



Review of the National Standard for Health Assessment of Rail Safety Workers

Final Consultation Report

National Transport Commission | October 2024



Report outline

Title	Final consultation report: Review of the National Standard for Health Assessment of Rail Safety Workers
Type of report	Consultation report
Purpose	Present consultation outcomes
Abstract	This consultation report reflects the diverse stakeholder feedback received as part of the review, the proposed changes to the Standard and any implications for rail operators, rail safety workers and medical professionals.
Attribution	<p>This work should be attributed as follows, Source: National Transport Commission, Review of the National Standard for Health Assessment of Rail Safety Workers 2022-24, Final Consultation Report.</p> <p>If you have adapted, modified or transformed this work in any way, please use the following, Source: based on National Transport Commission, Review of the National Standard for Health Assessment of Rail Safety Workers 2022-24, Final Consultation Report.</p>
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1 About this project

Key points

The National Transport Commission (NTC) has reviewed the *National Standard for Health Assessment of Rail Safety Workers* (the Standard) to ensure it continues to support rail operators in effectively managing the risks posed by ill health of rail safety workers. This section outlines the scope of this report and provides an overview of the project and approach.

1.1 Introduction

The **National Standard for Health Assessment of Rail Safety Workers**¹ is a publication of the NTC that is developed in consultation with industry, rail unions, rail safety regulators and health professionals. The NTC undertook a review of the 2017 edition of the Standard.

1.1.1 Scope of this report

This report explains the changes made to the Standard as a result of the review, including:

- Changes flowing from the review of the commercial vehicle driver standards contained in the 2022 edition of **Assessing Fitness to Drive** (AFTD).²
- Changes recommended by expert medical specialists and the Chief Medical Officers Council (CMOC).
- Changes recommended by the Rail Health Advisory Group (RHAG), comprising medical, regulator, government, industry and union representatives.
- Feedback received since the release of the 2017 edition of the Standard.

This report is presented in sections that describe:

- Issues and changes relating to Parts 1 to 3 of the Standard (containing the health risk management system and procedures for conducting health assessments).
- Issues and changes relating to Parts 4 and 5 of the Standard (containing the fitness for duty criteria for Safety Critical Worker health assessments and fitness for duty criteria for Category 3 workers).
- Issues and changes relating to the model forms.
- Various issues that were out of scope of the review but are of interest to stakeholders.

This report is to be read in conjunction with the revised **2024 Standard**.

¹ National Transport Commission (2017) **National Standard for Health Assessment of Rail Safety Workers**.

² Austroads (2022) **Assessing fitness to drive: for commercial and private vehicle drivers**.



1.2 **Project overview**

1.2.1 **Background to the review**

The Standard was first published in 2004 and contains nationally agreed health management systems, procedures and fitness for duty criteria for the purposes of determining the fitness for duty of rail safety workers throughout Australia.

The NTC has an ongoing responsibility to develop, monitor and maintain uniform or nationally consistent regulatory and operational reforms relating to road, rail and intermodal transport.

Since 2017, when the Standard was last fully reviewed, there have been medical, legal and social developments that need to be considered in applying the Standard.³

1.2.2 **Purpose of the review**

The purpose of the review was to ensure the Standard continues to meet its objectives in supporting rail transport operators to manage the risks posed by ill health of rail safety workers, as part of their overall management of rail network safety.

1.2.3 **Scope of the review**

The review focused on the medical aspects of the Standard. The sections of the Standard that relate to medical aspects include:

- Part 1 – The purpose, application, scope and structure of the Standard. It outlines the legislative and program interfaces, as well as responsibilities and relationships.
- Part 2 – The health risk management system (which defines the nature and extent of health assessment for various categories of rail safety workers).
- Part 3 – Procedures for conducting health assessments.
- Part 4 – Fitness for duty criteria for Safety Critical Worker health assessments (comprising guidance regarding assessment and management and tables of fitness for duty criteria).
- Part 5 – Fitness for duty criteria for Category 3 workers.
- Part 6 – Health assessment resources and forms (which reflect changes in the assessment process and fitness for duty criteria).

In revising these aspects of the Standard, consideration was given to:

- Significant changes in job requirements or operating environments that may impact on health requirements for rail safety workers.
- Changes in legal requirements that may impact on the content or application of the Standard.
- Advances in medical knowledge that may impact on rail worker assessment, treatment and management, including advances identified in the review of AFTD.
- Social developments that may impact on the content or application of the Standard.
- Findings of investigations into accidents and incidents that may point to a deficiency in the Standard.

³ National Transport Commission (2016), *Review of National Standard for Health Assessment of Rail Safety Workers: Final Report August 2016*.



- Findings of audits.
- Stakeholder feedback on the operation and application of the Standard (including significant problems that have been encountered by medical professionals undertaking assessments and issues arising in the interaction between Authorised Health Professionals and rail transport operators).
- Errors and mistakes that require correction.
- Language that requires clarification.
- Reference material and other information requiring updating.

1.2.4 Out of scope of the review

The review focused on the Standard itself and the medical aspects. However, the NTC acknowledges that these aspects do not operate in isolation and that other issues affecting implementation have been raised, including those associated with administration of the Standard and the conduct of health assessments by Authorised Health Professionals.

The out-of-scope issues are contained in Section 8 of this report.

The review did not:

- Seek to resolve inconsistencies in implementation between jurisdictions, although the changes made may resolve such issues by providing clarity around the requirements.
- Include commissioning new primary research into gaps in knowledge about medical conditions, although gaps identified in the course of the review are documented in the review report.
- Address aspects that are already addressed or best addressed under work health and safety policies and legislation, although interfaces with these requirements may be identified for management.

The review assumed that the Standard would continue to operate as it currently does.

1.3 Approach

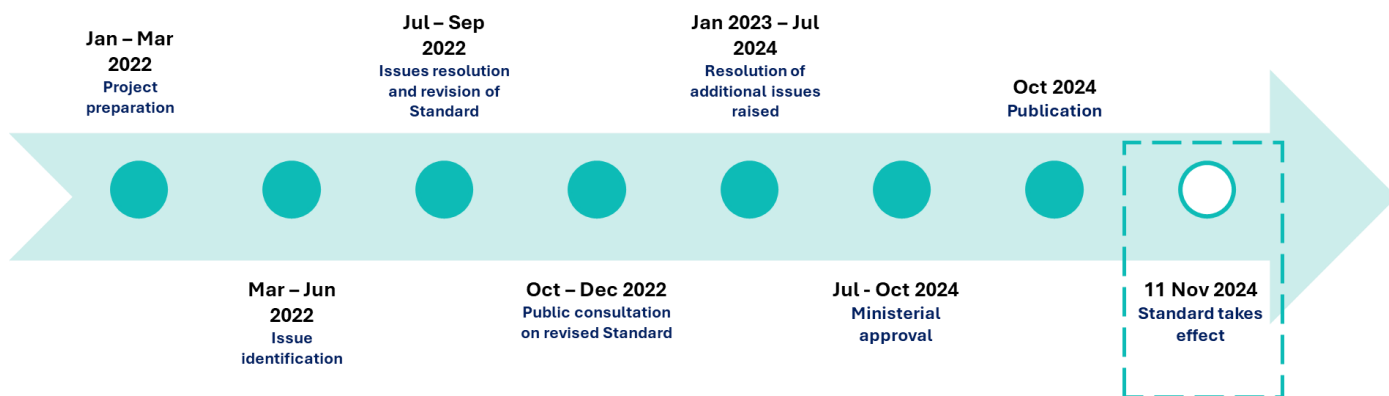
1.3.1 Project approach

The project comprised eight phases (Figure 1):

1. Project preparation (January to March 2022)
2. Issue identification (March to June 2022)
3. Issues resolution and revision of the Standard (July to September 2022)
4. Public consultation on the revised Standard (October to December 2022)
5. Resolution of additional issues raised (January 2023 to July 2024)
6. Ministerial approval (October 2024)
7. Publication (October 2024)
8. Standard takes effect (November 2024).



Figure 1. Project phased approach



Issues were identified initially through consultation with stakeholders via the RHAG and the CMOG. Issues arising from the recent review of AFTD were also considered (refer Section 1.4).

A detailed issues paper was developed and considered by the RHAG, with medical Working Groups established to consider key issues and specialist societies that had been approached to provide expert input.

Consultants from Project Health supported the NTC throughout this process, including the drafting of the revised Standard, the Consultation Report and Summary of Changes. The review was also informed by the nine standards from the 2016 National Health and Medical Research Council Standards for Guidelines,⁴ which include being relevant, transparent, based on strong governance, cognisant of conflicts of interest, outcomes-focused, evidence-based, recommendations, up-to-date and accessible.

The NTC consulted on the revised Standard and consultation report from 31 October to 12 December 2022 (see Appendix C). During the public consultation period, the NTC held four bilateral meetings and two information sessions with medical professionals and industry stakeholders.

During public consultation, the NTC received several formal submissions from a range of stakeholders (see Appendix D), which informed the final revised Standard.

Some late developments also informed the final Standard, including the release of the revised Australian Guideline and calculator for assessing and managing cardiovascular disease risk⁵, which is relevant to predicting the risk of collapse in Category 1 Safety Critical Workers.

Detailed technical input from the Cardiac Society of Australia and New Zealand was also provided after the public consultation period. The Australian Manufacturing Workers Union (AMWU) and Rail, Tram and Bus Union (RTBU) also provided detailed feedback on the Standard and related implementation issues.

The NTC reviewed the draft Standard based on submissions received and expert opinion, and sought approval on the final Standard out of session from the Infrastructure and Transport Minister’s Meeting (ITMM) in October 2024.

⁴ National Health and Medical Research Council (2016), **2016 NHMRC Standards for Guidelines**.

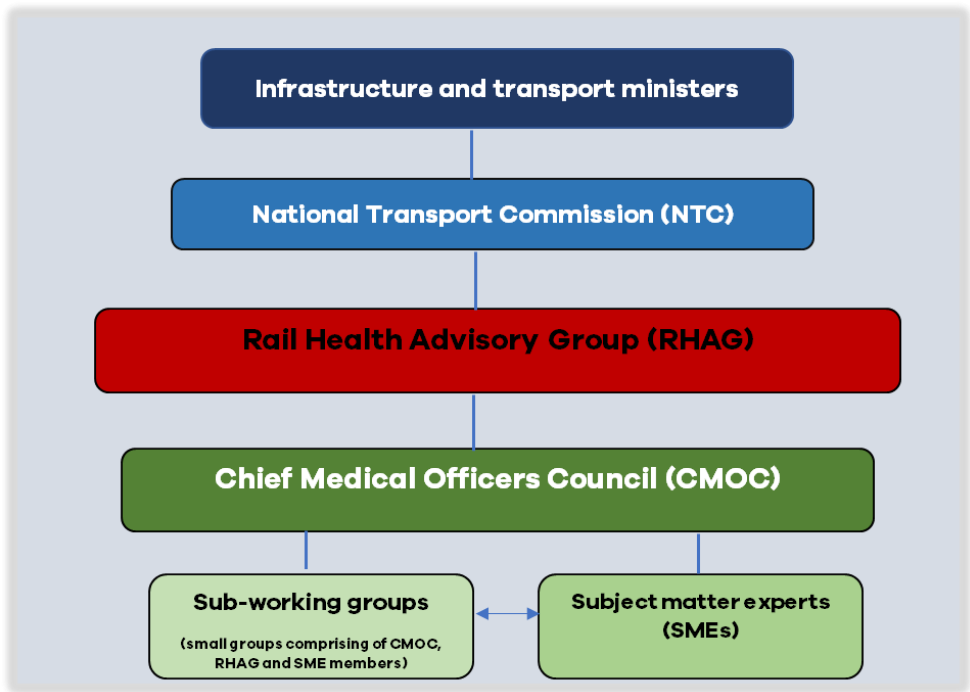
⁵ Heart Foundation and Australian Chronic Disease Prevention Alliance (2023), **Australian Guideline and calculator for assessing and managing cardiovascular disease risk**.



1.3.2 Governance approach and expert input

The NTC utilised several stakeholder groups to inform the review, each with different roles and responsibilities. These included subject matter experts, sub-working groups, the CMOC and the RHAG (Figure 2). Consultation performed with these groups is contained in Appendix C.

Figure 2. Project governance approach



Infrastructure and Transport Ministers

Infrastructure and transport ministers are the final decision-makers. This report accompanied the draft of the Standard submitted to Ministers in September 2024.

National Transport Commission

As the lead agency in the review process, the NTC has managed all aspects of the review including stakeholder engagement, management of expert inputs and developing the draft Standard, Consultation Report and Summary of Changes.

Consultants - Project Health

Project Health was engaged to assist and advise the NTC throughout the review.

Rail Health Advisory Group

The RHAG was an advisory group representing medical professionals, jurisdictions, rail regulators, unions and the rail industry. The role of the RHAG has been to raise issues during the review, provide advice on the proposed revisions and assist in resolving issues as they arose. The RHAG reviewed the Standard following review by CMOC and medical specialists.

The RHAG member list is contained in Appendix A.

Chief Medical Officers Council



The CMOC provided medical expertise to guide the revision of the Standard. Members of the CMOC were invited to participate in sub-working groups to discuss issues identified for consideration. This feedback has formed the basis of the revised Standard.

Sub-working groups

The NTC convened small sub-working groups on discrete topics, including:

- cardiovascular conditions
- diabetes
- sleep disorders
- hearing
- musculoskeletal conditions
- neurodevelopmental disorders
- vision.

The findings and recommendations from the sub-working groups were shared with the CMOC. The CMOC reviewed and endorsed the findings and recommendations from a medical perspective and shared with the wider RHAG for discussion and agreement.

The working group member list is contained in Appendix B.

Subject matter experts

The NTC engaged with subject matter experts who provided technical advice on discrete topics. These experts were engaged through various professional peak organisations, including the Cardiac Society of Australia and New Zealand, the Australian Diabetes Society, the Australasian Sleep Association, Audiology Australia, the Australian Psychological Society College of Clinical Neuropsychologists, and Optometry Australia.

1.4 Review of Assessing Fitness to Drive

AFTD is a joint publication of Austroads and the NTC. It contains nationally agreed medical standards for the purposes of driver licensing. The NTC undertook a review of AFTD in 2021.⁶

The NTC has considered the changes to the commercial vehicle driver 2022 AFTD standards when drafting the revised Standard.

Despite the differences in application of the two documents, the medical criteria for commercial vehicle drivers in AFTD are similar to that for rail safety workers, and where appropriate alignment with these standards is maintained as a result of the reviews. Table 1 summarises whether the changes made to AFTD have been carried over to the Standard.

