



**SUPPLY CHAIN SAFETY
LEADERSHIP GROUP**

**Highways Safety Hub
Raising the Bar 12
Fitness to work**

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Objective

This Raising the Bar Guidance Document provides practical guidance on aspects of fitness for work criteria. In particular it seeks to create a consistent approach to safety critical medicals and drug and alcohol testing.

This document should be read in conjunction with Raising the Bar 23 Site Inductions.

Scope

The expectation is that this Raising the Bar Guidance Document will apply across all National Highways worksites and will be implemented by all supply chain partners working with National Highways.

Health surveillance requirements are excluded from the scope

Background

Safety critical work (or roles) were defined in the Faculty of Occupational Medicine's "Guidance on alcohol and drug misuse in the workplace" 2006 as: "***those involving activities where, because of risks to the individuals concerned or to others, the employees need to have full, unimpaired control of their physical and/or mental capabilities...***". Safety critical work is determined on the basis of risk and any employee undertaking any high-risk activity, working in a high risk environment or conducting an activity where their health could have a critical impact on the safety of themselves or others is deemed to be safety critical. As a result of the working environment the majority of people working on National Highways contracts are safety critical.

Governance Requirements

There is a clear expectation within the Supply Chain Safety Leadership Group, Common Intent Document on Health by Design that all those working on the strategic road network are fit for work.

Minimum Requirements

The following elements are mandatory requirements and suppliers shall ensure these elements are applied fully on National Highways sites.

Mandatory Elements

Safety Critical Workers - anyone within the scope of either of the following two statements will be required to demonstrate that they have had a **safety critical medical assessment** before starting work:

1. Any person required to work within 5 meters of live traffic without a fixed barrier and an adequate barrier deflection zone.
2. 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 there are some roles which are likely to be safety critical in all circumstances, these include:

- Mobile plant operators
- Tunnellers or those working in a confined space
- Banksmen, Traffic Marshals and Slinger Signallers
- 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

Drug & Alcohol Testing – pre-start, random and for cause testing including post incident will be undertaken on all National Highways work sites

Guidance

Overview

The following guidance is written with the expectation that it represents best practice and as such should normally be followed unless a better local solution has been devised to meet the overall objective.

Safety Critical Medical Assessments

Safety critical medical assessments help prevent individuals being placed in roles for which they are not medically fit which can impact their own safety, their colleagues' safety and members of the travelling public when working adjacent to live traffic.

Safety professionals must be guided by their Occupational Health provider in regard to the detailed content of the assessment undertaken and the reason for the medical must be explained to individuals and their consent obtained. The medical assessment must ensure that individuals are not suffering from medical conditions, or are taking medical treatments which are likely to cause the following:

- › A sudden loss of consciousness
- › Impairment of awareness or concentration
- › Sudden incapacity
- › Temporary visual impairment
- › Impairment of balance or co-ordination
- › Significant limitation of mobility
- › Significant limitation of dexterity
- › Reduced cardiovascular capacity
- › Acute psychological event

Frequency of Safety Critical Medical Assessment

The frequency of medicals is dependent upon risk/age:

- › Under 54 – Every three years.
- › 55-65 – Every two years
- › Over 65 - Annual
- › All crane operators whatever age – Annual

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 assessment for each contract they work on.

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 assessment at no cost to the employee, where work is sub-contracted the Principal Contractor must check that their supply chain personnel covered within the definition have safety critical medicals and that these have been conducted to the specified standard.

For safety critical work the following general fitness should be assessed by a suitably qualified Occupational Health professional. It is recommended that when outsourcing Occupational Health services a SEQOHS accredited provider is used. (Safe Effective Quality Occupational Health Service). Following the assessment 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 professional recommends a functional assessment, this should be undertaken under direction to ensure the assessment is relevant to the individual's specific health issue and their job role.

If an individual experiences any change in their health or fitness that may prevent them from undertaking their role safely, they have a duty to inform their employer.

Substance Misuse

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

Awareness campaigns and health promotion around this topic 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
- › For cause testing following an incident or accident or where someone is suspected to be under the influence of a prohibited substance
- › Random testing of persons on the project of at least 10% of workforce per year

Where testing on a project or contract identifies any specific issues, testing should be increased.

Drugs

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

- › Cocaine
- › Cannabis
- › Methamphetamine

- › Benzodiazepine
- › Opiates
- › Amphetamines

For cause or random testing and any chain of custody testing should test for the same 6 drugs plus the following:

- › Barbiturates
- › Buprenorphine
- › Ketamine
- › EDDP – a metabolite of methadone

Plus, any other drug as advised by your provider on a risk assessed basis.

Contracts with Network Rail interface must refer to the current Network Rail standard in line with Sentinel.

There is a **zero tolerance** for the presence of drugs, with the exception of prescription and over the counter drugs. (See Section on Prescribed & Over the Counter Medication)

Types of Tests

For pre-start screening, often undertaken at site induction, many organisations opt to use an instant saliva swab testing kit. The benefits of this testing method are:

- › Instant results
- › Quick and easy to self-administer under supervision
- › Cost effective
- › Less invasive than urine testing
- › Suitable for mass screening of the workforce

At the current time there is no British Standard or European Standard for instant saliva swab testing kits, but providers of this type of test should be accredited to ISO 9001 quality standard.

