

National Standard for Health Assessment of Rail Safety Workers: Have your say

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- 1. Are the proposed changes to Part 1 appropriate?**

Yes

- 2. Do you have any further comments on this issue or other issues to be considered in Part 1?**

1.5.1 High-level responsibilities. Could these six pages become a technical appendix to improve overall readability?

- 3. Are the proposed changes to Triggered Health Assessments appropriate in clarifying the nature and application of such assessments (section 2.2.6 of the Standard)?**

- 4. Do you see any risks emerging as a result of the proposed changes to the fitness for duty categorisation (section 2.3 of the Standard)?**

- 5. Do you have any suggestions as to how the risk assessment process could be strengthened in the Standard (section 2.4 of the Standard) or as part of implementation?**

Para 2.4 Risk assessment and categorisation. This is a crucial 10 pages. It is highly technical and may be better placed as a technical appendix to improve overall readability of the standard.

- 6. Are there any implementation issues that should be addressed in the out-of-scope section?**

- 7. Do you have any further comments on this issue or other issues to be considered in Part 2?**

P33 needs a subheading for **ATTP discussion in text**

P61, figure 13, Privacy – all shadings in the arrows are uniform which is not is not the intent as per the text

- 8. Have any of the proposed changes introduced any gaps in Part 3?**

P77 Specific drug classes.

- The clear statements regarding cannabis and psychedelics is useful for all concerned. (It is respectfully suggested this clear advice should be considered by NTC with regard to amending the rambling section in AF TD 2023).**

- **Amphetamines.** In view of the inclusion of a new chapter on Neurodevelopmental disorders advice should be included regarding amphetamines which may be used in treatment of AF TD.

9. Are there any implementation issues that should be addressed in the out-of-scope section?

10. Do you have any further comments on this issue or other issues to be considered in Part 3?

Para 3.6.2 Neuropsychological tests. It is important to know if the neuropsychological tests currently being applied at entry in some rail companies are consistent with the psychological aptitudes listed in the neurological/psychiatric chapters of the standard or if there is scope for mutual improvement.

11. Do you have any comments on the changes to the cardiovascular chapter or other issues that need to be considered?

Congenital heart disease. There needs to be a clear exclusion of persons from the standard who have had congenital heart disease that has been corrected as a child. The following clause which warrants being classified as Fit Subject to Review should in fact justify employment without medical follow-up.

there is a minor congenital heart disorder of no haemodynamic significance, such as pulmonary stenosis, atrial septal defect, small ventricular septal defect, bicuspid aortic valve, patent ductus arteriosus or mild coarctation of the aorta; or

To this could be added “congenital heart disease which has been corrected adequately in the opinion of the surgeon for at least five? Years prior to employment” should result in medically unrestricted employment. We must not condemn people to a lifetime of medical review for successfully treated childhood conditions.

12. Do you have any comments on the changes to the diabetes chapter or other issues that need to be considered?

Table 9 “Treated with injectables other than insulin alone”. The use of the word “alone” makes this ambiguous.

Given that flash patches and similar are now available under NDDS should these be obligatory for SCW?

P116 EMI. The main concern is the proximity of a device such as an insulin pump to the transmitter of a two-way radio which is worn on the waist. I am not aware of situations where static or ELF fields could be a hazard. If this is confirmed these words could be deleted.

13. Do you have any comments on the changes to the dementia chapter or other issues that need to be considered?

P121 . The list of psychological attributes/inherent requirements required for safety critical work should include “ability to respond to emergency situations”. This lesson was learned from the Waterfall disaster where the guard had an anxiety state but froze and has become pertinent to possible employment of persons with neurodevelopmental conditions who may be satisfactory in routine situations but not in emergency situations.

As mentioned previously (10) it would be helpful to discuss psychological attributes/inherent requirements that are assessed at pre-employment by some companies with the relevant psychologists to see that these attributes have been adequately considered in this chapter.

Dementia. The text should be clear that sometimes workers may need to be classified “Permanently unfit” not simply fit subject to review.

14. Do you have any comments on the changes to the epilepsy chapter or other issues that need to be considered?

15. Do you have any comments on the changes to the neurodevelopmental disorders chapter or other issues that need to be considered?

ICD 11 is the superior document that should be referred to rather than DSM 5 which is a peculiarity of the American health system

As mentioned above “the ability to respond to emergency situations” should specifically be in the Criteria in table 14

Comment should be made regarding medication such as amphetamine and drug and alcohol testing (see 8 above).

16. Should new criteria and guidance be included regarding psychogenic non-epileptic seizures as per changes to AFTD?

P155 what is “semiology”

17. Do you have any comments on the changes to the psychiatric conditions chapter or other issues that need to be considered?

4.8.1 The listing of the necessary psychological attributes/inherent requirements for safety critical work should be consistent in presentation with the listing provided in sister chapters such as neurology.

Criteria. “if the person has a psychiatric disorder of **sufficient severity** that it may impair”. Some guidance on how to assess severity is important. (Suggest contact Naresh Verma - Fellow of Faculty Occupational Medicine and a psychiatrist).

18. Do you have any comments on the changes to the sleep disorders chapter or other issues that need to be considered?

- 19. Do you have data (highlighted in bold in Table 3) to support the cost benefit analysis for the proposed changes to the sleep criteria?**

The database developed by Dr Tim Drew of ARTC train drivers is unique and should be able to address most of the questions in the cost benefit table to enable calculations. It compares Stop-bang with the current Biometric assessments.

- 20. Do you have any comments on the changes to the hearing chapter or other issues that need to be considered?**

P 182, figure 31 is a repeat of p53 figure 12. An editorial decision is required where this information should go once only.

- 21. Do you have data (highlighted in bold in Table 4) to support the cost benefit analysis for the proposed changes to the hearing criteria?**

Personal experience is that good hearing aids are very expensive (well over \$1000 each). I doubt that there is sound evidence that hearing loss has been a significant contributory factor to incidents to justify imposing these costs on workers. (This is quite different in importance from sleep apnoea).

This matter will need extensive consideration or understandably, will get pushback from SCW and unions which in turn may tarnish the whole new standard.

The workforce is ageing so presbycusis will become a common finding on audiometry. I assume prevalence data on hearing loss is available from National health authorities.

- 22. Do you have any comments on the changes to the vision chapter or other issues that need to be considered?**

There is repetition of the risk assessment from earlier in the standard. An editorial decision is required where this should go.

- 23. Are the proposed changes to Part 5 appropriate?**

- 24. Do you have any further comments on this issue or other issues to be considered in Part 5?**

- 25. Are the proposed changes to Part 6 appropriate?**

- 26. What transitional arrangements should the Standard allow for? How much time would rail transport operators need to transition to changes to the fitness for duty criteria?**

- 27. Do you have any further comments on this issue or other issues to be considered in Part 6?**

28. Please provide information about your experiences with implementation of the Standard, including but not limited to the performance of the Authorised Health Professional system.

About one year after implementation of the new standard confidential interviews conducted with a stratified sample of SCW regarding their satisfaction with the examination process, both administrative and medical aspects. There have been concerns that some workers feel they are on a production line and understandably, develop disrespect for the process. This becomes particularly important regarding engagement with the verbal application of K 10.

29. What are your preferences as to how implementation of the Standard should be investigated and assessed going forward?

See comment above 28.

Generic comments

- **The diagrams and figures are one of the most helpful aspects of the document. However, they need much more detailed captions so they are fully understood.**