance programs are recognised and managed.

**Diagram 1 – Features of the Health Assessment Standard**





The Standard itself comprises two volumes:

***Volume 1: Management Systems***

This volume is intended for use by rail organisations. It describes the health assessment system and provides a framework for analysing and categorising risks associated with rail safety work and assigning workers to a level of health assessment commensurate with those risks. The volume also outlines administrative requirements and requirements for selecting and managing Authorised Health Professionals.

***Volume 2: Assessment Procedures and Medical Criteria***

This volume is intended for use by Authorised Health Professionals and other health professionals (eg specialists) involved in the assessment process. As well as a description of the health assessment system, it includes detailed procedures for conducting the health assessments and medical tests. It also provides the medical criteria for judging fitness for duty.

**3.1 Risk Management – Developing and Applying Categories of Risk**

Health assessments for rail safety workers should be commensurate with the risk that ill health poses to safe performance of tasks. Therefore the first step in defining the nature of health assessments for workers was to assess the risk that their ill health poses to the safety of the network. The key criterion applied in the risk analysis was the extent to which the workers' physical and psychological health may impact on the safety of the rail network, and therefore on public safety. Based on this analysis rail safety workers have been categorised into 4 risk groups (refer Diagram 2).

Those workers whose action or inaction due to ill-health may lead directly to a serious incident affecting the rail network, are referred to as *Safety Critical Workers*. The health of these workers regarding attentiveness to their job is critical.

Secondly the risk analysis considered whether there were degrees of Safety Critical Worker, ie. whether the health status of some workers was more critical than others in terms of maintaining the safety of the rail network and public safety. The higher risk comes about due to the consequences of sudden incapacity in certain jobs and has resulted in the differentiation between *Safety Critical Worker* and *High Level Safety Critical Worker* based on whether a worker's sudden collapse would impact on the safety of the rail network.



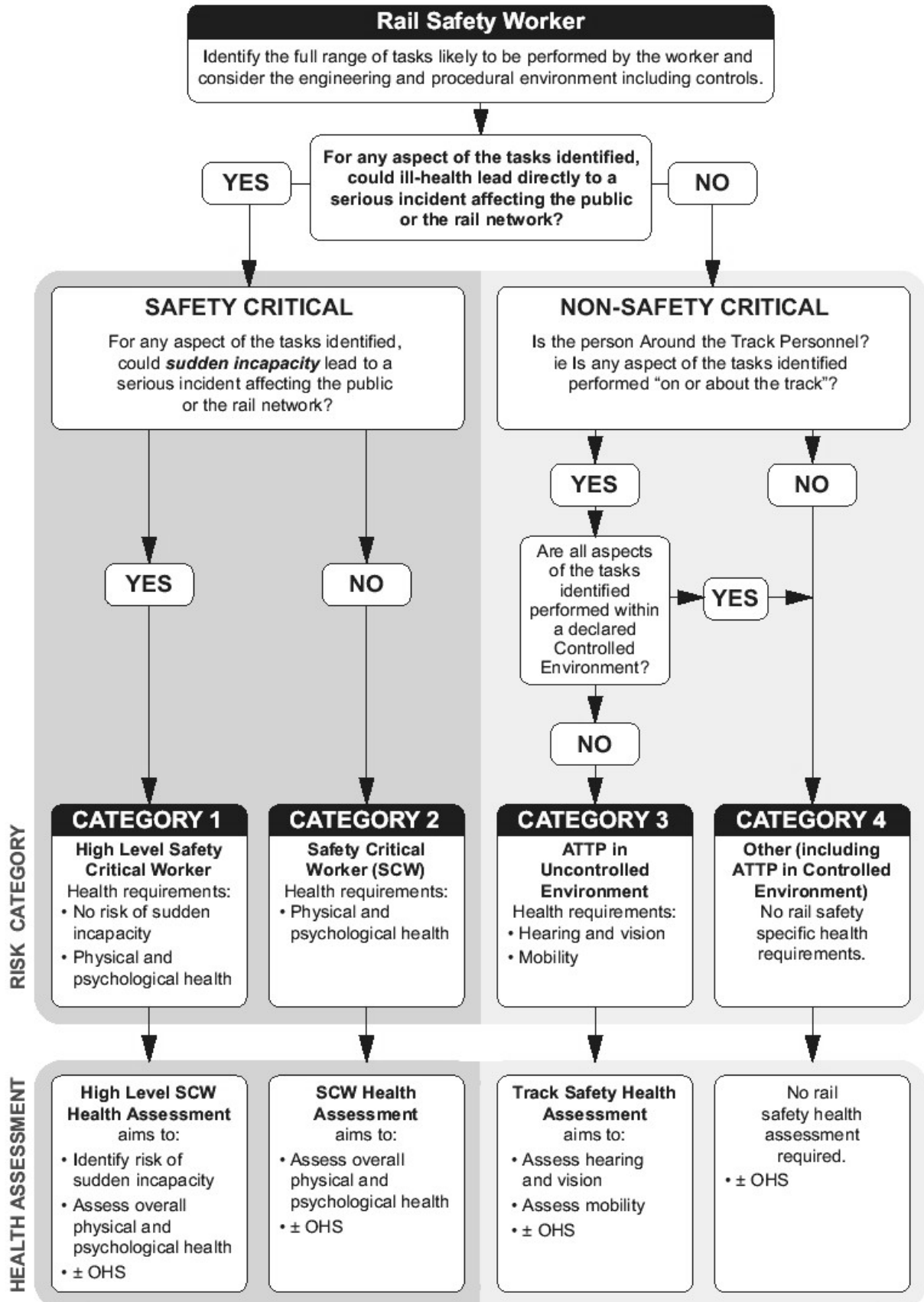
In addition to Safety Critical Workers, there are a number of occupations that require the worker to operate around the track eg infrastructure workers. Whilst their health is unlikely to impact on the safety of the network, it is important that they are able to act to protect their own safety and the safety of their colleagues. The risk analysis identified these so called *Around the Track Personnel* as a third category. They were further subdivided on the basis of working in a 'controlled' or 'uncontrolled' environment.