It is evident that practice has continued to evolve since completion of the AFTD review and there are several areas where the rail Standard has undergone further development to the extent that it no longer aligns with AFTD.

⁶ National Transport Commission (2022), ***Assessing Fitness to Drive 2020-21 review: Final Report February 2022***; Austroads, (2022), ***Assessing Fitness to Drive: Summary of changes***.



Table 1. Summary of fitness for duty criteria changes to the National Standard for Health Assessment of Rail Safety Workers

CHAPTER	Change to criteria (YES/NO)	Detail of change to Assessing fitness to drive criteria and significant guidance	Relevance to the National Standard for Health Assessment of Rail Safety Workers
Blackouts	NO	<i>Psychogenic non-epileptic seizures</i> Reference to psychogenic non-epileptic seizures included and cross-referenced to new criteria in Psychiatric conditions.	<i>Psychogenic non-epileptic seizures</i> This change has been adopted – refer also to Psychiatric conditions below.
Cardiovascular conditions	YES	<i>Implantable cardioverter defibrillator (ICD)</i> Advances in technology are now such that commercial drivers with ICDs inserted for prophylaxis may be considered for a conditional licence, subject to meeting several criteria.	<i>Implantable cardioverter defibrillator</i> This change has been adopted for Category 1 workers. Category 2 criteria remain unchanged – individually assessed.
	YES	<i>Congenital disorders</i> Criteria are now included in relation to surgical management, including non-driving periods for recovery for private and commercial drivers. Commercial driver criteria have been expanded to provide greater clarity of the required clinical outcomes.	<i>Congenital disorders</i> This change has been adopted for Category 1 workers. Category 2 criteria remain unchanged.
	YES	<i>Ventricular assist devices (LVAD, BiVAD)</i> Based on new evidence, private drivers with BiVADs may now be considered for a conditional licence, subject to the same criteria as previously required for LVAD. Ventricular assist devices of any type remain unacceptable for commercial vehicle driving.	<i>Ventricular assist devices (LVAD, BiVAD)</i> Not applicable.
Diabetes	NO	<i>Hypoglycaemia</i> Guidance is provided regarding the use of glucose monitors to support awareness of hypoglycaemia (Section 3.2.1). General guidance updated under Impaired hypoglycaemic awareness.	<i>Hypoglycaemia</i> Guidance adopted.
Hearing	NO	<i>Role of hearing professionals</i> Guidance is provided regarding the role of different hearing professionals (for commercial	<i>Role of hearing professionals</i> Guidance adopted.



CHAPTER	Change to criteria (YES/NO)	Detail of change to Assessing fitness to drive criteria and significant guidance	Relevance to the National Standard for Health Assessment of Rail Safety Workers
		drivers).	
Musculoskeletal conditions	YES	Conditional licensing criteria Medication effects and condition stability are emphasised as factors the health practitioner may consider in their assessment.	Conditional licensing criteria Guidance and criteria adopted.
	NO	Recommendation of prosthetic devices New information is included to guide the recommendation of prosthetic devices to support drivers.	Recommendation of prosthetic devices Not included as it is specific to driving.
Neurological conditions: General and dementia	YES	Guidance for preclinical and prodromal dementia or mild cognitive impairment A person with dementia is not fit to hold an unconditional private or commercial licence. A qualifying note has been included that excludes preclinical and prodromal dementia unless there are clinically significant symptoms.	Guidance for preclinical and prodromal dementia or mild cognitive impairment Guidance and criteria amendments adopted.
Neurological conditions: seizures and epilepsy	YES	When EEG is required For the relevant commercial medical standards, it has been emphasised that EEG (electroencephalography) demonstrating no epileptiform activity is only required on initial granting of the conditional licence and not for the ongoing periodic review.	When EEG is required Guidance and criteria amendments adopted.
	YES	Resumption of unconditional licence after first seizure and acute symptomatic seizures Assessment criteria relating to antiseizure medication have been added to the commercial medical standards for first seizure and acute symptomatic seizures.	Resumption of unconditional fitness for duty after first seizure and acute symptomatic seizures Criteria changes adopted.
	NO	Description of 'safe' seizures Explanatory text has been added to describe a type of seizure that can be managed to the 'safe' seizure medical standard (private drivers).	Description of 'safe' seizures 'Safe' seizures are not applicable for commercial drivers so they are not adopted for Safety Critical Workers.



CHAPTER	Change to criteria (YES/NO)	Detail of change to Assessing fitness to drive criteria and significant guidance	Relevance to the National Standard for Health Assessment of Rail Safety Workers
	YES	<p>Assessment of provoking factors (in Seizure in a person whose epilepsy was previously 'well controlled')</p> <p>A clarification is included that sleep deprivation is definitely not considered a provoking factor when managing private drivers who have had a seizure but were previously well controlled.</p>	<p>Assessment of provoking factors (in Seizure in a person whose epilepsy was previously 'well controlled' including provoked seizures)</p> <p>Guidance added to text. Note, not applicable to Category 1 Safety Critical Workers.</p>
	YES (new)	<p>Criteria for unreliable or doubtful clinical information</p> <p>New assessment criteria have been included for private and commercial drivers to address circumstances where the clinical information is unreliable or doubtful. The person should be assessed as unfit to drive in these circumstances.</p>	<p>Criteria for unreliable or doubtful clinical information</p> <p>Guidance and criteria amendments adopted.</p>
	YES	<p>Clarifications on medication withdrawal or change</p> <p>A note has been added to explain that the three-month non-driving period still applies if a driver is being switched from one anti-epileptic drug to another – private vehicles only.</p>	<p>Clarifications on medication withdrawal or change</p> <p>Not applicable – no change.</p>
	YES	<p>Recommended reduction in dosage of anti-epileptic medication in a person who satisfies the standard to hold a conditional licence</p> <p>Clarification is included for both private and commercial drivers to help assess changes in medication dosage due to temporary situations (for example, pregnancy).</p>	<p>Recommended reduction in dosage of anti-epileptic medication in a person who satisfies the standard for Fit for Duty Subject to Review</p> <p>Change in criteria adopted.</p>
	YES	<p>Applying the seizure and reduction criteria</p> <p>Additional text has been included to guide application of the standards if there is more than one circumstance for which a reduced non-driving seizure-free period applies.</p> <p>Page 137 (green box) 'The longer non-driving period applies if the situation is covered by more than one standard.'</p>	<p>Applying the seizure and reduction criteria</p> <p>Additional text adopted.</p>



CHAPTER	Change to criteria (YES/NO)	Detail of change to Assessing fitness to drive criteria and significant guidance	Relevance to the National Standard for Health Assessment of Rail Safety Workers
Neurological Conditions: other	YES	<p>Stroke</p> <p>The assessment requirements for private drivers post-stroke have been refined to reduce unnecessary assessments and reporting. Private drivers who are discharged from specialist care within four weeks of a stroke and have been assessed as fit to drive when discharged may continue to drive on their current licence and without need for reassessment, unless otherwise indicated. There are clearer licensing criteria for situations in which a person may require a conditional licence after a stroke.</p> <p>The criteria also indicate that periodic assessment is not required if the driver's condition is stable.</p> <p>New text is also included: 'Documentation of the assessment should be provided at discharge, which includes details of the driver's licence, indicate that they have not suffered any permanent neurological deficits that will impact on driving, and that they are fit to drive at the end of the non-driving period.'</p>	<p>Stroke</p> <p>No changes to commercial driver standards so changes not adopted.</p>
	YES	<p>Subarachnoid haemorrhage</p> <p>Cases involving low-risk non-aneurysmal subarachnoid haemorrhage restricted to the cerebral convexity are excluded from the requirements of the standard, unless impairments are present.</p>	<p>Subarachnoid haemorrhage</p> <p>Guidance and revised criteria adopted.</p>
Neurodevelopmental disorders	NO	<p>Autism spectrum disorder (ASD)</p> <p>Assessment guidance is now provided in the text.</p>	<p>Autism spectrum disorder</p> <p>Changes have informed the new chapter on neurodevelopmental disorders.</p>
Psychiatric conditions	YES	<p>Periodic review by a general practitioner (commercial drivers)</p> <p>Reflecting the usual management of stable psychiatric conditions, periodic reviews may be performed by a person's general practitioner under specified circumstances (in place of specialist reviews). The</p>	<p>Periodic review by a general practitioner (commercial drivers)</p> <p>No changes made in relation to specialist assessment.</p>



CHAPTER	Change to criteria (YES/NO)	Detail of change to Assessing fitness to drive criteria and significant guidance	Relevance to the National Standard for Health Assessment of Rail Safety Workers
		psychiatrist must perform the initial assessment, and all must agree to the arrangement.	
	YES (new)	Psychogenic non-epileptic seizures (PNES) Medical standards have been included for seizures diagnosed as psychogenic (pseudo-seizures). The medical standards include details on seizure-free periods, criteria to consider conditional licensing, and a description of the treating specialists.	Psychogenic non-epileptic seizures Guidance and criteria amendments adopted.
	NO	ADHD Additional information is included regarding assessment for ADHD (attention deficit hyperactivity disorder) but not specific criteria.	ADHD Changes have informed the new chapter on neurodevelopmental disorders.
	NO	Other Specific 'contraindications' for driving have been highlighted to draw attention to high-risk circumstances (page 172).	Other Changes not included as related to driving.
Sleep disorders	NO	Sleep disorder assessment More detailed guidance has been provided for assessment and management of sleep apnoea, as well as management of driving and periodic review. This content will assist management and support consistent application of the medical criteria.	Sleep disorder assessment Changes have informed the revisions to the Standard.
Substance misuse and dependence	YES	Periodic review by a general practitioner (commercial drivers) As for psychiatric conditions, and reflecting the usual management of stable conditions, periodic reviews may be performed by a person's general practitioner under specified circumstances (in place of specialist reviews). The specialist must perform the initial assessment, and all must agree to the arrangement.	Periodic review by a general practitioner (commercial drivers) No changes made in relation to specialist assessment.
	YES	Clarification of criteria	Clarification of criteria No changes made. Information about remission already



CHAPTER	Change to criteria (YES/NO)	Detail of change to Assessing fitness to drive criteria and significant guidance	Relevance to the National Standard for Health Assessment of Rail Safety Workers
		<p>The criteria have been modified to emphasise the conditional licensing requirements and include the use of alcohol interlocks where appropriate for private vehicle drivers.</p> <p>Additional changes to the text provide greater clarity regarding assessment requirements, including objective measures of abstinence.</p>	included.
Vision and eye disorders	NO	<p>Visual acuity - orthokeratology</p> <p>Orthokeratology is an established therapy which can be used to meet the standards for a conditional licence. This treatment is managed similarly to corrective lenses. Guidance is provided about the nature of orthokeratology and the considerations for driving and licensing. There are no changes to the criteria as such, only a cross-reference to the guidance material.</p>	<p>Visual acuity – orthokeratology</p> <p>Guidance material not adopted.</p>
	YES	<p>Diplopia</p> <p>Clarification on the criteria for experiencing diplopia within central fixation. The change of wording is for clarification and does not impact on the intention of the standard.</p>	<p>Diplopia</p> <p>Wording change adopted.</p>
	YES	<p>Monocular vision and commercial licensing</p> <p>Minimum visual standards for commercial monocular driving are now included to provide clarity.</p>	<p>Monocular vision and commercial licensing</p> <p>Wording change adopted.</p>
	NO	<p>Telescopic lenses (bioptics)</p> <p>There continues to be considerable interest in these devices. While the requirements remain unchanged, more detailed information is included to provide a rationale for the position, including the supporting evidence.</p>	<p>Telescopic lenses (bioptics)</p> <p>More detailed guidance adopted.</p>



2 Part 1: Introduction

Key points

- Changes to Part 1 of the Standard have resulted in clarity regarding the roles and responsibilities of organisations and individuals involved in overseeing and contributing to the development and implementation of the Standard, as well as those involved in managing and delivering the health assessments for rail safety workers.

2.1 Introduction

This section of the report describes the feedback and changes to Part 1 of the Standard.

Part 1 of the Standard explains the purpose, application, scope and structure. It outlines the legislative and program interfaces, as well as responsibilities and relationships.

2.2 Inputs from stakeholders

A number of stakeholders provided submissions regarding Part 1 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Office of the National Rail Safety Regulator (ONRSR)
- Queensland Rail
- Rail Industry Worker (RIW) Program
- Australian Manufacturing Workers Union (AMWU)
- Rail, Tram and Bus Union (RTBU).

Any issues that were out of scope for the review are discussed in [Section 8](#).

2.3 Issues and recommendations

The issues raised regarding Part 1 of the Standard centred on providing clarity for the roles and responsibilities of Chief Medical Officers and Authorised Health Professionals and high-level development and implementation responsibilities.

Roles and responsibilities of Chief Medical Officers and Authorised Health Professionals

Stakeholders sought clarity on the Chief Medical Officers' role in the Standard, especially in relation to the management of decisions made by Authorised Health Professionals.

A separate heading for Chief Medical Officers has been included in section 1.5.2 of the Standard with a clearer structured description detailing the specific roles and responsibilities Chief Medical Officers have in relation to the Standard. Stakeholders sought clarification about the circumstances under which a Chief Medical Officer may issue an updated fitness for duty certificate and their role in identification and management of quality issues. Additional content has been included in section 1.5.2 to address this. A stakeholder sought removal of the paragraph recognising that Chief Medical Officers are deemed to be Authorised Health Professionals, however this feedback was not supported or actioned.



Additional content has been included to clarify Authorised Health Professionals' responsibilities. This includes clarification that only Authorised Health Professionals appointed and authorised according to the Standard may conduct health assessments for rail safety workers. These Authorised Health Professionals are responsible for directly performing the clinical examination, which is to be distinguished from signing off on an assessment performed by a person who is not an Authorised Health Professional. For rail transport operators and Authorised Health Professionals, specific mention is now made of their responsibilities to communicate with workers, including in relation to the purpose and nature of health assessments, the outcomes and implications and any changes to the original determination, as well as providing information about complaints and investigation processes.

Additional content has also been included to recognise an exception to the above in circumstances in which a Chief Medical Officer determines that lack of access to an Authorised Health Professional (such as in a remote location) precludes the timely medical certification of a rail safety worker. This situation is strictly limited on a case-by-case basis and will be recorded on the fit slip and monitored via the RIW Program.

High-level development and implementation responsibilities

Stakeholders suggested an additional section be included to articulate the responsibilities of the NTC, Office of the National Rail Safety Regulator (ONRSR) and Rail Industry Safety and Standards Board (RISSB) in overseeing and contributing to the development and implementation of the Standard. This was related to issues that arise regarding implementation of the Standard (refer to **Section 8**).

