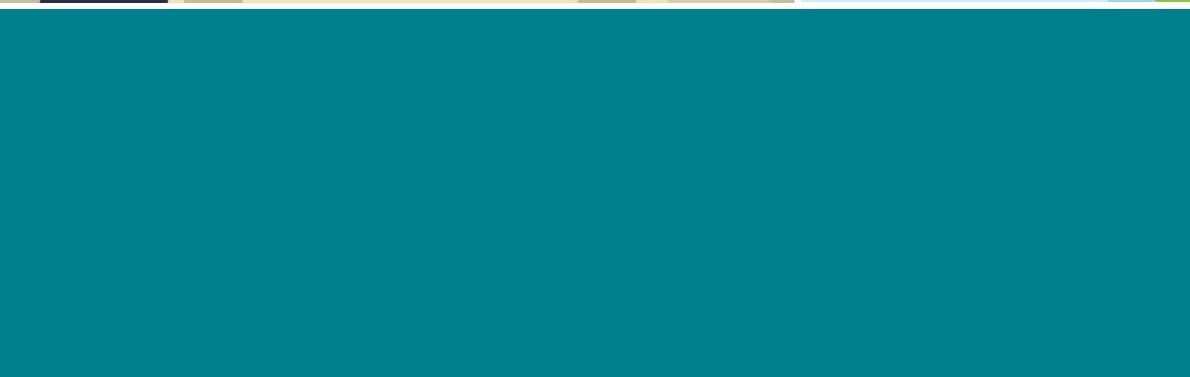
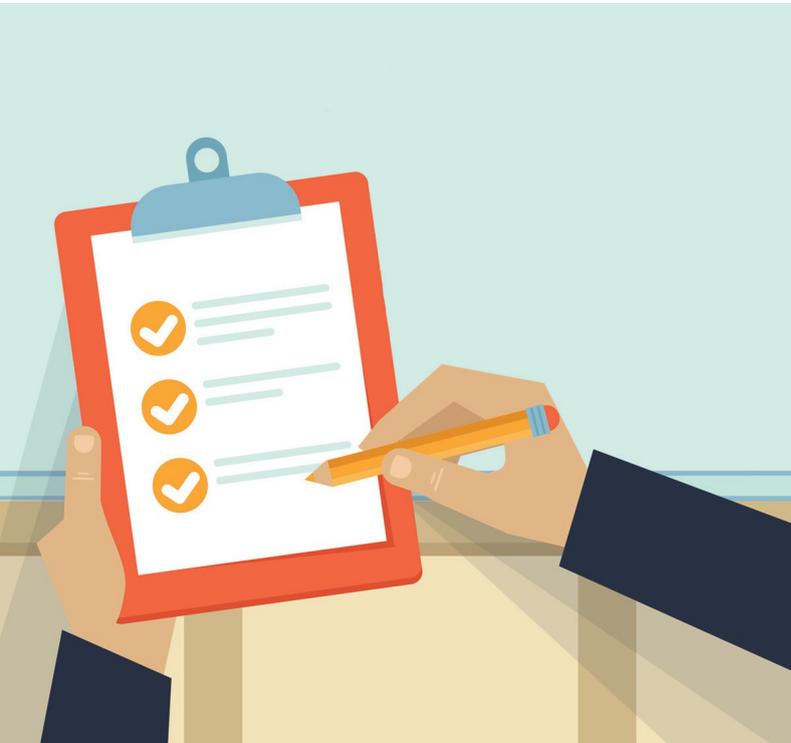




A Better,
Safer
Railway

Medical Fitness Assessment of Safety Critical Workers During Coronavirus Restrictions



Background

This guidance is aimed at railway undertakings and their occupational health providers during periods of sustained SARS CoV-2 coronavirus transmission (the virus that causes Covid-19 illness) in the UK.

There is a legal requirement for safety critical workers (SCW) to be competent and medically fit. Medical fitness is established at the time of a medical assessment. It is certified by the examining practitioner in accordance with the relevant standard, for example the Train Driving Licenses and Certificates Regulations (TDLCR) Schedule 1 or Network Rail NR/L2/OHS/00124.