Arranged in order of risk, the categories are as follows (Diagram 2):

- **CATEGORY 1: High Level Safety Critical Workers.** Those workers involved in tasks critical to the safety of the network and whose action or inaction or sudden incapacity or collapse, due to ill-health, may lead directly to a serious incident affecting the rail network.
- **CATEGORY 2: Safety Critical Workers.** Those workers involved in tasks critical to the safety of the network and whose action or inaction, due to ill-health, may lead directly to a serious incident affecting the rail network.
- **CATEGORY 3: Around the Track Personnel operating in an Uncontrolled Environment.** Those workers who are required to operate around the track and in an uncontrolled environment (at risk from moving trains).
- **CATEGORY 4: Other.** All other staff not covered by the above categories, including around the track personnel who operate in a controlled environment (not at risk from moving trains).

A *Guideline for Health Risk Management*<sup>6</sup> was developed setting out the steps for a rail organisation to conduct the risk assessment of all its jobs with a view to then matching the appropriate health assessments to the categorisation of risk.

**Diagram 2 – Risk Analysis of Rail safety Workers**



### 3.2 Matching health assessments to risk categories

The risk analysis process enabled the necessary health attributes for each Risk Category to be defined and in turn lead to the definition of appropriate health assessments.

Consideration was given to the way a wide range of diseases and degenerative changes may affect the performance of rail safety tasks. For example, consideration was given to:

- dramatic conditions which may cause **collapse** such as heart attack or epilepsy,
- more subtle conditions which cause **inattention** such as alcohol/drug use, psychological states and sleep disorders; and
- specific **health functionality** necessary for certain rails safety tasks such as visual acuity, musculoskeletal requirements and hearing.

Once the conditions and health requirements were identified, questionnaires and clinical tests were selected to help detect the conditions and assess functional status, whilst being ethically acceptable and administratively practical.

The health assessment for Safety Critical Workers (Categories 1 & 2) thus comprises a comprehensive physical and psychological assessment to detect conditions such as heart disease, diabetes, epilepsy, sleep or psychiatric disorders, vision or hearing problems.

The assessment includes a Safety Critical Worker Questionnaire and a clinical assessment.

The questionnaire is a tool for establishing the workers medical history as well as screening for particular health conditions that may impact on rail safety. The questionnaire includes specific sets of questions to screen for:

- Sleep disorders (Epworth Sleepiness Scale)
- Anxiety and depression (K10 Questionnaire)
- Alcohol dependence (AUDIT Questionnaire)

The Epworth Sleepiness Scale<sup>7</sup> is used to detect excessive daytime sleepiness with a view to further assessment if the score is raised. The K10 questionnaire<sup>8</sup> for anxiety and depression has been included since these conditions are common and when severe impact on attentiveness. Again, a raised score requires further assessment and appropriate management. There is legislation in all States regarding drug and alcohol use in transport workers, which requires zero blood alcohol and other drugs. The new health assessments have sought to complement but not duplicate this legislation.