In the consultation version of the Standard, new content and a diagram was included in Section 1.5.1 to explain the various roles and responsibilities held by these parties. Further feedback provided by stakeholders indicated this was not supported and as such amendments have been made to the content to remove reference to the RIW Program and the diagram has been removed.

Interfaces with workers' compensation and Work Health and Safety

A stakeholder suggested additional content be included to recognise the interface between workers' compensation, return to work and fitness for duty under the Standard. Section 1.3 has been updated to include this, as well as Figure 2.

Clarification was also sought to address circumstances in which there may be inconsistency between the Rail Safety National Law (RSNL) and Work Health and Safety (WHS) legislation, and to note that the WHS legislation takes precedence in such circumstances. Section 1.3 has been updated to reflect this.

A stakeholder proposed further changes to Section 1.4.3 to recognise that when a worker has been certified via a Certificate of Capacity and has suffered a discreet injury, this should not lead to a Triggered Health Assessment. As rail transport operators determine when a Triggered Health Assessment is required under the Standard to confirm a worker's fitness for duty, this proposal was not adopted. However it may be considered as an education topic in implementation or as part of the next review of the Standard with input from workers compensation subject matter experts. It remains a requirement of the Standard that only Authorised Health Professionals can determine a worker's fitness for duty under the Standard, and that such determinations cannot be made by a worker's general practitioner.

Medical specialists

A stakeholder suggested additional content be included to clarify that workers and their treating general practitioner should be involved in the selection of a medical specialist, rather than the



worker being referred to an Authorised Health Professional's preferred medical specialist. Sections 1.5.2 and 3.5.3 have been updated to reflect this position.

2.4 Implications

Rail transport operators

Rail transport operators will have a clearer understanding of the roles and responsibilities in relation to implementation and operationalisation of the Standard, which will assist in managing the delivery of health assessments by Authorised Health Professionals.

Health professionals

Authorised Health Professionals will have a clearer understanding of their obligations and how their conduct of health assessments interfaces with the roles of Chief Medical Officers.

Rail safety workers

Rail safety workers will have a clearer understanding of their roles and responsibilities as well as the responsibilities of other organisations and individuals involved in the implementation and application of the Standard.



3 Part 2: The health risk management system

Key points

- The changes to Part 2 provide clarity around key concepts of the Standard, including defining expiry dates for fitness for duty certificates, the application of Triggered Health Assessments, streamlining fitness for duty categories, requirements for privacy and audit of health assessments.
- The changes will support consistent application of the Standard by rail transport operators and Authorised Health Professionals.
- The changes will also strengthen quality management of the health assessments, which has been identified as a significant issue (refer to [Section 8](#)).

3.1 Introduction

This section of the report describes the feedback and changes to Part 2 of the Standard.

Part 2 of the Standard describes the health risk management system, including the overall health risk management approach, the main features of the system and the processes associated with the system.

3.2 Inputs from stakeholders

A number of stakeholders provided submissions regarding Part 2 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Office of the National Rail Safety Regulator (ONRSR)
- Aurizon
- Queensland Rail
- Rail Industry Worker (RIW) Program
- Australian Manufacturing Workers Union (AMWU)
- Rail, Tram and Bus Union (RTBU)
- UGL Pty Limited.

Any issues that were out of scope for the review are discussed in [Section 8](#).

3.3 Issues and recommendations

Risk assessment and categorisation of rail safety workers

Risk assessment and categorisation of rail safety workers is the foundation of the health assessment system. During the review process, it became evident that there were inconsistencies in the outcomes of risk assessments, leading to workers with similar jobs being categorised differently and therefore potentially being assessed differently under the Standard.



Some stakeholders expressed concern about the quality and consistency of risk assessments to determine workers' risk category, indicating that some workers were being categorised at a higher level than their job tasks required, and that higher level risk controls were not being adequately applied. Further work will be undertaken to review the risk assessment process outside the formal review of the Standard (see Section 8 for out of scope items).

A stakeholder proposed Section 2.4 be revised to reflect the Safe Work Australia Code of Practice: how to manage work health and safety risks. Due to timing constraints, this was not achievable but it may be considered in future reviews of the Standard and with input from work health and safety subject matter experts.

The risk categorisation and health assessment template has been revised, based on stakeholder feedback to align with the nine-step process contained in Section 2.4 of the Standard.

ONRSR noted there was potential confusion in the use of the term 'risk assessment' in the context of categorisation of workers, and recommended that consistent terminology be adopted throughout Section 2 of the Standard. This included the use of the term 'health risk assessment and risk categorisation' in place of risk assessment so as to differentiate these processes and to clarify that Safety Critical Work(er) is defined in terms of the potential impact of ill-health. The section has been revised accordingly, with input from ONRSR and transport operator Aurizon, including ensuring internal consistency of the definition of Safety Critical Work(er).

Medical stakeholders recommended that medical input into the risk assessment process was essential, and that this should be strengthened. The Standard already recommends involvement of Authorised Health Professionals in the process; this has been amended to include reference to Chief Medical Officers and other occupational physicians familiar with rail (refer Section 2.4 of the Standard).

Communication with workers

Stakeholders expressed concern that the Standard's requirement to ensure workers are given adequate notice of forthcoming health assessments was subjective and that workers were not being given sufficient notice to attend health assessments. A minimum notice period of 10 working days was proposed, similar to NSW Workers Compensation Guidelines. Section 2.6 has been updated to reflect a minimum notice period of 10 working days for Periodic Health Assessments and non-urgent Triggered Health Assessments with a previous Fit for Duty Subject to Review determination, unless varied via mutual agreement between the operator and worker. Triggered Health Assessments that arise because of sudden concerns about a worker's health are not subject to the minimum notice period nor are Pre-placement Health Assessments. The intention of the 10-day notice period is to facilitate rail operators establishing proper systems and procedures for notification of health assessments, which they should already have based on the requirements of the Standard. A rail transport operator was supportive of the inclusion of the minimum notification period with the addition of the ability to reduce the period via mutual agreement between the operator and worker.

Workers and operators who opt in under the RIW Program system receive alerts about their medical assessment expiring at 12 weeks prior, four weeks prior, one week prior and on the day of expiry. Section 2.2.7 of the Standard has also been updated to allow for a Chief Medical Officer to extend the expiry of a medical report for one month provided there is likely to be no impact on safety.

Part 2.6 of the Standard has been restructured to emphasise content about communication to the worker and highlight the importance of adequate notice and being mindful of shift workers and planned leave when scheduling appointments. This content will also be highlighted in supporting fact sheets for workers and operators.



Stakeholders sought improvements in the notification process for workers to ensure they are aware of the nature and purpose of the health assessments being requested. Section 2.6.5 of the Standard has been updated to further explain what examination will take place. The Worker Notification and Health Questionnaire has been updated to include a new section for an operator to provide details for the reasons for a Triggered Health Assessment and who initiated the assessment.

A stakeholder sought the inclusion of an 'unreasonable request' power in the Standard for workers to exercise if they consider the requirement to attend a health assessment unreasonable. This proposal was not adopted but it may be further explored through a submission to the RSNL review project and a future review of the Standard.

A stakeholder suggested inclusion of content that rail transport operators meet all reasonable costs incurred by the worker and an escort (if required), such as wages, travel and accommodation. This proposal was not adopted because of timing constraints regarding consultation with operators but it may be included in a future review of the Standard.

Definition and management of assessment 'expiry' dates

Stakeholders sought clarification on whether the scheduled expiry date of medical certification should be strictly based on the last assessment date or whether a rolling fixed expiry date could be applied to ease the administrative burden.

In the draft for public consultation, Section 2.2.6 of the Standard was amended to enable rail transport operators to choose the method by which Periodic Health Assessment due dates (and Triggered Health Assessment dates) are calculated, while retaining the requirement that a rail safety worker cannot undertake rail safety work without a valid fitness for duty report. The RIW Program has updated the back end of the system to allow for this functionality to be turned on at the discretion of rail transport operators. Advice has indicated that once the functionality is switched on it will apply to all operators using the RIW system and cannot be isolated to a select group of operators. This issue may be re-visited between reviews or as an item for resolution during the next formal review.

Alternative approaches were investigated including the approach applied by the Civil Aviation Safety Authority under the Civil Aviation Safety Regulations 1998 (Part 67), which provides for a fixed anniversary date to within a month of a scheduled assessment and a grace period for expiry under special circumstances.

A new section (2.2.7 Validity of medical certificates and scheduling of health assessments) sets out the new requirements which allow for rolling anniversary dates provided the worker attends their Periodic Health Assessments within 2 months of the scheduled date. The section also specifies the limits of extensions to certificate validity of up to one month on the approval of the Chief Medical Officer, taking into consideration the risks to the network.

Triggered Health Assessments

The previous review in 2016⁷ identified a lack of understanding of the purpose and application of Triggered Health Assessments, and the content of this section was revised significantly at that time.

Stakeholders again raised concerns about the lack of understanding of the purpose and process for Triggered Health Assessment referrals. This misunderstanding, and potentially

⁷ National Transport Commission (2016) *Review of the National Standard for Health Assessment of Rail Safety Workers: Final Report*.



miscommunication between rail transport operators and Authorised Health Professionals, can lead to full assessments being undertaken inappropriately, rather than a focused assessment related to the triggering issue.

Section 2.2.6 of the Standard has been amended to clarify the three circumstances in which a Triggered Health Assessment may occur. These include:

- Assessments related to specific monitoring of a medical condition, including more frequent reviews as required (Fit for Duty Subject to Review).
- Assessments related to further investigation to diagnose/treat a medical condition (Fit for Duty Subject to Review and Temporarily Unfit for Duty).
- Health assessment triggered by concern about a worker's health (triggered by a worker or the rail transport operator).

It is noted that clarification of the definitions does not substitute the need for rail transport operators and Authorised Health Professionals to effectively assess and communicate the health assessment needs of the individual rail safety worker rather than default to a full assessment. A 'full assessment' may not only result in unnecessary testing (for example, repeat hearing tests), it may also result in inadequate assessment of the particular condition for which the rail safety worker was referred.

Standard reporting framework: Categorisation of fitness for duty

Simplification of assessment outcome categories

Stakeholders identified scope for improvement regarding the logic and explanation of fitness for duty categories to improve consistency of reporting outcomes by Authorised Health Professionals. The proposed changes were based on recent changes to the *Health Assessment Standard for Marine Pilots (NSW)*, which resulted from similar reporting issues.

Section 2.3 of the Standard has been amended to remove Fit for Duty Conditional as a formal category, because it relates to a narrow range of circumstances involving the wearing of aids such as corrective lenses and hearing aids. Workers who are required to wear these aids will have this requirement identified independent of their main category. The requirement is proposed to appear at the top of the report form if it is an existing requirement.

Similarly, Fit for Duty Subject to Job Modification is no longer considered a main category; instead, it is a sub-category within the Fit for Duty Subject to Review category. Revised content, along with the inclusion of a new table and amendments to model forms have been included. See also **Section 7** of this document for discussion of the changes to the Model Forms.

The four fitness for duty categories are as follows:

- Fit for Duty Unconditional
- Fit for Duty Subject to Review (this category will encompass requirements for job modification)
- Temporarily Unfit for Duty
- Permanently Unfit for Duty.

It was acknowledged that this change would require significant upgrades to the RIW Program system but the simplification of the categories would be beneficial overall to the implementation of the system. The changes are able to be adopted while retaining the integrity of the historical RIW Program data.



Definition and application of 'Permanently Unfit for Duty' categorisation

Stakeholders advised the definition of 'Permanently Unfit' is ambiguous.

Section 2.3.4 of the Standard has been amended to clearly state that 'Permanently Unfit' means that a worker has a permanent or progressive condition that is predicted to render them unfit for their current rail safety duties for 12 months or more. It is a predicted assessment outcome and workers do not need to be off work for 12 months to be assessed to this category.

Categorisation of rail safety workers awaiting test results

Stakeholders raised the point that the Standard does not adequately cover the situation in which a worker is awaiting a test result, such as a stress test, specialist letter, sleep study, and so on. Stakeholders suggested applying an estimated duration of time that might apply to this situation.

Part B of the model Request and Report Form has been updated to include a section to indicate whether an assessment report is an 'interim' or 'final' report. The content in the Standard now includes '3 months' as an estimate but not a definitive timeframe for workers categorised as Temporarily Unfit for Duty or Fit for Duty Subject to Review while awaiting test results.

Appointing and authorising health professionals

Quality of assessments and training of Authorised Health Professionals

Stakeholders raised concerns about the consistency of training of Authorised Health Professionals and the quality of assessments being conducted.

The updated content in Section 1.5.2 of the Standard clarifies the expectations for Authorised Health Professionals and describes the role of Chief Medical Officers in overseeing the quality of assessments and the training of Authorised Health Professionals.

Section 2.5 has also been redeveloped to clarify the requirements for Authorised Health Professionals and remove ambiguity about the use of non-authorised health professionals.

Section 2.5.1 has been updated to recognise that the Standard does not cover contracting arrangements between Authorised Health Professionals and operators.

Section 2.5 has also been updated to reflect the new AHP Program, including updates to website addresses, emails and the new annual online re-accreditation requirements.

This section also outlines the specific requirements for health professionals authorised to conduct only Track Safety Health Assessments for Category 3 workers. These Authorised Health Professionals must conduct health assessments under the supervision of medically trained Authorised Health Professionals. Category 3 Authorised Health Professionals are not able to determine fitness for duty of workers diagnosed with a medical condition that may affect their safety around the track, such as epilepsy and cardiovascular disease (refer also to section 6.3).

The issues relating to quality of health assessments are further explored in **Section 8**.

A stakeholder sought the inclusion of an option for a worker to attend a health assessment with an Authorised Health Professional of their choice at their own cost. This suggestion was not adopted due to the fact that the operator, not the worker, is required to initiate the health assessment, provide the relevant forms and background context for the worker's assessment, including the job requirements, previous health assessment reports, incidents, workplace reports and other relevant information. While the Standard does not provide guidance on this issue, it is



an option that a worker may discuss with their individual operator, noting that the operator will still be required to initiate the forms and provide the necessary workplace related information. It remains rail safety workers may seek a second opinion from an Authorised Health Professional in a dispute situation, acknowledging that may not then have access to all relevant information (see below).

Complaints mechanisms

Stakeholders identified scope to improve the complaints mechanism process and formally outline an approach in the Standard.

Section 2.6.4 has been included to explain the process, which includes a discussion with the examining Authorised Health Professional or a review by the Chief Medical Officer or operator. This process will rely on input from the worker's treating doctor or specialist or a second opinion from another Authorised Health Professional.

