

DRAFT RAIL MEDICAL STANDARDS

The RTBU has reviewed the Draft Rail Medical standards and the following items are of concern. As proposed, they do not meet with the industry's or our member's interests.

Hearing

- Figure 31. Hearing and rail safety work—risk assessment
- 4.11.3 General assessment and management guidelines
- Figure 32. Hearing assessment for Safety Critical Work
- 4.11.4 Fitness for duty criteria for Safety Critical Workers
- Table 20. Fitness for duty criteria for Safety Critical Workers: hearing

These items are more onerous than the current level of testing, and go beyond the trucking industry standards (Figure 11. Management of hearing loss in commercial vehicle drivers) passed by the NTC in 2022. There has not been any industry wide consultation on the proposed change nor any risk assessment evidence-based approach to justify the proposed change.

The RTBU position is that the current standard and test should remain, the proposed change be rejected, and the existing *Table 22: Medical criteria for Safety Critical Workers: hearing* be maintained and not changed.

Cardiac

- Figure 19. Management of cardiac risk level (Category 1 workers)
- Table 6. Management of cardiovascular risk in Category 1 Safety Critical Workers

During the consultation it was discussed that individuals being treated for Cardiovascular conditions would be able to provide evidence from treating GP/Specialist on their ongoing treatment and be classed 'Subject to Review' if more information was desired by the CMO. Under the proposed management criteria, that doesn't seem to be an option available for the Authorised Health Professionals. This will have undesirable impacts on regional and remote workers and the rail freight industry if not addressed.

The RTBU proposes that 'Subject to Review' be an available option on all the criteria for the Authorised Health Professionals for any worker with ongoing treatment/management of Cardiac issues. Furthermore, a requirement for an ECG/Stress Test should be only on the recommendation of the treating Physician/Specialist.

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Stop-Bang Questionnaire

The use of the Stop-Bang questionnaire for the determination of Sleep Apnoea assessment seems to be age and sex discriminatory. With a male dominated aging workforce, and over 70% of men aged 55 and older now classified as having hypertension in Australia, the rate of testing will increase substantially and the cost both to individuals and the industry will rise.

It is highly likely that regional and remote members will have difficulty accessing tests, and the impact on the workforce will have a flow-on effect on the Australia's freight delivery capabilities.

The RTBU is concerned that this may have unforeseen consequences on the industry and individuals and as such should be reviewed.

Yours sincerely,

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ASSISTANT NATIONAL SECRETARY

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