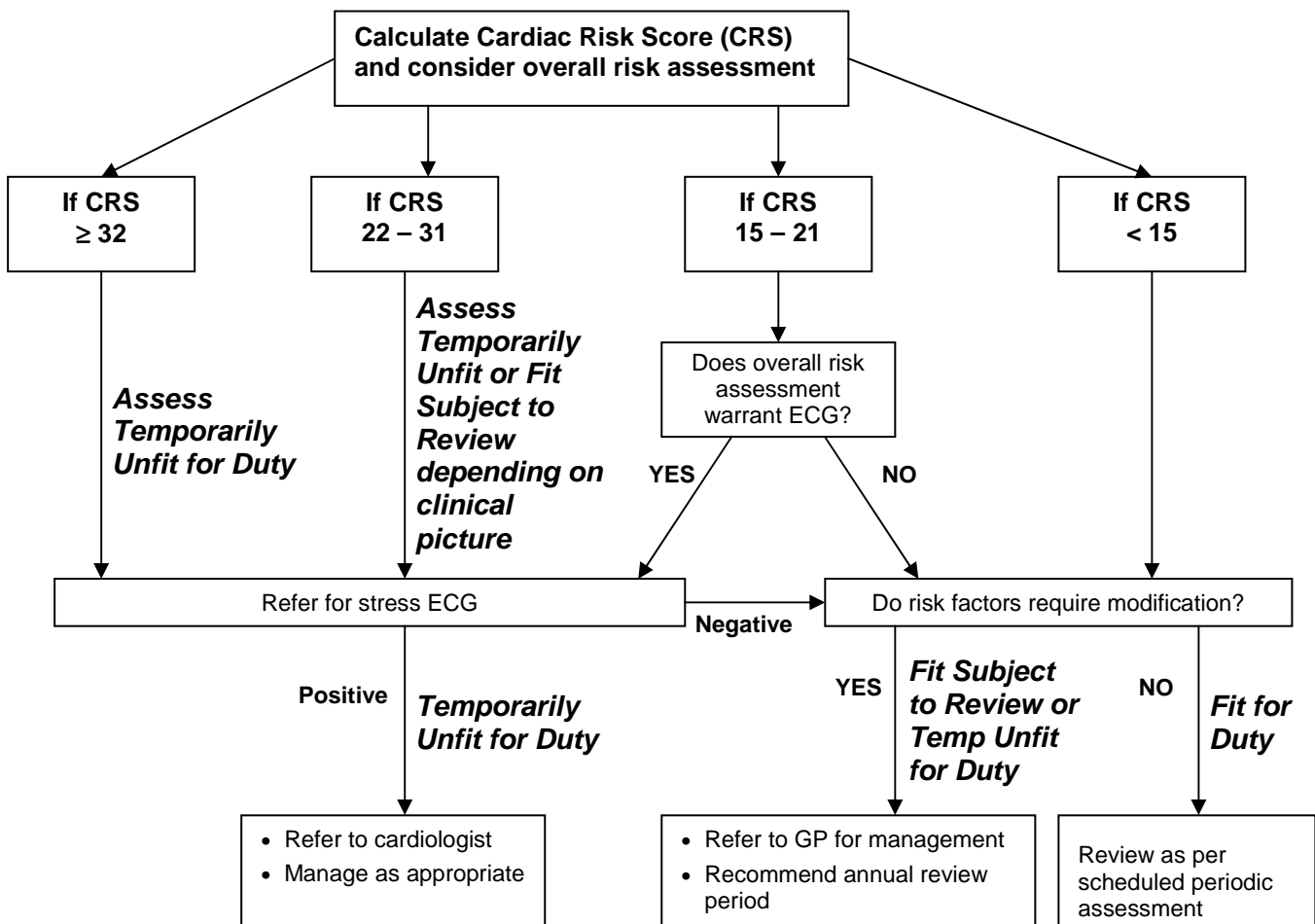
In addition to the Safety Critical Worker Health Assessment, a High Level Safety Critical Worker (Category 1) is required to have a Cardiac Risk Score Assessment, which identifies risk of cardiovascular disease and collapse from heart attack or stroke.

This assessment predicts risk of a cardiovascular event over 5 years and is calculated based on:

- Age/sex
- Cigarette smoking
- Blood pressure
- ECG
- Glucose and
- Cholesterol

If the Cardiac Risk Score is raised, or other clinical considerations warrant, the worker is referred for a stress ECG. Individual risk factors are also to be managed. (refer Diagram 3).

**Diagram 3. Management of Cardiac Risk Score**





The clinical examination of a High Level Safety Critical Worker also focuses on the identification of other health conditions that might result in sudden incapacity eg hypoglycaemia, epilepsy and transient ischaemic attacks.

The assessment for Category 3 workers is called the Track Safety Assessment. It is designed to ensure the worker's ability to protect themselves and co-workers from the risk of moving trains and comprises eyesight and hearing tests and an assessment to ensure mobility around the track.