A stakeholder also sought inclusion of guidance regarding potential disciplinary measures for Authorised Health Professionals. A disciplinary approach will be developed by the AHP Program and published on their website.

Privacy

Stakeholders raised concerns about compliance with privacy requirements. They suggested that the content regarding privacy could be strengthened and aligned with other recently reviewed health assessment standards.

Section 2.6.6 of the Standard has been amended to cover: privacy laws, collection and disclosure of health information, consent for disclosure, and retention and security of health information. Additional content has been included regarding management of data breaches by rail transport organisations and how workers can make complaints regarding privacy breaches.

The Standard has also been updated to reflect that workers are able to request access to their medical information held by the Authorised Health Professional.

The importance of securing informed consent for allowing portability of fitness for duty reports was highlighted by stakeholders. It was suggested that this consent need not be provided at the time of the health assessment (through the Authorised Health Professional); it should be managed between the worker and the rail transport operator. The forms have been updated to enable portability of fitness for duty reports, with responsibility of gaining informed consent transferred to the operator (Part A of the Request and Report form) (refer **Section 7.3**).

During the consultation process, union stakeholders met with the RIW Program team to better understand how workers' information is securely stored and accessed in the RIW Program system. Legal advice has indicated that the consent process in the RIW Program is valid in accordance with the *Privacy Act*.

Quality control

Stakeholders advised that, while the Standard identifies that 'rail transport operators should establish that Authorised Health Professionals are correctly interpreting and applying the requirements of the Standard in terms of fitness or otherwise for duty,' it does not specifically mention medical audits of Authorised Health Professional records to assess compliance.

Section 2.7.3 of the Standard has been amended to ensure that assessment quality is captured in the audit process. The revised audit points include maintaining suitable systems and procedures for managing and conducting health assessments, including the use of appropriate forms, timeliness of various aspects of health assessments from initial assessment to reporting



and follow up as required, and so on. This now aligns with other Safety Critical Worker standards.

3.4 Implications

Rail transport operators

The clarity around a 'health risk management' approach will support greater understanding and consistency in categorising workers.

A clear and defined approach to scheduling of Periodic Health Assessments, including definitions of when rolling anniversaries can apply, will facilitate consistent management of health assessments by rail transport operators.

Clarity regarding the definition and application of Triggered Health Assessments should support utilisation of this type of assessment to address health conditions that arise between Periodic Health Assessments. Effective implementation of such health assessments remains to be addressed by rail transport operators and Authorised Health Professionals through internal procedures, communication and education.

Amendment and simplification of the fitness for duty categories should support more consistent application of the Standard and improved management of workers who do not meet the unconditional fitness for duty criteria.

With clearer guidance regarding audit criteria, rail transport operators should be better equipped to monitor and manage the quality of health assessments delivered by Authorised Health Professionals, which was an issue identified during the review (see **Section 8**).

Clarity regarding privacy requirements should help rail transport operators manage their obligations.

Health professionals

Clarity regarding the definition and application of Triggered Health Assessments should support utilisation of this type of assessment to address health conditions that arise between Periodic Health Assessments. Effective implementation of such health assessments remains to be addressed by rail transport operators and Authorised Health Professionals through internal procedures, communication and education.

Amendment and simplification of the fitness for duty categories should support more consistent application of the Standard and improved management of workers who do not meet the unconditional fitness for duty criteria.

Rail safety workers

Amendment and simplification of the fitness for duty categories should support more consistent application of the Standard and improved management of workers who do not meet the unconditional fitness for duty criteria.

The introduction of rules around rolling anniversaries for Periodic Assessments will help workers keep track of their health assessment requirements.

Clarity regarding privacy requirements should provide workers with the necessary information to understand obligations and where they can receive additional support if a privacy breach is suspected.



Changes to the Worker Notification and Health Questionnaire will provide transparency to workers to help them understand who initiated and the reasons for a Triggered Health Assessment.



4 Part 3: Procedures for conducting health assessments

Key points

- Part 3 now provides clearer guidance for Authorised Health Professionals with the removal of content duplicated between Parts 3 and 4.
- The content regarding prescription and non-prescription drugs has been updated to reflect changes in this area, with clarity around medicinal cannabis not being permitted for rail safety workers, in line with the RSNL.

4.1 Introduction

This section of the report describes the feedback and changes to Part 3 of the Standard.

Part 3 of the Standard includes administrative and clinical procedures to guide Authorised Health Professionals through these aspects of the assessment. There is some overlap with the clinical content in Parts 3 and 4 of the Standard.

4.2 Inputs from stakeholders

A number of stakeholders provided submissions addressing Part 3 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Office of the National Rail Safety Regulator (ONRSR)
- Dr Bruce Hocking
- Australian Manufacturing Workers Union (AMWU).

Any issues that were out of scope for the review are discussed in [Section 8](#).

4.3 Issues and recommendations

Prescription drugs and Safety Critical Work

Stakeholders sought advice on the use of medicinal cannabis, which is increasingly being prescribed for a range of conditions. They recommended the Standard include a position on the use of cannabis for rail safety workers.

Section 3.4.8 of the Standard has been amended to clarify that a rail safety worker must not carry out or attempt to carry out rail safety work while there is any presence in their system of alcohol or a 'prescribed drug' comprising cannabis (THC), speed (methamphetamine) or ecstasy (MDMA). The Standard clearly states that 'prescribed drugs' are banned substances, even if prescribed legally, and provides additional content regarding medically prescribed medicines and considerations for Authorised Health Professionals.



ONRSR advised that any change to this position would require legislative change to the definition of 'prescribed drug' under the RSNL and be based on a strong foundation of evidence and research.

Content removed regarding details of the medical examination and fitness for duty criteria

Stakeholders advised of confusion regarding some information being duplicated between Parts 3 and 4, particularly in terms of the nature of the assessment and the management of outcomes.

All specific content related to the assessment of medical conditions has been removed in favour of general principles and a cross reference to the Record for Health Professional. Authorised Health Professionals are referred to in Parts 4 and 5 for details of the clinical assessment process and management of outcomes.

Telemedicine

Stakeholders sought clarification on the use of telemedicine for health assessments. The Standard has been updated to clarify the position that, except in very limited circumstances, health assessments for rail safety workers must be conducted in person. Section 3.1 of the Standard notes that telemedicine may be used to facilitate access to a specialist opinion for Fit for Duty Subject to Review assessments and hearing testing and assessment, when face-to-face services are limited.

4.4 Implications

Rail transport operators

There are no significant implications for rail transport operators, although they may need to be prepared to provide information to their workers about the status of medicinal cannabis.

Health professionals

Authorised Health Professionals will be clearer about where to access information about the general conduct and management of the assessment (Part 3) versus the specific assessment and management approach to various conditions, and the fitness for duty criteria (Part 4 and Part 5). They will have clarity about the use of medicinal cannabis.

Rail safety workers

Rail Safety Workers will be clear about the use of medicinal cannabis. There are no other significant implications for rail safety workers.



5 Part 4: Fitness for duty criteria for Safety Critical Worker health assessments (Categories 1 and 2 Safety Critical Workers)

Key points

- Part 4 incorporates numerous changes to align with developments in other relevant standards, including *Assessing Fitness to Drive* (AFTD), and developments in the assessment and management of various conditions specifically relevant to rail safety workers.
- Some significant changes in the assessment of both Safety Critical and Non-Safety Critical Workers will result in improved identification and management of serious conditions likely to affect safety — for example, sleep disorders and cardiovascular conditions.
- Various chapters include improved guidance for Authorised Health Professionals, which will help support consistent implementation of the Standard.
- Changes in review requirements reduce unnecessary review of stable conditions and enable Authorised Health Professionals to directly assess fitness for duty where appropriate without the need for reports from treating health professionals.

5.1 Introduction

This section of the report describes the feedback and changes to Part 4 of the Standard.

Part 4 of the Standard contains information to guide Authorised Health Professionals in assessing and managing conditions that may impact on Category 1 and Category 2 rail safety workers' fitness for duty. The 2017 Standard was arranged alphabetically in two main sections:

- conditions causing sudden incapacity
- senses and task-specific requirements.

5.2 Sections with no material changes

No specific feedback was received from stakeholders about the following sections:

- blackouts
- substance misuse and dependence.

Minor changes to these sections have been made in terms of wording to improve understanding and general flow of information and incorporating minor changes from AFTD. The AFTD changes are described in Table 1.



5.3 **Cardiovascular conditions**

5.3.1 **Inputs from stakeholders**

A number of stakeholders provided submissions or advice regarding cardiovascular conditions in Part 4 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Rail, Tram and Bus Union (RTBU)
- Cardiac Society of Australia and New Zealand (CSANZ)
- Dr Bruce Hocking.

Following the public consultation period, the NTC engaged with the CSANZ to incorporate very recent and significant developments in relation to cardiac risk as well as to gain their expert input on other aspects of this section.

Relevant changes flowing from the recent review of AFTD were also considered (see Table 1). It is noted that some of these have been further refined based on the more recent input from the CSANZ, which may have implications for AFTD.

Any issues that were out of scope for the review are discussed in **Section 8**.

5.3.2 **Issues and recommendations**

A comparison of the 2017 fitness for duty criteria and the proposed changes are contained in Table 3 of Appendix E.

Changes to assessment of cardiac risk

Section 4.2.2 of the 2017 Standard includes cardiac risk assessment of Category 1 workers to support early management of cardiovascular disease risk and early identification and management of established cardiovascular disease. The assessment uses the Australian Absolute Cardiovascular Disease Risk calculator, with the resulting score expressed in terms of the probability of a cardiac event within the next five years. This then guides management including specialist referral and periodic review.

Medical stakeholders advised that the cardiac risk level content should be amended to reflect changes in medical practice and new guidelines released by the National Heart Foundation in July 2023.⁸ These comprehensive guidelines, together with advice from the CSANZ, have informed a thorough review of how cardiac risk is assessed and managed for Category 1 Safety Critical Workers.

The changes reflect the intent of the new guidelines, being to more accurately predict risk of events such as heart attack and stroke and to ensure appropriate management to reduce that risk. The changes will also mean a reduction in investigations. Investigations will be directed by a cardiologist in the first instance and only repeated if clinically indicated. Cardiac stress testing will not be requested unless they are recommended by a cardiologist. Medical management of those

⁸ Heart Foundation and Australian Chronic Disease Prevention Alliance (2023), ***Australian Guideline and calculator for assessing and managing cardiovascular disease risk***.



found to be at increased risk, rather than repeat investigations and repeat cardiac risk scoring, will be the focus of ongoing management.

Calculation of cardiac risk scores will be required for Category 1 Safety Critical Workers aged 30 years and over. Workers younger than 30 will not require a cardiac risk score. They will require monitoring of individual risk factors including cholesterol, diabetes and blood pressure. Fasting will not be required for pathology testing.

The revised content for management of cardiac risk gives consideration to the increased risk for Aboriginal and Torres Strait Islander peoples.

The revised text also refers to the increased risk posed by COVID-19 infection.

To ensure clarity and internal consistency, a tabulated version of the risk stratification and management of the cardiac risk score has been developed and replaces the original flow chart.

Review periods for cardiac conditions

Stakeholders identified that the review periods for workers diagnosed with various cardiac conditions did not align with other standards, with the requirement for annual review being omitted. Medical stakeholders indicated that annual review has generally been routine practice despite the omission from the Standard. The criteria table has been updated to include review periods of 'at least annual review' for Category 1 workers. There is flexibility for Category 2 workers.

Application of exercise stress testing

Following the public consultation period, advisors from the CSANZ advised that practice has shifted away from the use of exercise stress testing for monitoring people with cardiac conditions or suspected cardiac conditions who are asymptomatic. This has had implications for the management of cardiac risk, as described above, as well as the monitoring of ischaemic heart conditions such as acute myocardial infarction, and monitoring after cardiac interventions such as coronary artery bypass grafts and percutaneous coronary intervention. For these conditions and interventions, exercise stress testing is only required if recommended by the cardiologist.

Intracardiac defibrillator

The review of AFTD for commercial vehicle drivers in 2022 resulted in a change to the Standard for treatment with intracardiac defibrillators (ICD). These are now permitted for primary prevention of arrhythmias for commercial vehicle drivers with conditions such as hypertrophic cardiomyopathy (HCM) under strict conditions. This small relaxation is based on cardiologist advice provided to the review of AFTD regarding the lower rates of shock frequency and syncope when ICD is used prophylactically.⁹

This change, together with some further refinements recommended by the CSANZ, has been adopted for Category 1 workers.

Aneurysms

Following publication of AFTD in 2017, an amendment was made in relation to the criteria for aneurysms, specifically the diameter of aortic aneurysms which may be acceptable for fitness to drive. This change was based on a submission from vascular surgeons.

⁹ National Transport Commission (2022), [Assessing Fitness to Drive 2020-21 review: Final Report February 2022](#).



The criteria for Category 1 workers have been aligned with this change and are reflected in Table 8 of section 4.2.3 of the Standard.

The CSANZ further advised that uncontrolled hypertension was a particular risk for aneurysm dissection and that further criteria for Fit for Duty Subject to Review be included for unrepaired aneurysm, being that blood pressure be consistently below 150/90 mmHg. This is consistent with other international standards including the recently revised UK standards.¹⁰

Congenital heart disease

In line with the changes to AFTD 2022, criteria are now included for Category 1 workers in relation to surgical management of congenital heart disease, including non-working periods for recovery and greater clarity of the required clinical outcomes.

Additional changes were recommended by the CSANZ to address confusion about the definition of 'complicated' congenital heart disease. They recommended revised criteria and examples of congenital conditions with impacts likely to be incompatible with this type of work. These are referred to in the text.

The CSANZ recommended against removing review requirements completely for people with congenital heart disease.

Anticoagulants

The CSANZ advised that new anticoagulants carry a reduced risk of haemorrhage and may be subject to less stringent monitoring compared with warfarin-type anticoagulants. This is reflected in the revised section of the chapter and the criteria table.

ECG changes

A resting ECG is routinely conducted for Category 1 Safety Critical Workers to screen for potential arrhythmias and inherited or acquired cardiac disease.

The CSANZ advised that the Standard should more clearly differentiate between arrhythmias that were likely to be a concern for Safety Critical Work and that more specific guidance be included to guide management by Authorised Health Professionals. The text and table have been revised accordingly, with right bundle branch block removed from the criteria table and guidance provided as to the extent of QT interval that should be addressed (greater than 500 ms).