Separate [guidance](#) in relation to general health and medical surveillance has been produced by the Health and Safety Executive (HSE).

The examining practitioner may only issue a certificate of medical fitness for an SCW if they know that the individual meets the medical standard applicable to the role.

During the coronavirus restrictions the capacity for conducting medical assessments of SCWs has been reduced. The content of some assessments may have been adjusted to accommodate the social distancing requirements intended to reduce the transmission of coronavirus within the population. However, to maintain a functioning and safe railway, it is necessary to continue to ensure that sufficient numbers of SCWs are medically fit. This may also necessitate provision for assessment of new starters.

At the time of writing it remains lawful for people to go to work, if they are not able to work from home. For an SCW the assessment of their competence and fitness forms part of their work.

During periods of sustained coronavirus transmission, the risks associated with occupational medical assessments can be controlled by a variety of measures. These include minimising the number of face-to-face medical consultations, and introducing measures to limit the spread of infection so that essential face-to-face medical assessments can be performed safely. These practices and associated guidance are well developed in the primary care sector but may need amendments or additional measures in the occupational health sector.

These are population or group-based measures and—as with other population-based safety measures—they cannot completely eliminate the risk for any specific individual.

Control of infection during clinical interactions is a normal part of medical practice. Doctors and nurses are competent in ensuring the risks of infection are assessed and for appropriate control measures to be used. They will be responsible for ensuring that others under their supervision adopt these measures. Extensive guidance has been provided by Public Health England (PHE), the NHS, and other professional bodies. This

guidance is rapidly changing as the coronavirus pandemic develops and understanding of the virus improves.

RSSB is not able to provide specific guidance to healthcare practitioners on the conduct of clinical examinations, infection control, or the cleaning of equipment and premises.

Measures to control the spread of coronavirus in the context of medical assessments of SCWs will relate to organisational factors prior to the medical assessment and to procedures at the time of the assessment and in the clinical setting.

Organisational considerations

1. Review the overall need for SCW medical assessments and identify those that are high priority. It may be possible to conduct fewer assessments for the time being.
2. Exclude people who are [clinically extremely vulnerable](#) and should be shielding.
3. People in the [vulnerable](#) group do not always need to be excluded if they can take particular care to minimise contact with others outside their household. However, individual occupational health advice may be needed.
4. Consider delaying an assessment until a later date when the risk of transmitting coronavirus is lower. Once a fitness certificate expires, an SCW can only continue their safety-critical duties when the associated regulatory provisions permit it. For example, if the relevant authority allows an extension of the validity period for existing certificates. ORR has issued [specific guidance](#) in relation to train drivers.
5. Speak to occupational health providers about modifying an assessment if face-to-face elements are not needed and the assessment can be performed remotely. This may be possible with some encounters such as review of medication, review of long-term conditions, or some resumption of duty medicals.
6. Unless a medical fitness standard has been altered by the relevant authority, temporarily or otherwise, it is not possible simply to omit mandatory elements of the assessment (e.g. visual acuity, ECG, audiometry, physical examination for drivers) and then issue a certificate stating that the standard has been met.
7. Arrange for essential face-to-face assessments to be performed at locations that limit the exposure of the SCW, for example by reducing the need to use public transport.
8. Ensure that at the time of booking a face-to-face medical SCWs are informed that they must not attend the appointment if they or somebody in their household are suffering from Covid-19 symptoms or if they are a person who should be [self-isolating](#) in accordance with government guidelines.
9. Conduct regular reviews to ensure that measures remain appropriate and take into account the latest guidance.