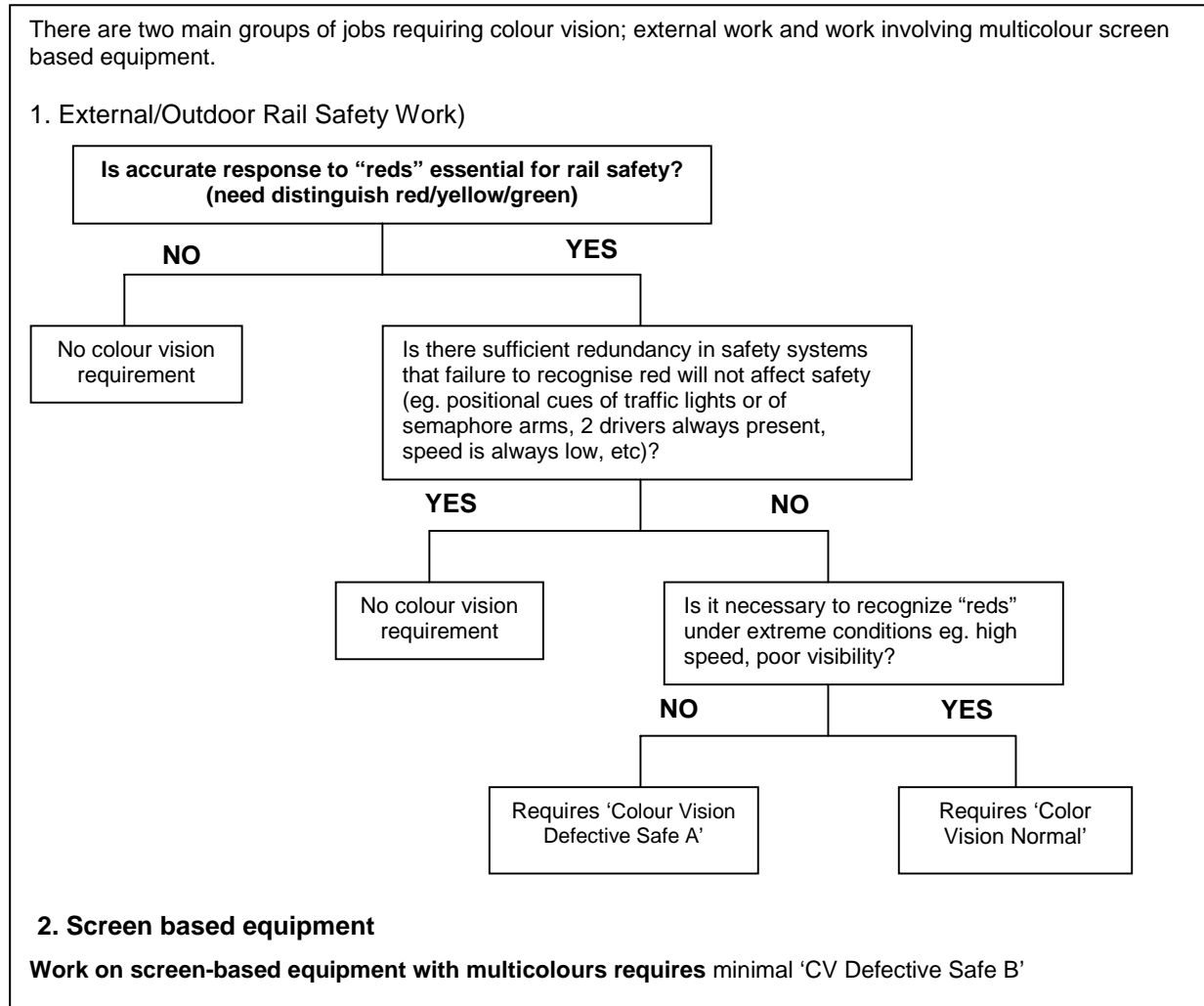
The Risk Categories and matched assessments provide the basic framework for defining the health assessment requirements of rail safety workers. In addition it is recognised that certain tasks will have specific health requirements (eg colour vision, hearing or musculoskeletal capacity), thus the system provides scope to accommodate these requirements and, importantly, to ensure EEO requirements are met.

There is also scope for inclusion of practical tests for situations in where a clinical assessment might not be adequate to determine the worker's ability to undertake the task safely. These tests might be applied for example for hearing, colour vision or musculoskeletal capacity.

The key implication of the EEO legislation regarding health assessments is that the examination must focus on the "inherent requirements" of the job, not peripheral requirements. Any tests required should be valid and the criteria that are set need to have a rationale (ie be a good predictor of serious illness regarding rail safety). If a standard is required to be met at entry then it should be required to be maintained during employment and examined for periodically. In the event of a criteria not being met an employer should give consideration to what reasonable adjustment can be made to the work environment to accommodate the disability. Generally, public safety considerations will take precedence over EEO, but this does not excuse an employer/medical examiner from not giving close consideration to EEO issues.