Authorised Health Professionals are also advised to enquire specifically about a family history of unexpected death in people under 50 years of age, which is likely to be associated with an inherited arrhythmia.

Heart transplant

The CSANZ sought specific expert advice on the management of workers following a heart transplant. Refinements have been made to the criteria for Fit for Duty Subject to Review in line with this advice.

Valvular disease

¹⁰ Driver Licensing Authority, United Kingdom (2022) ***Assessing Fitness to Drive – a guide for medical professionals.***



The CSANZ sought specific expert advice on the management of workers with valvular disease. The revised text differentiates the management of disease of various severities. Refinements have been made to the criteria for Fit for Duty Subject to Review in line with this advice.

5.3.3 Implications

Rail transport operators

The changes will likely reduce the cost burden associated with cardiac assessments and investigations. The improved accuracy of the new cardiac risk score will likely enhance management of workers at risk.

The changes provide clarity around the management of cardiac risk and cardiac conditions more generally, which will support consistent management in line with current evidence.

Health professionals

The changes provide clarity around the management of cardiac risk and cardiac conditions more generally, which will support consistent management in line with current evidence.

Rail safety workers

The changes to the criteria for ICDs will enable a small number of workers to continue Safety Critical Work and provide clarity and greater certainty for how their conditions will be assessed.

Ongoing improvement in the management of cardiac risk will enable early management of risk factors and cardiac disease. There will be a reduced burden associated with repeat cardiac investigations.



5.4 **Diabetes**

5.4.1 **Inputs from stakeholders**

A number of stakeholders provided submissions or advice regarding the diabetes section of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Australian Diabetes Society (ADS)
- Dr Bruce Hocking.

Relevant changes were also made flowing from the recent review of AFTD (see Table 1).

Any issues that were out of scope for the review are discussed in **Section 8**.

5.4.2 **Issues and recommendations**

A comparison of the 2017 fitness for duty criteria and the proposed changes are contained in Table 4 of Appendix E.

Specialist and general practitioner review requirements

The requirements for specialist review of workers with diabetes have received ongoing attention in the review of various standards, taking into consideration the regular management of rail safety workers as well as the access to specialists, particularly in rural and remote areas.

Stakeholders advocated for specialist review requirements to be reconsidered for workers on metformin and those, who are managed by their general practitioner and whose diabetes is satisfactorily controlled. They advocated for Authorised Health Professional review in cases where the worker's diabetes was satisfactorily controlled, and the worker was on a treatment regimen, such as metformin, with minimal risk of hypoglycaemia.

Addressing this input and with advice from the Australian Diabetes Society (ADS), a clearer framework of review requirements has been developed in Table 9 of Section 4.3.2 of the Standard, replacing the previous management flowchart.

Satisfactory control

Stakeholders requested guidance on what level of HbA1c would render a worker Temporarily Unfit for Duty. Currently the Standard advises that a level greater than 9 per cent warrants referral for specialist review. Section 4.3.2 of the Standard has been updated to reflect advice from the ADS that an HbA1c greater than 10 per cent is a level at which the worker should be assessed as Temporarily Unfit for Duty and referred for specialist medical intervention. In addition, the ADS provided advice regarding stratification of management of HbA1c.

A new guideline for the application of HbA1c was published by the ADS in May 2023 and is cited as a reference.¹¹

¹¹ Australian Diabetes Society Position Statement (2023) ***Medical Certification of Persons with Insulin-treated Diabetes in the Aviation Industry***.



Diabetes screening for Category 2 Safety Critical Workers

The fitness for duty criteria for diabetes are the same for Category 1 and 2 Safety Critical Workers. However, Category 2 workers do not undergo active screening for diabetes. Rather, diabetes in this group is identified through self-report on the Health Questionnaire. Similar to concerns about the accuracy of self-reported information for other conditions, stakeholders have expressed concern that diabetes is not being systematically identified and managed for Category 2 workers. Stakeholders suggested the inclusion of a urine glucose test to detect diabetes in these workers. This test can be conducted at the time of the appointment, with a positive result requiring a follow-up blood test. This change was accepted by other stakeholders and is now incorporated into the Standard in relevant sections.

Other

Changes from AFTD relating to improved guidance about lack of hypoglycaemia awareness have been incorporated into the Standard.

References to the requirement for fasting for blood tests have been removed from the Standard, including in the fitness for duty criteria chapters and the forms.

5.4.3 Implications

Rail transport operators

The removal of the requirement for fasting blood tests for diabetes will assist the administration of Periodic Health Assessments.

The removal of the requirement for specialist assessment of workers on metformin alone will also assist administration and avoid problems associated with access to specialists. There is no added risk associated with this change.

The inclusion of a urine glucose test for Category 2 workers will support consistent identification and management of workers with diabetes across the network. The inclusion of the urine test will not add significantly to the cost of health assessments. Concerns from workers regarding possible drug testing may need to be managed through appropriate communication.

Health professionals

The process for review of rail safety workers with diabetes will be streamlined as a result of the changes.

The addition of a urine test for diabetes for Category 2 workers will not add significantly to the workload of Authorised Health Professionals or the cost of delivering the health assessments.

Rail safety workers

Category 1 workers will benefit from not having to fast prior to blood tests.

They will benefit from not having to access specialist reports in circumstances where their condition is being managed by their general practitioner.

Category 2 workers undergoing urine tests for diabetes will need to receive appropriate communication to explain the test and reassure them that the test is not for drug screening.



5.5 Hearing

5.5.1 Inputs from stakeholders

A number of stakeholders provided submissions addressing hearing in Part 4 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Rail, Tram and Bus Union (RTBU)
- Audiology Australia.

Any issues that were out of scope for the review are discussed in **Section 8**.

5.5.2 Issues and recommendations

A comparison of the 2017 fitness for duty criteria and the proposed changes are contained in Table 5 of Appendix E.

Stakeholders recommended a general review of the chapter based on developments in hearing aid technology. The NTC requested Audiology Australia provide an update at the initial CMOC meeting and subsequently invited Audiology Australia to provide advice on identified issues raised and to review the chapter in more general terms. Their advice is incorporated below, together with feedback received during public consultation.

Hearing loss criteria

The hearing loss threshold in the current Standard is 40 dB or greater in the better ear. The World Health Organisation (WHO) criteria define 'disabling' hearing loss as hearing thresholds in the better hearing ear of 35 dB HL or greater and 'mild' hearing loss as hearing thresholds between 20 dB and 34 dB HL. The WHO has identified that mild hearing loss presents differently in quiet and noisy environments, with typically little impact on speech understanding in quiet environments but difficulty following conversation in noisy environments.

Audiology Australia therefore recommended the hearing loss threshold be reduced to 35 dB HL for rail safety workers who typically work in quiet environments and 20 dB HL for those who rely on speech understanding in 'noisy' environments (as defined below).

During public consultation, stakeholders argued that there was no evidence of hearing loss contributing to rail safety incidents and added that the changes would result in a significant burden for rail transport operators and workers. A compromise was reached whereby consideration would be given to the extent of hearing loss as well as workplace reports or worker-reported difficulty with communication. In addition, all workers with hearing loss would be referred to the rail operator's hearing conservation program.

The revisions to the chapter reflect these decisions and include a description of the rationale.

Hearing assessment — frequencies

The Standard currently specifies audiometry be conducted at the following frequencies: 500 Hz, 1000 Hz, 2000 Hz, 3000 Hz, 4000 Hz and 6000 Hz. Audiology Australia recommended these be updated to align with those applied in permanent impairment guidelines for industrial hearing loss, such as worker's compensation guidelines in Queensland and New South Wales. These specify that the worker's hearing levels are to be tested separately for the left and right ears at audiometric test frequencies of 500 Hz, 1000 Hz, 1500 Hz, 2000 Hz, 3000 Hz and 4000 Hz, and



if there is a requirement for hearing above 4000 Hz, at 6000 Hz and 8000 Hz. Thresholds at frequencies above 4000 Hz are typically affected first in cases of noise exposure and hearing status at these frequencies can affect clarity of speech, especially when listening in noisy environments.

The testing requirements have been updated to reflect this advice. Based on recommendations from Audiology Australia, the hearing threshold calculation is based on averaging the frequencies: 500 Hz, 1000 Hz, 2000 Hz and 4000 Hz in the better ear. Previously this was 500 Hz, 1000 Hz, 2000 Hz and 3000 Hz.

Consideration of quiet and noisy environments

Audiology Australia considered the definition of noisy environments noting that this depends on the nature of the work in terms of performance, rather than the level of noise *per se*. A 'noisy' working environment that interferes with normal conversational levels of speech is between 60 and 65 dB. Audiology Australia therefore recommended amendments that refer to recognising the work environment in which the rail safety worker usually communicates, as distinct from the usual definition of a noisy environment in relation to hearing damage (over 85 dB). This advice is included.

Access to hearing specialists

During the public consultation period, stakeholders expressed concern about access to speech discrimination testing, noting that the requirement to obtain specialist advice may be more burdensome in regional areas. Information about remote access to the tests is now provided in the Standard.

Hearing aids

Audiology Australia provided advice in relation to hearing aids, in light of the significant developments in technology in recent years. They noted that the current limitations imposed by the Standard around the hearing aid functions would unnecessarily preclude many workers with hearing aids from working. Section 4.11.3 of the Standard has been amended to remove the prescriptive hearing aid requirements.

Categorisation of workers requiring a hearing aid

Stakeholders discussed how workers with hearing aids should be categorised in light of earlier recommendations to remove the Fit for Duty Conditional category. Some argued that they could be Fit for Duty Unconditional with the requirement to identify hearing aids, and with review at the scheduled Periodic Health Assessment. Others proposed Fit for Duty Subject to Review as currently categorised, with the review period to be advised by the Authorised Health Professional.

Audiology Australia advised that hearing loss could not be considered a stable condition and therefore advised to retain the categorisation of Fit for Duty Subject to Review. They recommended annual review to measure both hearing status and the functioning of the hearing aid. This advice is reflected in the chapter revisions.

Repetition of speech discrimination testing

Stakeholders sought clarification on whether speech discrimination testing should be repeated. For example, if a worker passes speech discrimination testing and their baseline hearing (without a hearing aid) is unchanged at a subsequent medical, should speech discrimination testing be ordered at each subsequent assessment? The view put forward was that repeat testing would only be required if their baseline test had deteriorated. This was consistent with the overall response to static conditions, which has been clarified in the text.



Hearing criteria

A stakeholder noted the need for consistency in terms of how the criteria are expressed in the Standard and in the Record for Health Professional.

The criteria table in the Standard expresses the standard as follows:

A person is not Fit for Duty Unconditional:

- *if hearing loss is $\geq 40\text{dB}$ averaged over 0.5, 1, 2, and 3 kHz in the better ear.*

The model form indicates:

- *Acceptable $< 40\text{dB}$ averaged over 0.5, 1, 2 and 3 kHz in the better ear.*

The stakeholder sought clarification on whether the results would be interpreted as intended and how these could be expressed more consistently in both the Standard and the form. The Record for Health Professional has been amended to align with the Standard.

5.5.3 Implications

Rail transport operators

The threshold for hearing loss for rail safety workers remains unchanged. However, the management of workers, including through the interface with hearing conservation programs, will ensure improved overall management and support worker hearing health.

Options for remote testing will reduce difficulties associated with gaining access to testing in regional and remote areas.

Health professionals

The revisions to the Standard provide clearer guidance for Authorised Health Professionals beyond the measurement of the hearing thresholds. They will be required to consider the impacts of any hearing loss and to refer the worker to the rail transport operator's hearing conservation program, thus facilitating a more holistic approach to management.

Rail safety workers

Earlier identification of hearing loss will be beneficial for workers' long-term health, both in relation to hearing and other associated conditions.

The individualisation of hearing aid fitting and management should ensure fairness in application of the Standard.



5.6 **Musculoskeletal conditions**

5.6.1 **Inputs from stakeholders**

A number of stakeholders provided submissions or advice regarding musculoskeletal conditions in Part 4 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Dan O'Neill
- Australian Manufacturing Workers Union (AMWU).

Relevant changes were also made flowing from the recent review of AFTD (see Table 1).

Any issues that were out of scope for the review are discussed in **Section 8**.

5.6.2 **Issues and recommendations**

A comparison of the 2017 fitness for duty criteria and the proposed changes are contained in Table 6 of Appendix E.

A stakeholder was of the view that the current approach to screening and management of musculoskeletal conditions was inadequate due to a reportedly high number of workers passing this aspect of the health assessments but being off work due to musculoskeletal injury. Specifically, the stakeholder advocated for mandatory functional assessments to assess the specific requirements of the worker's role.

The issue was discussed with the RHAG, and several stakeholders expressed similar concerns that the musculoskeletal aspect of the health assessment was not adequately assessing workers' capacity to undertake the inherent requirements of their roles. A working group with broad representation was convened after the public consultation period to consider the nature of the current assessment and barriers to effective management and monitoring of musculoskeletal conditions (refer Appendix C).

The working group provided an opportunity to review the musculoskeletal section. The discussion concluded the following:

- The musculoskeletal chapter as it stands provides comprehensive guidance for Authorised Health Professionals including information about the general nature of various safety critical tasks and the requirements for assessing a worker's ability to meet the inherent requirements. It refers to the need to understand the worker's specific functional requirements as well as their history of injury and work performance and it refers to the conduct of functional assessments as required and cross references to further information about functional assessments in Part 3 of the Standard.
- Three main barriers to conducting appropriate musculoskeletal assessments were identified.
 - Firstly, specific musculoskeletal requirements may not be adequately considered during the health risk assessment process
 - As a result, rail transport operators may not be providing Authorised Health Professionals with sufficient details about the musculoskeletal requirements of workers' jobs.
 - Thirdly, Authorised Health Professionals appear to be implementing the musculoskeletal screen outlined in the Record for Health Professional and not conducting the



assessment according to the detailed guidelines set out in the musculoskeletal section of the Standard.

Further detail about the specific musculoskeletal requirements of the task have been included in the health Risk Assessment Template as well as the Request and Report form.

It is also proposed that the issue be addressed through education of the Authorised Health Professionals, which is outside the scope of this review but is discussed in **Section 8**.

Other than the changes to the forms, no further changes have been made to the Standard.

5.6.3 Implications

Rail transport operators

Rail transport operators can support improvements in the conduct of health assessments by providing relevant information to Authorised Health Professionals. The changes to the form will help facilitate this change but it should be addressed more broadly within rail transport operators' processes and systems.

Health professionals

Authorised Health Professionals should conduct the musculoskeletal assessment according to the guidelines outlined in the Standard and not just be guided by the Record for Health Professional.