At the time of assessment

1. To minimise or eliminate contact in waiting areas, instruct SCWs to attend their medical appointment at the correct time and not to enter premises early, to minimise or eliminate contact in waiting areas. Allow sufficient time between appointments to facilitate separation of individuals.
2. Observe the social distancing 2m separation requirement where possible. Ask subjects to wash or sanitise their hands and to avoid touching surfaces and equipment unless instructed to do so.
3. On arrival conduct additional checks to ensure that the SCW is not still required to self-isolate.
4. Be aware that a significant proportion of infected people may be genuinely asymptomatic or pre-symptomatic but still capable of transmitting the coronavirus to others. Therefore, a significant number of SCWs may be attending medical assessments at a time when they could transmit the virus to others. Risk assessment and protective measures should take this into account.
5. Conduct a face-to-face assessment compliant with relevant fitness standards, but adjusted appropriately so that it can be performed safely and the risk of transmitting coronavirus is controlled:
 - a) Refer to official guidance produced by PHE, the NHS, the Faculty of Occupational Medicine (FOM) and relevant professional bodies. Take particular note of the relevant parts of [COVID-19 Infection prevention and control guidance](#) and the associated recommendations in relation to PPE (Table 4), published by [PHE](#).
 - b) Where the risk to health care workers cannot be established prior to face-to-face assessments and staff believe there is a risk to themselves or the individuals they are caring for, the PHE recommendations are quite clear. Health care workers are required to have access to and wear aprons, fluid resistant surgical masks (FRSM), with or without eye protection, and gloves—as determined by the individual staff member for the episode of care or single session.
 - c) For patients and SCWs the use of PPE (personal protective equipment) or other precautions during medical assessments should be based on a local risk assessment and current requirements for comparable healthcare settings. Such a risk assessment may highlight the requirements for PPE, enhanced cleaning, pre-assessment symptom disclosure and temperature checks.
 - d) Some standards require SCWs to meet a specific audiometric standard while others simply have audiometry as a confirmatory test. Where audiometry is mandatory it may be possible to conduct tests outside a booth in a quiet area

that is easier to access, clean and supervise. If a satisfactory result is obtained the use of a booth can be avoided. Where the mandatory standard cannot be met then retesting in a booth will be necessary before a definitive pass or fail can be determined.

- e) Testing for asthma (spirometry), is not normally required for SCW and so should be avoided.
6. The drug and alcohol legal requirements for testing for railway workers continue to apply during the coronavirus restrictions. Minor adjustments have been announced within [Sentinel](#). Railway undertakings, testing laboratories and collection officers have reviewed their protocols to ensure coronavirus restrictions can be observed to minimise transmission risk, while maintaining legal compliance.
 - a) Drug and alcohol screening may be required at the initial (new starter) SCW medical.
 - b) For-cause screenings will continue to be necessary.
 - c) Random drug and alcohol screening will be organised in accordance with the railway undertaking's drugs and alcohol policy.
 - d) Adjustments may be possible for the above-mentioned processes in terms of scheduling, donor selection, sample choice, sample donation or collection and transfer to the testing laboratory. For example, tests for alcohol in urine are permitted in place of alcohol in breath.
 7. Railway undertakings should conduct regular reviews to ensure that measures remain appropriate and take into account the latest guidance.

Summary

- There is sustained transmission of SARS CoV-2 in the UK. Knowledge about the virus, its spread and methods to control it is rapidly changing.
- Assessments of SCWs in terms of fitness and for drugs and alcohol continue to be necessary and are permitted during the coronavirus restrictions.
- Assessments must comply with the legal and regulatory requirements in force at the time.
- Processes can be adjusted so that the likelihood of transmitting coronavirus from person-to-person is reduced so that assessments can take place safely.
- Healthcare professionals are best placed to advise on safe practice within the clinical setting, taking into account the latest guidance from official sources.

Links

Faculty of Occupational Medicine—[Occupational Health \(non-NHS\) Workload Prioritisation](#)

Society of Occupational Medicine—[Returning to the workplace after the Covid-19 lockdown—toolkits](#)

Society of Occupational Medicine and Faculty of Occupational Medicine—[Covid-19 'Secure' Occupational Health](#)

Acknowledgments

This briefing has been produced collaboratively between RSSB, the industry occupational health strategic advisory group (OHSAG), Office for Rail and Road and Rail Delivery Group.

For further information about coronavirus and the rail industry, or if you have any comments or queries relating to this document and wish to use our customer portal for assistance, please [visit our website](#)

Disclaimer

All web links and guidance from non-RSSB sources were correct at the time of submission to publication on 12 June 2020.