Colour vision in train drivers has been the subject of major disability discrimination case in Queensland<sup>9</sup>, and a flow chart has been developed to guide setting of a suitable standard based on the International Commission on Illumination<sup>10</sup> and the studies by Hovis and Oliphant<sup>11</sup> (refer Diagram 4). In addition, to avoid unfair discrimination, protocols are given for practical tests for colour vision and hearing, although these are stringent and not intended to compromise public safety.

#### Diagram 4: Evaluation Process for Colour Vision



### 3.3 Establishing when health assessments should be conducted

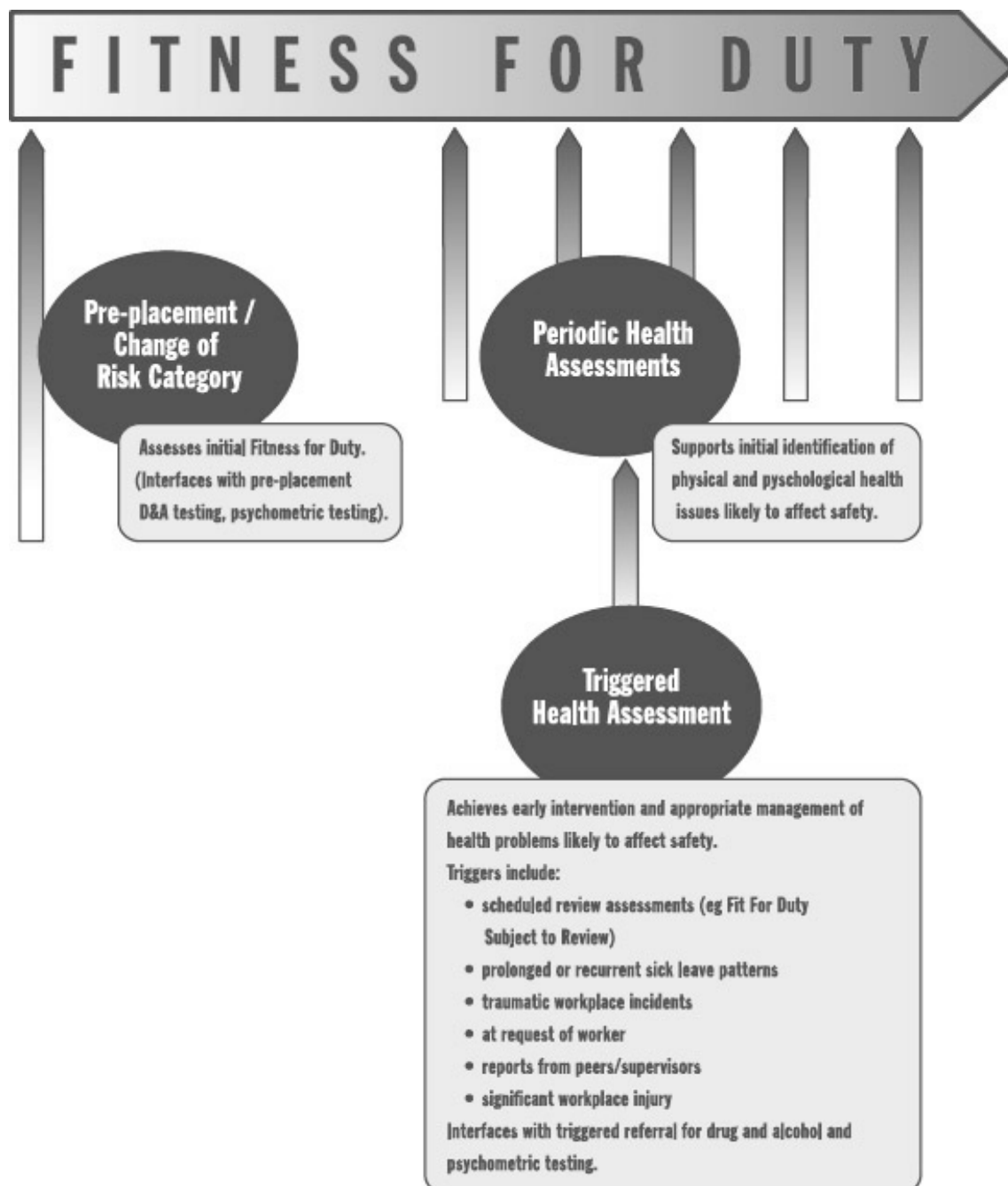
The Standard specifies that a health monitoring system for rail safety workers should encompass health assessments at:

- **pre-placement** (to establish initial fitness for duty);
- **periodically** during the worker's employment in order to assess ongoing fitness for duty; and
- when **"triggered"** by health concerns. A triggered referral may be prompted by a doctor wishing to monitor the worker more frequently than the prescribed Periodic Assessment; by an employer who is concerned about the job performance of an

employee for whom other reasonable explanations have been excluded; or by an employee who wishes to discuss any aspect of their health which may impact on safe working with a doctor.