Rail safety workers

Rail safety workers should expect that the health assessments conducted under the Standard match the inherent requirements of their roles.



5.7 Neurological conditions: Dementia

5.7.1 Inputs from stakeholders

A number of stakeholders provided submissions or advice regarding dementia in Part 4 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Rail Health Advisory Group.

Relevant changes were also made flowing from the recent review of AFTD (see Table 1).

Any issues that were out of scope for the review are discussed in **Section 8**.

5.7.2 Issues and recommendations

A comparison of the 2017 fitness for duty criteria and the proposed changes are contained in Table 7 of Appendix E.

Section 4.4 of the Standard has been amended to reflect changes to AFTD, which address preclinical dementia and mild cognitive impairment.

RANZCP noted that not all dementia involves progressive deterioration, with components of reversibility. The wording of this section has been amended accordingly. Rail safety workers with suspected dementia will generally be assessed by a specialist thus detailed clinical information is not provided.

5.7.3 Implications

Rail transport operators

The changes provide clarity for the management of early-diagnosed dementia.

Health professionals

The changes provide clarity for the management of early-diagnosed dementia.

Rail safety workers

The changes provide clarity for the management of early-diagnosed dementia.



5.8 Neurological conditions: Epilepsy

5.8.1 Inputs from stakeholders

A number of stakeholders provided submissions or advice regarding epilepsy in Part 4 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG).

Relevant changes were also made flowing from the recent review of AFTD (see Table 1).

Any issues that were out of scope for the review are discussed in **Section 8**.

5.8.2 Issues and recommendations

A comparison of the 2017 fitness for duty criteria and the proposed changes are contained in Table 8 of Appendix E.

Stakeholders identified that the Standard needs to be clearer regarding the fitness for duty categorisation of workers who experience a seizure.

Part 4.5 of the Standard has been updated to include a default position that a Category 1 Safety Critical Worker is Temporarily Unfit for Duty following a seizure. This applies to incumbent workers and is differentiated from situations where a worker has had a seizure at any time in the past.

Part 5.5.3 of the Standard has also been updated to include a default position that a Category 3 worker is Temporarily Unfit for Duty following a seizure. This position has been referenced for Category 2 workers where sudden collapse is an issue (i.e., those Category 2 workers who work around the track).

Stakeholders noted that the Standard was unclear about management of Category 2 workers who work around the track. It is now noted that Category 2 workers who work around the track must be assessed against the Category 3 standards for epilepsy. This applies for other conditions where risk of collapse is an issue.

The review of AFTD identified the need to include criteria related to circumstances where the examining health professional is not confident about the accuracy of information provided about seizure history, either because the person does not accurately recall their seizures, or they are untruthful in reporting them. This new criterion is included in the revisions to the Standard. A number of other wording refinements have also been carried over from AFTD. They largely represent clarification of existing requirements.

5.8.3 Implications

Rail transport operators

The changes provide clarity about the application of the Standard and should support consistent implementation.

Health professionals

The changes provide clarity about the application of the Standard and should support consistent implementation.



The new criteria regarding circumstances in which the examining health professional is not confident about the accuracy of information provided by the worker will support management of this difficult area.

Rail safety workers

The changes provide clarity about the application of the Standard and should support consistent implementation.



5.9 **Neurological conditions: Other**

5.9.1 **Inputs from stakeholders**

A number of stakeholders provided submissions addressing other neurological conditions in Part 4 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Caitlin Olbrich.

Relevant changes were also made flowing from the recent review of AFTD (see Table 1).

Any issues that were out of scope for the review are discussed in **Section 8**.

5.9.2 **Issues and recommendations**

A comparison of the 2017 fitness for duty criteria and the proposed changes are contained in 0 of Appendix E.

A member of the public made a submission relating to the assessment and management of intracranial unruptured aneurysms. They noted that the incidental finding of unruptured aneurysm on medical imaging is growing and thus prospective rail safety workers may declare this at pre-employment. The submission recommended that consideration be given to including a more definitive process for assessing risk of rupture, specifically recommending the PHASES Score.

CMOC considered this submission and concluded that such a score would be applied, as appropriate, by a specialist providing an opinion about the risk of rupture and it was not suitable to include the score in the Standard.

5.9.3 **Implications**

Rail transport operators

No changes to the Standard have been made.

Health professionals

No changes to the Standard have been made.

Rail safety workers

No changes to the Standard have been made.



5.10 Neurodevelopmental disorders

5.10.1 Inputs from stakeholders

Neurodevelopmental disorders are not covered specifically in the 2017 Standard, although attention deficit hyperactivity disorder (ADHD) is mentioned briefly in the Psychiatric conditions chapter. A number of stakeholders provided submissions or advice regarding neurodevelopmental disorders. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Australian Psychological Society (APS) College of Clinical Neuropsychologists
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Dr Bruce Hocking.

Relevant changes flowing from the recent review of AFTD were also considered. These included more detailed guidance within the Other neurological conditions chapter (see Table 1).

Any issues that were out of scope for the review are discussed in **Section 8**.

5.10.2 Issues and recommendations

A comparison of the 2017 fitness for duty criteria and the proposed changes are contained in 0 of Appendix E.

Stakeholders recommended that these conditions, including ADHD and autism spectrum disorder (ASD) receive more specific attention in the Standard to ensure safety, while managing disability discrimination risks and supporting affected people working within the rail industry.

A new section (4.7 Neurodevelopmental disorders) was developed based on specialist input from the APS College of Clinical Neuropsychologists, working group members and recent changes to AFTD. The model forms have also been updated to include questions to identify neurodevelopmental disorders in rail safety workers.

The new content describes the potential impacts of these conditions, while also acknowledging the variable impacts and the need for individual assessment. The criteria for fitness for duty address the specific requirements of safety critical work and are not based on diagnosis alone.

In their submission, the RANZCP welcomed the acknowledgement of the benefits of stimulant medication for people with ADHD and suggested further guidance about the testing process be included to ensure that workers taking prescribed stimulants are confident that a drug test detecting this medication does not impact their employment. This proposal was not included in the new Standard but may be considered in future reviews.

The RANZCP also recommended inclusion of intellectual disability in the Standard. Intellectual disability is a neurodevelopmental disorder that includes mild to profound deficits in intellectual and adaptive functioning. Proper assessment is important to maintain a safe work environment while ensuring people with intellectual disability have equal access to employment. It was noted that criteria for intellectual disability had been removed from an earlier edition of the Standard as it was less likely to present as a medical issue given the general competency requirements for rail safety work. It was agreed to include mention in the text but not to develop specific criteria.



5.10.3 Implications

Rail transport operators

The specific guidance and criteria for rail safety workers with neurodevelopmental disorders will help improve assessment and management of these common conditions when identified at pre-employment. The new guidance will also ensure appropriate management and support of incumbent workers who experience these disorders.

Health professionals

The specific guidance and criteria for rail safety workers with neurodevelopmental disorders will help improve assessment and management of these common conditions when identified at pre-employment. The new guidance will also help management and support of incumbent workers who self-identify during Periodic Health Assessments or are referred for a Triggered Health Assessment as a result of behavioural or performance issues associated with such disorders.

Rail safety workers

The specific guidance will support fair management of candidates with these disorders at pre-employment and support fair management and support of incumbents who declare these disorders.



5.11 Psychiatric conditions

5.11.1 Inputs from stakeholders

A number of stakeholders provided submissions or advice regarding psychiatric conditions in Part 4 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- The Royal Australian & New Zealand College of Psychiatrists (RANZCP)
- Dr Bruce Hocking.

Relevant changes flowing from the recent review of AFTD were also considered (see Table 1).

Any issues that were out of scope for the review are discussed in **Section 8**.

5.11.2 Issues and recommendations

The psychiatric conditions chapter has remained largely unchanged in the 2006, 2012 and 2016 editions of the Standard, and there was limited feedback during this review.

A comparison of the 2017 fitness for duty criteria and the proposed changes are contained in Table 11 of Appendix E.

During public consultation, the RANZCP made a submission commenting on various aspects of the chapter. Specifically, they suggested the Standard adopt a health-based approach rather than a punitive one when managing issues of substance use. This was noted, together with the need to manage the interface with legislated requirements for drug and alcohol controls.¹² The RANZCP recommended inclusion of a statement recognising the role of family, friends and carers, indicating that it is often family who raise concerns that employers and health professionals are not aware of. It was acknowledged that this was an important source of information, but one unlikely to be readily accessible for the Authorised Health Professional, who would likely rely on the treating health professional to engage with family members or carers.

Screening for anxiety and depression

Stakeholders identified that a shift to verbal delivery of the K10 questionnaire may improve its utility and reliability for identifying workers with mental health issues. This aligns with moves within other safety critical standards, such as for marine pilots, fire fighters and airline pilots. Ultimately it was decided that all questionnaires have the same limitations, and it was not feasible to administer them all verbally. The Standard does, however, emphasise the importance of establishing rapport with the worker to encourage them to declare any difficulties they might be experiencing. It was acknowledged that this should also be emphasised in training of Authorised Health Professionals.

Stakeholders also proposed the inclusion of other validated questionnaires such as the DASS21, which has been referred to as an option in the revised Standard.

Reflecting developments in other Safety Critical Worker standards, notably the *Health Assessment Standard for Marine Pilots (NSW)*, the general guidance in this chapter has been

¹² There were no other changes to the substance misuse chapter and as a result no specific chapter in this document. See section 5.2.



enhanced to include information about the important role of Triggered Health Assessments in responding to concerns about mental health issues.

Other changes

References to ADHD and other neurodevelopmental disorders have been removed and is now covered in the new section devoted to this area.

New criteria and guidance regarding psychogenic non-epileptic seizures have been included to align with changes to the commercial vehicle standard in AFTD.

5.11.3 Implications

Rail transport operators

These revisions help rail transport operators to better understand the role of the Standard in supporting and managing the mental health of rail safety workers, with an emphasis on the role of Triggered Health Assessments.

Health professionals

Ongoing education of Authorised Health Professionals should focus on approaches that support genuine engagement with rail safety workers and improve the ability of the assessments to identify and manage mental health conditions.

Rail safety workers

Rail safety workers will have an opportunity to engage more meaningfully regarding mental health issues.



5.12 Sleep disorders

5.12.1 Inputs from stakeholders

A number of stakeholders provided submissions and advice regarding sleep disorders in Part 4 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Australasian Sleep Association (ASA)
- Rail, Tram and Bus Union (RTBU)
- Office of Impact Analysis (OIA).

Relevant changes flowing from the recent review of AFTD were also considered (see Table 1).

Any issues that were out of scope for the review are discussed in **Section 8**.

5.12.2 Issues and recommendations

A comparison of the 2017 fitness for duty criteria and the proposed changes are contained in Table 12 of Appendix E.

Relevance to Safety Critical Work

Recent research conducted in the Australian rail environment confirms the significant safety impact of sleep disorders and provides compelling evidence to support more robust assessment and management of Safety Critical Workers as reflected in the changes to this part of the Standard.¹³

Stakeholders proposed that the adverse impacts of untreated and undertreated mild and moderate disordered sleep on other conditions that impact rail safety should be emphasised. This recommendation has been addressed in the revisions to Section 4.9.2 of the Standard, with reference to relevant evidence included.

Definitions

The need for more specific definitions of obstructive sleep apnoea (OSA) and obstructive sleep apnoea syndrome (OSAS) was highlighted throughout the review process. However, there is not currently an internationally agreed definition of OSAS. Inputs from the ASA have informed the definitions that now appear in the Standard. The definition of OSAS and corresponding references throughout the chapter now consistently refer to the impacts on cognition and mood which are relevant to both Category 1 and Category 2 Safety Critical Workers.

Screening and assessment of sleep disorders

Concerns regarding dishonest completion of the Epworth Sleepiness Scale (ESS) by rail safety workers, as well as transport workers more generally, have been long standing and were again raised by stakeholders during the review.

Advice was sought from the ASA as to whether this tool could be substituted with another approach. The ASA's advice was that while workers may not always complete this questionnaire

¹³ Abeyaratne M, Casolin A, Luscombe GM (2023) 'Safety incidents and obstructive sleep apnoea in railway workers', *Occupational Medicine*, 73(2):97-102.



honestly, there is evidence of increased accident risk for individuals who score greater than 15 out of 24 in the ESS (irrespective of the underlying cause of sleepiness). Therefore, they recommended that this validated instrument be retained to assess subjective reported sleepiness. The ESS is retained in the Health Questionnaire. It may be potentially revisited (e.g., through verbal discussion) and reconfirmed in the course of the examination if the worker scores high on the STOP-Bang questionnaire (see below).

The assessment of sleep apnoea risk as a basis for referral for a sleep study has also been a significant focus of previous reviews, with objective markers of sleep apnoea included as a result of the last review.¹⁴ Despite these changes, stakeholders felt that many workers with severe sleep apnoea remain undetected and untreated.

CMOC members and the ASA recommended inclusion of the STOP-Bang questionnaire that incorporates assessment of OSA indicators/risk factors such as habitual loud snoring, neck circumference, BMI, hypertension, male gender and age and thus enables risk to be better quantified and managed.¹⁵

The questionnaire is therefore included in the Record for Health Professional. Workers scoring 3 or more on the STOP-Bang questionnaire will be referred for a sleep study. They will generally be categorised Fit for Duty Subject to Review while being investigated unless excessive daytime sleepiness is demonstrated.

During the public consultation period, stakeholders expressed support for inclusion of the STOP-Bang questionnaire, while acknowledging the potential impact on the workforce (being male dominated ageing workforce with many likely to be being treated for hypertension) and the potential cost implications for individuals and the industry. Access to polysomnography testing is also an issue to be mindful of as the revised Standard is implemented.

Sleep disorder management

In the 2017 Standard, the initial granting of Fit for Duty Subject to Review relies on information from a sleep specialist, showing evidence of compliance and response to treatment. Stakeholders expressed concern that such compliance and response to treatment is often not well demonstrated in the reports received from sleep specialists.

Stakeholders recommended closer involvement of Authorised Health Professionals in the ongoing management of compliance to overcome this issue, noting that the Authorised Health Professional should be able to review data from a worker's continuous positive airway pressure (CPAP) machine and based on agreed criteria, certify the worker Fit for Duty Subject to Review. Stakeholders recommended the Standard should specify the duration of printout to demonstrate

¹⁴ That is, a BMI greater than or equal to 40; or a BMI greater than or equal to 35 if associated with diabetes type 2 or high blood pressure requiring two or more medications for control; or a history of habitual loud snoring during sleep or of witnessed apnoeic events (such as in bed by a spouse or partner).