When undertaking any chain of custody testing where a sample of urine or saliva is analysed at a laboratory suppliers must ensure that:

- › The sample is taken by a person who is trained in Chain of Custody procedures
- › Chain of custody protocol is followed including persons giving consent for the sample, and given copies of relevant information
- › The laboratory used for analysis must be UKAS accredited

Definitions Used to Interpret Results:

- › Negative – no presence of drugs or alcohol, fit to commence work
- › Non-negative – indicative test undertaken at site which has proved to be not negative and requires further analysis by chain of custody testing
- › Positive – positive for alcohol or drugs (confirmed by laboratory test), not fit to commence work
- › Chain of Custody testing – a test specifically designed to maintain and document an audit trail for a sample provided for analysis safeguarding the identity and integrity of the sample from collection through to reporting of the test results, leading to the production of a legally defensible report.

Actions on Results

A worker providing a negative test can commence or continue working as normal.

A worker providing a non-negative indicative test must be suspended from any site based work pending the results of a full Chain of Custody test analysed at a UKAS accredited laboratory. It is essential that any initial non-negative result is confirmed by a laboratory positive result showing the presence of drugs for which there is no legitimate medical need.

A worker providing a positive test is not permitted to start or continue working on the strategic road network. Principal Contractors should refer to individual contract requirements for details of any time restrictions that may apply.

Please refer to the flow chart in Appendix 1 for more information.

Prescribed & Over the Counter Medication

If a safety critical worker is taking any prescribed or over the counter medication and the label indicates cautions such as “must not operate machinery” or “must not drive” or if they are experiencing any side effects such as drowsiness, fatigue or dizziness they must advise their supervisor and employer immediately and will not be considered fit to work whilst experiencing these issues. Commonly prescribed and over the counter medications which can cause reactions include:

- › Painkillers such as tramadol and codeine
- › Over the counter antihistamines taken for hay fever and other allergies

If no side-effects are being experienced the worker would be fit for work but they may be picked up as a non-negative result on a drugs test. This would result in suspension and a Chain of Custody test. In these circumstances information relating to the medication being taken, including the dosage, must be included on the laboratory form when submitting the Chain of Custody test. The laboratory will be able to confirm whether the level of prohibited substance detected is consistent with the medication being taken. If the laboratory test confirms this, a worker can then be permitted to work.

Alcohol

Permitted alcohol limits are more stringent than UK drink driving rules and are detailed in the table below:

Breath (BrAC) micrograms/100ml	Urine (UAC) milligrams/100ml
13	39

Alcohol is tested for by means of calibrated breath testing equipment which produces an immediate displayed / printed result.

If a person states that they are unable to provide a sample of breath for medical reasons (asthma, COPD or similar) a urine sample can be used to provide an alcohol reading. This will not provide an instant result.

When completing a breathalyser test the tester must ask the following, in the last 20 minutes have you?

- › Consumed any alcohol?
- › Used any mouth spray?
- › Used any mouth wash?
- › Used any medication?
- › Eaten anything?
- › Inhaled anything?
- › Taken anything?

If the test subject answers yes to any question the tester must then wait for 20 minutes before administering the breath test.

If the individual provides a sample that is above the permitted level, then a second test will be carried out five minutes after the initial test. In the event of two different readings, the specimen with the lower proportion of alcohol in their breath will be used as the definitive result, and the other will be disregarded.

Drug & Alcohol Policy

All Principal Contractors and their supply chain partners working on National Highways work sites must have a written Drug & Alcohol Policy which is communicated to all their employees. The Policy must be structured to include the following topics:

- › Purpose & Scope of the Policy
- › Arrangements for Testing – prestart, random and for cause
- › Consent for Testing
- › Record Keeping
- › Individuals Seeking Help for Substance Abuse – Rehabilitation
- › Link to Disciplinary Process for Confirmed Positive Results

General Data Protection Regulations (GDPR)

Data collected for any purpose is covered by GDPR and data collected for the purposes of drug and alcohol testing is classified as “sensitive” data. It is essential that individuals understand the potential consequences of providing a positive test result, and that their data and information relating to test results is kept confidential and not shared with anyone else. A full Data Protection Impact Assessment will be necessary in relation to the Drug and Alcohol Policy and how it is implemented.

For safety critical medical assessments and other health related data individuals must also be provided with access to their medical records at any time.

References

Below is a list of publications where you can find important information surrounding the legislation & guidance on medical fitness and drug and alcohol testing:

DVLA Assessing Fitness to Drive – a guide for medical professionals
[Assessing fitness to drive: a guide for medical professionals - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/assessing_fitness_to_drive_a_guide_for_medical_professionals.pdf)

Network Rail Level 2 Specification - Competence specific medical fitness requirements and occupational health provider requirements for medical assessments [Medical Standards | Safety Central \(networkrail.co.uk\)](https://www.networkrail.co.uk/medical-standards)
 (Password is wellbeing)

Occupational Health Standards in the Construction Industry – HSE Research Report RR584 [Occupational health standards in the construction industry \(hse.gov.uk\)](https://www.hse.gov.uk/research/rr584/)

Helpful resources for writing a Drug and Alcohol Policy etc. On the HSE website: [Managing drug and alcohol misuse at work - HSE](https://www.hse.gov.uk/management/healthandwellbeing/management/managementofsubstanceuse.htm)

Legislation & Codes of Practice:

- › Equality Act 2010 Code of Practice - Equality and Human Rights Commission;
- › Code of Practice Employment and Occupation - Disability Rights Commission;
- › Guide to the General Data Protection Regulation (GDPR) - Information Commissioner's Office;
- › An Employer's Guide to Engaging an Occupational Health Physician - Faculty of Occupational Medicine;
- › The Health and Safety at Work etc. Act 1974;
- › The Data Protection Act 2018;
- › The General Data Protection Regulation 2016;
- › The Management of Health and Safety at Work Regulations 1999 as amended (MHSWR);
- › Construction (Design & Management) Regulations 2015
- › Equality Act 2010
- › Access to Medical Report Act 1988

Appendix 1 – Flow Chart for Drug & Alcohol Testing