Diagram 5 below illustrates how the various health assessments work together to support the ongoing fitness for duty of rail safety workers.

**Diagram 5 – Health Assessments Supporting Fitness for Duty of Rail Safety Workers**





### ***Frequency of periodic health assessments***

The determination of appropriate frequencies for Periodic Assessments was a major aspect of the Standard development, as previous practice lacked an evidence base and had become established over time with little rationale.

The requirements, summarised in Table 1 reflect the gradual rate of decline of senses such as vision and hearing and general age-related degenerative disease such as diabetes, cardiovascular disease etc. The incorporation of more incisive assessment tools (such as the Cardiac Risk Score) has also led to reduction in the frequency of assessment for Safety Critical Workers compared to some of the previous health assessment standards. It is emphasised that an effective triggered referral system must operate in conjunction with periodic assessments in order to ensure detection and management of health conditions which have a rapid or unpredictable onset.

Importantly, the Standard provides sufficient flexibility to allow more frequent health surveillance of a rail safety worker should this be deemed necessary.

For example, the terminology ***Fit for Duty Subject to Review*** is identified throughout the Standard to describe a triggered situation in which the worker has a health condition or health risk that is sufficiently well controlled so enable them to conduct their duties safely, however they are required to be monitored more frequently than prescribed by the standard Periodic Assessment in order to ensure that their condition remains stable and appropriately managed.

This process ensures that workers benefit from the continuing advances in medical treatments.

The rationale for frequency of Periodic Health Assessments is discussed at length in reference 12.

**Table 1: Frequencies of Periodic Health Assessments**

<p><i>Category 1:</i> High Level Safety Critical Worker <i>and Category 2:</i> Safety Critical Workers</p> <ul style="list-style-type: none"> <li>• At time of commencement then:</li> <li>• 5 yearly to age 50</li> <li>• 2 yearly to age 60</li> <li>• Yearly thereafter</li> </ul>
<p><i>Category 3:</i> ATTP in Uncontrolled Environment</p> <ul style="list-style-type: none"> <li>• At time of commencement then</li> <li>• 5 yearly after age 40</li> </ul>

### 3.4 Conduct of health assessments by health professionals

The quality of implementation of the medical standards by examining health professionals was recognised as an important issue in developing the Standard.

Health professionals must be competent medically but they should also have a sound understanding of contextual issues, including risk management, and should be familiar with the rail working environment. The health professionals should also be familiar with specific organisation procedures and with interfacing programs such as critical incident management, fatigue, drugs and alcohol and health promotion.

The Standard therefore requires that only health professionals “authorised” by the rail organisation can conduct rail safety health assessments.

The Standard provides guidance to accredited rail organisations by defining specific selection criteria for appointing authorised health professionals. The Standard also recommends means by which the organisation can support the competency of the health professional eg through site visits to the organisations operations, through training and through provision of related policies and procedures as relevant.

Volume 2 of the Standard, *Procedures and Medical Criteria*, provides more comprehensive guidance than previously available to health professionals and supports their understanding of the rail environment. It also provides information about interfacing programs relevant to their management of rail safety workers, for example Drug and Alcohol legislation. In this way it is



an important mechanism by which the quality of rail safety worker assessments may be supported.

In addition, the model forms and administrative procedures have been designed to ensure that examining doctors are provided with the information necessary for them to make an adequate assessment of the worker, including previous health assessment reports, relevant attendance and Workcover records, relevant critical incident reports etc.

Most jurisdictions have also offered training for health professionals in order to facilitate the authorisation process. It remains however for the organisations (not the jurisdictions) to “authorise” the health professionals.

### **3.5 Administrative systems and procedures**

Sound administrative procedures and systems are required to ensure implementation of the health assessment system defined in the Standard.

The authors were particularly alert to the findings of the Footscray report which highlighted the need for effective and audited recall systems and for clear responsibilities and accountabilities for managing these systems. The need to ensure integration of all information relevant to the worker’s health, including Workcover claims, absence patterns, critical incident history etc was also a key consideration.