¹⁵ The STOP-Bang questionnaire is a validated 8-item screening tool specifically for obstructive sleep apnoea. It was developed by an anaesthetist from Toronto, Canada and was originally validated for use as a screening tool for obstructive sleep apnoea (OSA) in a preoperative elective surgery population. It has subsequently been validated for the general population cohort. It consists of eight yes or no questions including age, gender, history of snoring, body mass index (BMI) and neck circumference. A high risk for obstructive sleep apnoea is defined as a positive response to 3 or more items. The questionnaire has a sensitivity of 94 per cent, and a specificity of 32 per cent. The STOP-Bang questionnaire is the property of University Health Network. Permission to use the questionnaire has been granted in principle (no cost). For more information, see the [official STOP-Bang tool website](#).



compliance and control. Ideally this should be for the 12 months leading up to the assessment, to avoid short-term use of the CPAP machine leading up to the assessment.¹⁶

Stakeholders recommended that review by a sleep physician should be reserved for workers who are non-compliant, or for whom treatment was not sufficiently effective. Table 18 of Section 4.9.4 of the Standard has been updated to include this option.

Role of Maintenance of Wakefulness Test

The 2017 Standard notes that Safety Critical Workers who refuse treatment may be offered a Maintenance of Wakefulness Test (MWT). Stakeholders advised of concerns that rail safety workers with obstructive sleep apnoea (OSA) were avoiding treatment on this basis and posed an unacceptable risk to the rail network.

In providing advice to the review, the ASA noted that there were limited alternatives, but that application of the test could be improved by providing more guidance around how the test should be applied and managed, and in what circumstances treatment of OSA should be mandated. This additional information has been included. The Standard now explicitly states that Safety Critical Workers with obstructive sleep apnoea syndrome (OSAS) and severe OSA must be under treatment even if they pass a MWT. The clarification about the use of the MWT was supported by stakeholders.

Shiftwork sleep disorder

The recently revised *Health Assessment Standard for Marine Pilots (NSW)* includes reference to shiftwork sleep disorder (but no specific criteria), which has symptoms of excessive tiredness and often depressed mood. This is relevant to train drivers and other rail safety workers who work shifts. Reference has been included in Section 4.9.2 of the Standard, but no specific criteria have been developed.

No impact assessment required for proposed changes to sleep criteria

The NTC consulted with the Office of Impact Analysis (OIA) regarding the proposed changes to the sleep screening criteria and the inclusion of the STOP-Bang questionnaire.

Based on the data and information provided, the OIA was of the view that this policy change will not have a major impact and does not meet the major threshold for requiring an impact analysis. The impact analysis trigger involves considering the major economic impact a change may have and whether this change would limit the movement of freight.

5.12.3 Implications

Rail transport operators

The changes are expected to result in identification of more workers at risk of sleep apnoea and more workers being referred for sleep study. In turn, this will result in more workers being diagnosed with moderate to severe sleep apnoea requiring treatment and monitoring (Fit for Duty Subject to Review) and impose a cost on rail transport operators to test a higher number of workers.

¹⁶ The Medicare guideline requires 70 per cent of days of at least 4 hours usage per night. Higher levels are to be encouraged.



In the short term, diagnosed workers will be absent from Safety Critical Work while their treatment is established, and they are categorised as Temporarily Unfit for Duty. Rail transport operators will need to take this into account for rostering purposes.

In the long term, treatment of sleep disorders will reduce the burden associated with comorbid conditions such as cardiovascular disease and diabetes.

Clearer guidelines regarding the application of the MWT will support consistent and fair application of this test and ensure workers only undertake Safety Critical Work if they are safe to do so.

Health professionals

Authorised Health Professionals' monitoring of well-controlled sleep disorders aims to support the effectiveness of monitoring from a compliance and safety point of view and support overall efficiency of health assessments, and it may reduce costs.

Authorised Health Professionals will need to undergo training in relation to CPAP and sleep disorder monitoring.

Clearer guidelines regarding the application of the MWT will support consistent and fair application of this test.

Rail safety workers

Rail safety workers with sleep disorders are more likely to have their condition identified, managed and monitored under the revisions to the Standard.

For workers who are diagnosed with sleep apnoea under the proposed change, this will reduce risks to rail safety and improve their long-term health, not only in relation to sleep disorders but associated chronic conditions such as diabetes and heart disease.

Clearer guidelines regarding the application of the MWT will support consistent and fair application of this test.



5.13 Vision and eye disorders

5.13.1 Inputs from stakeholders

A number of stakeholders provided submissions or advice regarding vision and eye disorders in Part 4 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Dr Miguel Kabilio, Occupational Physician, Ophthalmologists
- Dr Anne Weymouth, visual scientist and optometrist.

Relevant changes flowing from the recent review of AFTD were considered (see Table 1).

Any issues that were out of scope for the review are discussed in **Section 8**.

5.13.2 Issues and recommendations

A comparison of the 2017 fitness for duty criteria and the proposed changes are contained in Table 14 of Appendix E.

Categorisation and management of workers with stable vision conditions or impairments versus progressive vision disorders

In the discussions regarding fitness for duty categories, stakeholders identified that the preference was for people with stable visual impairment to be categorised as Fit for Duty Unconditional so that they weren't subject to unnecessary review.

At the same time, it was recognised that progressive conditions were not well defined in the criteria nor well differentiated from stable conditions, there being a reference in the text to progressive conditions requiring regular review but no specific criteria in the tables.

The chapter now includes more extensive discussion about the concepts of extent and stability of visual impairment as guiding principles for management. The criteria table also includes separate criteria for stable and progressive conditions.

Acuity and colour vision

Recent research shared with the project team points to the effect of reduced acuity on colour recognition. Review of this information by Dr Anne Weymouth indicated that the issue was complex and could not be simply stated in the Standard. Further consideration at the next review was recommended.

Signal lights

Editorial changes have been made to clarify 'panel lights' for signallers and for progressive eye conditions.

Colour vision and the Railway LED Lantern Test

Stakeholders noted that the only valid lantern test for the rail industry in Australia is the Railway LED Lantern Test. Section 4.12 of the Standard has been updated to only reference the Railway LED Lantern Test.

A footnote regarding the Queensland Rail historical assessments is included as follows:



Workers who were previously assessed by a rail transport operator under the former Standard using the Farnsworth Lantern, or who were assessed prior to 2012 with a practical test and have been working safely in the same role, may continue to perform their duties. However, if such a worker applies for a position with different colour vision demands or if the colour vision demands of the role change, they should be assessed against this Standard.

Monocular vision

Stakeholders noted inconsistency in the management of workers with monocular vision between the text and the table. This has been resolved. Some stakeholders argued that stable monocular conditions should not require review. However, it was noted that the review requirement is associated with the remaining eye, and that the health of that eye was essential to safe working. This rationale is now made clear in the Standard.

Orthokeratology

Stakeholder feedback indicated they were not in favour of adopting the AFTD approach to orthokeratology due to issues in the rail environment regarding longer shift length.

Impact of ocular surgery

Stakeholder feedback indicated that nyctalopia (night blindness) is an important consideration, including when it occurs following ocular surgery. Guidance is now provided in the text about considerations following ocular surgery.

5.13.3 Implications

Rail transport operators

Differentiation between stable and progressive conditions will facilitate the management of workers with visual impairments, ensuring those most at risk are monitored appropriately and those with stable impairments that meet the Standard are not subject to unnecessary review.

Health professionals

The changes will support consistency in management and avoid unnecessary reassessment of stable conditions.

Rail safety workers

The changes will support consistency in management and avoid unnecessary reassessment of stable conditions.



6 Part 5: Fitness for duty criteria for Category 3 workers

Key points

- The content from the separate technical note for Category 3 workers has now been integrated into the Standard.
- It is noted that these criteria apply to Category 2 workers who also work around the track.
- Additional changes reflect alignment with the changes made to Part 4 of the Standard.

6.1 Introduction

This section of the report describes the feedback and changes to Part 5 of the Standard.

Part 5 of the Standard outlines the requirements for a Category 3 health assessment. These include eyesight and hearing tests, and an assessment to ensure safe mobility around the track, as well as a questionnaire to help identify any other serious conditions that could affect safety around the track.

A comparison of the 2017 fitness for duty criteria and the proposed changes are contained in Table 15, Table 16, Table 17, and Table 18 of Appendix E.

6.2 Inputs from stakeholders

A number of stakeholders provided submissions addressing Part 5 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Office of the National Rail Safety Regulator (ONRSR)
- Rail Industry Safety and Standards Board (RISSB).

Any issues that were out of scope for the review are discussed in **Section 8**.

6.3 Issues and recommendations

Identification and management of serious health issues

In 2018, stakeholders raised the issue that the Standard did not list what other serious conditions may affect track safety for Category 3 workers resulting in Authorised Health Professionals making subjective and inconsistent decisions regarding worker fitness. Following consultation on this issue, the NTC recommended that a Category 3 guideline be developed.



The RISSB subsequently published the ‘Technical note for AHPs on Category 3 Assessments’.¹⁷ This technical note has been well received and used by Authorised Health Professionals since 2019 with no reported issues. Section 5.5.3 of the Standard has been amended to incorporate the RISSB technical note, along with other changes to align with the Category 1 and 2 changes where relevant (including for vision, hearing and epilepsy).

Subsequently, the content regarding seizures and epilepsy has been amended to define the ‘default criteria’ being a non-working seizure-free period, which was found to be missing as a foundation for the management of seizures.

The categorisation of Temporarily Unfit for Duty has also been added to clarify the management of an incumbent worker who has experienced a seizure. This was previously not specified.

The Standard has been updated to reflect that screening for Category 3 assessments can be undertaken by suitably qualified and appropriately supervised health professionals. It also notes that non-medically trained Authorised Health Professionals should be under the supervision of medically trained Authorised Health Professionals and cannot assess or sign off on fitness for duty for Category 3 workers who are diagnosed with medical conditions such as epilepsy, cardiovascular conditions and so on, as described in the Standard.

6.4 Implications

Rail transport operators

Implementation of the Standard will be facilitated through the formal integration of the Category 3 worker requirements into the Standard.

Rail transport operators should take steps to reassure themselves that the seizure and epilepsy criteria have been appropriately implemented. They should also take steps to ensure that Authorised Health Professionals conducting the assessments are appropriately supervised and authorised to assess and sign off on medical conditions if identified.

Health professionals

Implementation of the Standard will be facilitated through the formal integration of the Category 3 worker requirements into the Standard.

Authorised Health professionals should work with rail transport operators to reassure themselves that the seizure and epilepsy criteria have been appropriately implemented. They should also take steps to ensure that Authorised Health Professionals conducting the assessments are appropriately supervised and authorised to assess and sign off on medical conditions if identified.

Rail safety workers

There are no significant implications for rail safety workers, assuming the seizure and epilepsy criteria were implemented as intended.

If a worker has a medical condition that may impact on their safety around the track, they should ensure that their health assessment is conducted by a medically trained Authorised Health Professional.

¹⁷ Rail Industry Safety Standards Board (2019) **National Standard for Health Assessment of Rail Safety Workers, Technical note for AHPs on Category 3 assessments.**



7 Part 6: Clinical tools, forms and transition arrangements

Key points

- This part of the Standard now includes a new section in which the main clinical tools used in the Standard are compiled.
- The forms have been updated in line with the changes to the Standard and to support implementation.
- The case studies have been removed. Their use as educational tools will be discussed with the RIW Program.

7.1 Introduction

This section of the report describes the feedback and changes to Part 6 of the Standard.

The model forms contained in Part 6 of the 2017 Standard provide a standard format to support implementation of the assessments for rail safety workers. There are two sets of forms, one for Category 1 and Category 2 workers and one for Category 3 workers.

The transition arrangements set out implementation requirements associated with a new edition of the Standard. These are revised for each edition following a risk assessment of the changes made as the result of the review.

7.2 Inputs from stakeholders

A number of stakeholders provided submissions addressing Part 6 of the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Rail Industry Worker (RIW) Program
- Australian Manufacturing Workers Union (AMWU).

Any issues that were out of scope for the review are discussed in [Section 8](#).

7.3 Issues and recommendations

Clinical tools

The appropriate use of clinical tools is an important consideration for the quality of rail safety worker health assessments. The tools are presented in various ways and with varying explanatory detail throughout the Standard. As a result of the review these are now collated in one section with consistent levels of supporting information.

Forms

Section 6.2 of the Standard contains the updated versions of the model forms which address feedback provided, as well as reflecting the changes to the medical criteria. Finalisation of the



forms has involved extensive consultation with Chief Medical Officers. It has also involved discussion with MTA in relation to the corresponding development of the RIW Program and the AMWU regarding privacy and portability of assessment results.

Stakeholders recommended the following changes regarding the forms.

Risk categorisation and health assessment requirements template

- Inclusion of the nine-step process for categorising rail safety workers, as reflected in section 2.4 of the Standard.
- Expanding the musculoskeletal section to include the inherent requirements for rail safety work (see step 6 in the template).
- Additional fields to record the contributors to the assessment process to facilitate appropriate consultation with workers and relevant experts (see step 9 of the template).

Request and Report Form

- Additional content regarding the type of assessment required, including who a Triggered Health Assessment has been initiated by and reasons for the assessment (see section 4.3 of the form).
- Expanding the musculoskeletal section to include the inherent requirements for rail safety work (see section 4.4 of the form).
- Additional fields to record completion date and details of last health assessment to facilitate access to information about the previous health assessment (see section 5 of the form).
- Additional content to qualify when consent regarding portability of the assessment is to be sought and to provide two options for consenting to the portability of assessment results with a 'do' and 'do not' give tick box (see section 7 of the form).
- Updates to Part B to clarify the four fitness for duty categories and ensure accurate completion of the form by Authorised Health Professionals.
- Additional fields in Part B to record colour vision and drug or alcohol testing results if conducted.
- Additional fields in Part B to note worker's suitability for job modification or other grades of work.
- Additional fields in Part B to record whether the report has been reviewed by a Chief Medical Officer or other physician.

Worker Notification and Health Questionnaire

- Additional content in the worker disclosure statement about information use to cover upload of health assessment for research.
- Additional content regarding the type of assessment required, including who a Triggered Health Assessment has been initiated by and reasons for the assessment (see Part A, section 3 of the form).
- Inclusion of a question to determine a worker's address (postcode) and indigenous status to inform the cardiac risk score and assessment (see Part B, section 1 of the form for Category 1 and 2 workers).
- Open questions moved to the beginning of the questionnaire about the worker's experiences since their last assessment, including adding additional questions about drug tests and health issues (see Part B, sections 3 and 4 of the form).
- Inclusion of a question about neurodevelopmental disorders (for example, ASD and ADHD) for Category 1 and 2 workers (see Part B, section 4.5 of the form for Category 1 and 2 workers).