Volume 1 of the Standard defines system and procedural requirements for accredited rail operators including:

#### **Roles and responsibilities of employers, workers and health professionals**

The Footscray incident highlighted how, despite the existence of sophisticated databases, health assessment requirements may not be met if responsibilities for informing staff, arranging appointments and following up missed assessments are not clearly defined and monitored. The report of the incident also highlighted the need to ensure employees are made aware of their responsibilities to disclose health conditions likely to impact on their ability to perform their duties safely.

The Standard defines key responsibilities of employees, managers and health professionals and provides a basis for procedures in this regard. It also provides guidance with respect to the communication requirements for all parties concerned.

**Table 2 – Criteria for Selection of Authorised Health Professionals**

<b>Safety Critical Worker Health Assessments (Categories 1 and 2)</b>	<b>Track Safety Health Assessments (Category 3)</b>
<p><b>Qualifications and experience:</b> The health professional must have a qualification in medicine and should have an interest or experience in occupational medicine.</p>	<p><b>Qualifications and experience:</b> The health professional should have a qualification in medicine or a nursing qualification with a postgraduate qualification in occupational health nursing. For a medical professional, interest and experience in occupational medicine is desirable.</p>
<p><b>Rail industry knowledge:</b> The health professional should demonstrate understanding of the rail industry environment including work performed and risks involved.</p>	<p><b>Rail industry knowledge:</b> The health professional should demonstrate understanding of the rail industry environment including work performed and risks involved.</p>
<p><b>Standard:</b> The health professional should demonstrate familiarity with the National Standard for Health Assessment of Rail Safety Workers and a working knowledge of Volume 2 of the Standard, <i>Assessment Procedures and Medical Criteria</i>, including:</p> <ul style="list-style-type: none"> <li>• appreciation of the role of health assessments in rail safety;</li> <li>• familiarity with the risk management approach used to identify the level of health assessment required;</li> <li>• familiarity with the tasks involved in rail operations and with major tasks of Safety Critical Workers;</li> <li>• knowledge of rail safety worker Risk Categories and the rationale for health assessments applied;</li> <li>• knowledge of and ability to perform the Safety Critical Worker Health Assessment;</li> <li>• understanding of requirements and reporting options for fitness for rail safety duty;</li> <li>• knowledge of the administrative requirements, including form completion and record keeping;</li> <li>• understanding of ethical and legal obligations and the ability to conduct health assessments accordingly, including appropriate communication with the worker and the employer;</li> <li>• understanding of ethical issues in relationships with the treating doctor/general practitioner.</li> </ul>	<p><b>Standard:</b> The health professional should be able to demonstrate familiarity with the National Standard for Health Assessment of Rail Safety Workers and a working knowledge of Volume 2 of the Standard, <i>Assessment Procedures and Medical Criteria</i>, including:</p> <ul style="list-style-type: none"> <li>• appreciation of the role of health assessments in rail safety;</li> <li>• familiarity with the risk management approach used to identify the level of health assessment required;</li> <li>• familiarity with the tasks in rail operation and with major tasks of Around the Track Personnel;</li> <li>• knowledge of rail safety worker Risk Categories and the rationale for health assessments applied;</li> <li>• knowledge of and ability to perform the Track Safety Health Assessment;</li> <li>• understanding of requirements and reporting options for fitness for rail safety duty;</li> <li>• knowledge of the administrative requirements, including form completion and record keeping;</li> <li>• understanding of ethical and legal obligations and the ability to conduct health assessments accordingly, including appropriate communication with the worker and the employer;</li> <li>• understanding of ethical issues in relationships with the treating doctor/general practitioner.</li> </ul>
<p><b>Interfacing policies and program:</b> The health professional should be able to demonstrate awareness of legislation, policies and programs that might interface with or affect the performance of the health assessment, for example, drug and alcohol policy, critical incident management programs and anti-discrimination and privacy legislation.</p>	



### **Conduct and documentation of Risk Assessments for all rail safety workers**

The Standard requires that rail organisations conduct task risk assessments for all rail safety workers. It also requires that the processes and outcomes be documented to provide a sound basis for definition of health assessment requirements.

### **Recall and monitoring systems (ie data base)**

Monitoring of health requires a reliable recall and information management system to ensure currency of workers' health certification as well as appropriate management of review requirements and job restrictions or modifications. The Standard requires rail organisations to establish an appropriate database to achieve these outcomes.

### **Model forms**

The Standard also facilitates the development of administrative systems through the provision of model forms. The forms are designed to serve several purposes – to provide relevant information to the rail safety worker, particularly regarding their responsibilities; to ensure consistent and adequate communication of information from the manager to the examining health professional; and to facilitate consistent reporting of the examining health professional in line with privacy principles.

### **Standard Reporting Terminology**

The health assessments require the examining doctor and the employer to use standard reporting terminology in order to support consistency of health assessments and consistency of management of outcomes. The determinations include: fit for duty; fit for duty subject to review; fit for duty subject to job modification; temporarily unfit for duty; and permanently unfit for duty. The employer is required to document actions taken regarding the doctor's advice.

### **Privacy Considerations**

The administrative aspects of the health assessments have been considerably influenced by the privacy legislation now current throughout Australia. The forms clearly state the purpose for which medical information is being collected and how it will be used and stored. The forms have been designed to ensure only non-clinical information is returned to the employer following an examination, and all clinically related forms are held by the examining doctor who must make them available to the worker upon request. The ethical aspects of relationship with the persons own GP/specialists is given attention and consent is required for the GP to release information relevant to safety critical work.



### **Worker Identification**

The Standard alerts rail organisations and examining health professionals to the importance of establishing proof of identity for health assessments. The forms address this by requiring health professionals to record the licence number, passport number or other identifying number, in addition to declaring that they have sighted photo ID. The requirement also applies to the collection of pathology specimens.

### **Portability of health assessment reports**

The establishment of a National Standard has helped to facilitate portability of health assessment reports, which is particularly valuable for not-for-profit organisations, including tourist and heritage rail organisations. The Standard describes the circumstances under which assessment reports are portable to other rail organisations.

### **Audit**

The Standard identifies requirements for internal audit to ensure effectiveness of the monitoring system.



## **4. IMPLEMENTATION AND EVALUATION OF THE STANDARD**

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Implementation of the Standard has been facilitated by the National Transport Commission as well as by local jurisdictions.

### **4.1 Transition arrangements**

The Standard sets out transition arrangements to help support orderly and consistent adoption of the new health assessment provisions and to balance public safety requirements with realistic implementation expectations.

The arrangements are risk based and include an allowance of 18 months for rail organisations to assess Category 1 workers according to the new Standard, and 24 months for Category 2. The arrangements also enable rail organisations to make an application for alternative transition arrangements based on an analysis of risk within their organisation.

### **4.2 Industry briefings**

Training and education regarding the requirements of the Standard has been important in ensuring implementation according to the required timeframes.

Briefings for the rail industry have been conducted nationally with the support of local jurisdictions. Specific briefings for tourist and heritage operators, including more comprehensive training in the conduct of risk assessments has also been offered.

A slide resource is available from the NTC to enable rail organisations to conduct the briefings internally for their own staff.

### **4.3 Briefings for health professionals**

Briefings for health professionals, including site visits, have also been conducted in most jurisdictions. The briefings do not constitute formal “authorisation” of health professionals however participating health professionals are issued with a certificate which they may use to support authorisation by rail organisations.

To support rail organisation in accessing appropriate health professionals, a list of participating health professionals is generally available from regulators on request.

The Standard itself provides a basis for education and training, including a series of case studies illustrating various implementation scenarios.



A slide resource is available from the NTC to enable rail organisations to conduct the briefings for health professionals if required.

#### **4.4 Resources to support communication to staff**

In implementing the standard, the National Transport Commission has produced a number of supporting resources to facilitate communication to rail safety workers.

- Information bulletins for rail safety workers, both in commercial operations and in the tourist and heritage area;
- FAQs posted on the NTC website [www.ntc.gov.au](http://www.ntc.gov.au)
- Electronic versions of the Standard and the forms.

Individual jurisdictions have provided additional resources as appropriate eg Information Hotline and have provided direct support to rail organisations as required.

#### **4.5 Evaluation**

In Victoria a Code of Practice for health Assessment of Rail Safety Workers<sup>13</sup> was adopted in December 2003 prior to the completion of the national process. The National Standard in its final form has since been regazetted in that State.

An evaluation process has commenced in Victoria with a survey of rail organisations and authorised health professionals. The results of the survey will form the basis of industry forums to be conducted in November 2004.

The surveys and discussion forums will seek to identify issues that need to be addressed urgently by the regulator as well as issues that require ongoing monitoring. The evaluation will also seek to establish the success of the implementation initiatives.

Results of the survey will be presented.



## **5. CONCLUSION**

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The new Australian Health Assessment Standard for Rail Safety Workers is based on the risk assessment of rail safety worker tasks. In conjunction with industry, a logical process for risk assessment has been developed which particularly considers the need for attentiveness and the consequences of collapse. Health assessments have been developed which are commensurate to these risks while giving attention to disability discrimination and privacy issues.

The standards have a sunset clause of five years and are then to be reviewed in the light of advances in medical knowledge, changes in rail engineering and legal rulings.

### **Acknowledgements:**

The contributions of the members of the National Reference Group and associated Working Groups is gratefully acknowledged.



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