- Expanding the question about illicit drug use to include previous use as distinct from current use (see Part B, section 6.3 of the form).
- Inclusion of a question regarding vaping use (see Part B, section 6.3 of the form).
- Worker's declarations included in the same place (see Part C of the form).

Record for Health Professional

- New guidance notes have been included on the front page for Authorised Health Professionals.
- All sections reference information gained from the Health Questionnaire, general history and workplace reports.
- Inclusion of a question regarding referral for investigation/management for all health conditions.
- Additional fields included to assess cardiac risk score for Category 1 and 2 workers (see Part C, section 3 of the form).
- Additional field to record results of diabetes urine screen for Category 2 workers (see Part C, section 4 of the form).
- Inclusion of a new section and question on neurodevelopmental disorders for Category 1 and 2 workers (see Part C, section 7 of the form).
- Inclusion of new questions and scoring for sleep disorders under the STOP-Bang questionnaire for Category 1 and 2 workers (see Part C, section 9 of the form).
- Additional fields to note results of drug or alcohol tests for Category 1 and 2 workers, with note to indicate drug tests are not routinely conducted for Periodic Health Assessments (see Part C, section 10.3 of the form).

Case studies

The case studies from the 2017 version of the Standard have been removed and updated, with one new case study developed. They will be published on the AHP Program [website](#).

Transition requirements

The transition requirements are described in Section 6.3 of the revised Standard. The Standard will be effective 6 weeks from the date of publication (to allow sufficient time to train Authorised Health Professionals) and all assessments conducted from that date must be conducted according to the Standard. Rail transport operators, Authorised Health Professionals and the RIW Program will be required to ensure their systems are in place to meet these requirements.

During the public consultation period, Queensland Rail sought the continued inclusion of previous arrangements relating to historic colour vision assessment as below. This is included in the Transition Arrangements section and in the Vision chapter.

Workers who were previously assessed by a rail transport operator under the former Standard using the Farnsworth Lantern, or who were assessed prior to 2012 with a practical test and have been working safely in the same role, may continue to perform their duties. However, if such a worker applies for a position with different colour vision demands or if the colour vision demands of the role change, they should be assessed against this Standard.



7.4 Implications

Rail transport operators

Amendments to the forms will support effective implementation of the Standard.

Health professionals

Amendments to the forms will support effective implementation of the Standard.

The comprehensive section on clinical tools should also support consistent application of these by Authorised Health Professionals.

Rail safety workers

There are no significant implications for rail safety workers.



8 Out-of-scope issues

Key points

- The review has raised issues regarding the implementation of the Standard, particularly with respect to the quality and consistency of health assessments conducted by Authorised Health Professionals.
- There are concerns about poor quality of assessments and concerns that health assessments may be being conducted by unauthorised health professionals.
- Factors contributing to poor quality are thought to include a lack of experience in conducting health assessments among the current group of Authorised Health Professionals – two-thirds of Authorised Health Professionals have conducted 20 or fewer assessments in the past three years; a third have conducted no health assessments since undertaking training.
- There is a need to gain a more complete understanding of factors that may be contributing to gaps in implementation and address these factors systematically.

8.1 Introduction

This section of the report describes the out-of-scope feedback and changes relating to the Standard.

8.2 Inputs from stakeholders

A number of stakeholders provided submissions addressing out-of-scope issues relating to the Standard. These include:

- Chief Medical Officers Council (CMOC)
- Rail Health Advisory Group (RHAG)
- Rail Industry Safety and Standards Board (RISSB)
- Office of the National Rail Safety Regulator (ONRSR)
- Rail Industry Worker (RIW) Program
- Australian Manufacturing Workers Union (AMWU).

8.3 Issues

Quality of health assessments

In 2005, the Waterfall Special Commission of Inquiry final report identified a number of deficiencies in the medical assessment system and provided several recommendations to address these issues. Recommendation 57(b) of the inquiry's final report stated:¹⁸

'... medical examinations must be conducted by medical practitioners with an understanding of the duties and responsibilities of the safety-critical employees being examined.'

¹⁸ Waterfall Special Commission of Inquiry (2005) **Final Report Government Response**.



The concept of an Authorised Health Professional was created in response to this recommendation and is detailed in the Standard. Systems have been created to deliver training and register trained professionals on the AHP Program website. The RIW Program also monitors feedback about Authorised Health Professionals and the quality of assessments undertaken.

Despite these efforts, stakeholder feedback has consistently raised issues regarding suboptimal quality of the health assessments and issues with the processes associated with health assessment administration through health assessment providers.

Consultation with stakeholders, including CMOC, RISSB, RIW Program and ONRSR, identified a number of issues. During public consultation, stakeholders were also invited to comment on their experience of health assessment quality as well as any other implementation challenges.

Common quality issues

Health assessment quality is an issue identified by stakeholders at various levels. RIW Program data shows the common quality issues include poor completion of forms (missing signatures, dates missing), incorrect fitness for duty categorisation of the worker and final outcomes not being recorded on the report forms.

Chief Medical Officers also report issues associated with the clinical aspects of the assessments. Some rail transport operators employ dedicated staff within their Chief Medical Officer office to review each Authorised Health Professional's health assessment decision.

Variable quality of health assessments has also been observed within other safety critical industries, such as assessments for marine pilots in New South Wales. These assessments are generally carried out by the providers that conduct assessments for the rail industry.

During the public consultation period stakeholders advised that health assessment quality is problematic. Some operators have taken steps to improve the level of quality through service level agreements and improvement plans. However, there remains issues in regional and remote areas where demand on a broad range of health services is high.

High proportion of Authorised Health Professionals not regularly using and maintaining their skills

RIW Program data suggests there are 1,543 individuals who have received training and have been approved as Authorised Health Professionals. Of these, one-third (514) have not completed any health assessments since being approved. A further 480 (31 per cent) have completed 1 to 20 health assessments in the past three years (since June 2019). This data indicates that a large proportion (almost two-thirds) of trained Authorised Health Professionals have completed little to no health assessments recently and are not applying their knowledge and skills on a regular basis, which may be a contributing factor to poor quality outcomes.

Non-compliance with Standard requirements

Despite the Standard requiring the assessments to be undertaken only by Authorised Health Professionals, it has become evident during this review that a significant number of assessments are being conducted by unauthorised personnel and being 'signed off' by an Authorised Health Professional. These cases are being investigated and the Standard has been updated to make it explicitly clear that Authorised Health Professionals must directly undertake the clinical assessment of the rail safety worker and determine their fitness for duty based on their own assessment. The Standard now states that a Chief Medical Officer may only grant an exception where lack of access to an Authorised Health Professional (such as in a remote location) may preclude the timely medical certification of a rail safety worker. This situation is strictly limited on a case-by-case basis and will be recorded on the fit slip and monitored via the RIW Program.



The above examples point to the need for further evaluation of the implementation of the Standard, particularly in relation to the system of Authorised Health Professionals.

Possible strategies

The RIW Program has undertaken to address some of these issues through more robust management of Authorised Health Professionals via the AHP Program. This includes a membership model for Authorised Health Professionals, ongoing and proactive communication and routine data analysis to monitor activity and quality.

The NTC will continue to raise these issues with stakeholders to identify system improvement opportunities.

Risk assessments

Through consultation, it has become apparent that risk assessments are an issue that need to be considered for the Standard to be effectively implemented. The 2004 version of the Standard contained risk management guidelines and examples. The content from the 2004 version will be updated in a separate project led by RISSB and used to inform the future education and training of Authorised Health Professionals and rail transport operators.

Interfaces with relevant RISSB documents

Traditionally the Standard references relevant industry standards or guidelines as they relate to a particular health issue or the implementation the Standard.

In relation to hearing, the Standard refers to RISSB communication guidelines and protocols and assumes the use of closed loop communication. In the 2017 Standard the reference was to the 2007 Australian network rules and procedures.

In the current review, NTC has drawn on more recent documents including the *Safety Critical Communication Guideline (2018)* and the *Code of Practice – Safety Critical Communications (2021)*. The Guideline document identifies hearing as an issue to be considered in effective communication, while the Code of Practice does not make reference to hearing. Neither document refers to the Standard.

The NTC has discussed this with RISSB and has offered to collaborate to align the documents and seek opportunities for identifying and managing future interfaces.

Implementation activities

The NTC has prepared fact sheets for workers and operators to support a smooth transition to the new Standard.



Appendix A. Rail Health Advisory Group members

Name	Organisation
Jeremy Wolter and Anthony Pepi (Chair)	Head of Legislative Reform, National Transport Commission
Josie Thomas (Project Manager)	Principal Policy Advisor, National Transport Commission
Fiona Landgren (Consultant)	Director, Project Health
Dr Keith Adam	Chief Medical Officer and Senior Occupational Physician
Peter Anderson	Associate Member, Association of Tourist and Heritage Rail Australia
Dr Dinesh Arya	Chief Health Officer and Chief Psychiatrist, ACT Health Directorate (Australian Capital Territory)
Simon Bourke	General Manager Policy and Government Relations, Australasian Railways Association
Gina Campana	Senior Specialist Health and Wellbeing Mindfulness Facilitator, VLine
Dr Armand Casolin	Chief Medical Officer, Transport for NSW
Karin Cooke	Manager (Safer Rail) Road and Rail Safety Policy, Department of Transport and Main Roads (Queensland)
Catherine Dowe	Policy Officer, Office of the National Rail Safety Regulator
Louisa Hackenberg	Team Leader Employee Wellbeing, Queensland Rail
Graham Jackson	General Manager Strategy and Stakeholder Engagement, Rail Industry Safety and Standards Board
Shayne Kummerfeld	Assistant National Secretary, Rail Tram and Bus Union
Jacque Lyons	Head of Health and Wellbeing, Metro Trains Melbourne



Name	Organisation
Patrick Maney	Occupational Health and Wellbeing Lead, KiwiRail (New Zealand)
Dr Maria Mazaheri	Chief Medical Officer, Aurizon
Mitchell McDonald	Legislation and Regulation Manager (Rail), Australian Rail Track Corporation
Dan O'Neill	Senior Manager Occupational Health, Transport for NSW (New South Wales)
Bill Reid	Manager Rail Compliance and Accreditation, Department for Infrastructure and Transport (South Australia)
Guy Riley	Senior Policy Officer, Department of Infrastructure, Planning and Logistics (Northern Territory)
Paul Salter	Chief Regulatory Economist, Department of Transport and Planning (Victoria)
Anissa Thompson	Injury Management Advisor – Rail, Rio Tinto
Alicia Tong	Assistant Director, Department of Infrastructure, Transport, Regional Development, Communications and the Arts (Australian Government)
Dr Stuart Turnbull	Chief Medical Officer, Metro Trains Melbourne
Dr Chris Walls	Occupational medicine specialist (New Zealand)
Kyle Waters	Manager Occupational Health and Safety, Public Transport Authority Western Australia (Western Australia)
Damien White	Chief Executive Officer, Rail Industry Safety and Standards Board



Appendix B. Working group members

Cardiac working group

Name	Title/Organisation
Jeremy Wolter (Chair)	Head of Legislative Reform, National Transport Commission
Fiona Landgren (Consultant)	Director, Project Health
Dr Armand Casolin	Chief Medical Officer, Transport for NSW
Dr Maria Mazaheri	Chief Medical Officer, Aurizon
Dr Rajesh Puranik	Clinical Practice Advisor, Cardiac Society of Australia and New Zealand
Dr Stuart Turnbull	Chief Medical Officer, Metro Trains Melbourne

Diabetes working group

Name	Title/Organisation
Jeremy Wolter (Chair)	Head of Legislative Reform, National Transport Commission
Josie Thomas (Project Manager)	Principal Policy Advisor, National Transport Commission
Fiona Landgren (Consultant)	Director, Project Health
A/Prof Sof Andrikopoulos	Chief Executive Officer, Australian Diabetes Society
Dr Armand Casolin	Chief Medical Officer, Transport for NSW
Clinical A/Prof Jane Holmes-Walker	Clinical advisor on behalf of the Australian Diabetes Society
Dr Maria Mazaheri	Chief Medical Officer, Aurizon

Hearing working group

Name	Title/Organisation
Jeremy Wolter (Chair)	Head of Legislative Reform, National Transport Commission
Josie Thomas (Project Manager)	Principal Policy Advisor, National Transport Commission
Fiona Landgren	Director, Project Health



Name	Title/Organisation
(Consultant)	
Dr Keith Adam	Chief Medical Officer and Senior Occupational Physician, Sonic Health Plus
Ms Elissa Campbell	Advocacy and Policy Manager, Audiology Australia
Dr Armand Casolin	Chief Medical Officer, Transport for NSW
Dr Graeme Edwards	Chief Medical Officer, Australian Rail Track Corporation
Dr Maria Mazaheri	Chief Medical Officer, Aurizon
Dr Barbra Timmer	President, Audiology Australia
Dr Stuart Turnbull	Chief Medical Officer, Metro Trains Melbourne

Musculoskeletal working group

Name	Title/Organisation
Anthony Pepi (Chair)	Head of Legislative Reform, National Transport Commission
Fiona Landgren (Consultant)	Director, Project Health
Dr Keith Adam	Chief Medical Officer and Senior Occupational Physician, Sonic Health Plus
Peter Anderson	Associate Member, Association of Tourist and Heritage Rail Australia
Gina Campana	Senior Specialist Health and Wellbeing Mindfulness Facilitator, V/Line
Dr Armand Casolin	Chief Medical Officer, Transport for NSW
Dr Tim Drew	Jobfit Rail Specialist, Pacific National, QUBE Logistics
Dr Graeme Edwards	Chief Medical Officer, Australian Rail Track Corporation
Louisa Hackenberg	Team Leader Employee Wellbeing, Queensland Rail
Shayne Kummerfeld	Assistant National Secretary, Rail Tram and Bus Union
Melanie Lee	Senior Occupational Health Advisor, Queensland Rail
Jacquie Lyons	Head of Health and Wellbeing, Metro Trains Melbourne (Victoria)



Name	Title/Organisation
Patrick Maney	Occupational Health and Wellbeing Lead, KiwiRail (New Zealand)
Dr Maria Mazaheri	Chief Medical Officer, Aurizon
Fiona McHugh	Director People Safety, Health and Wellbeing, V/Line
Dan O'Neill	Senior Manager Occupational Health, Transport for NSW (New South Wales)
Dr Stuart Turnbull	Chief Medical Officer, Metro Trains Melbourne
Dr Chris Walls	Occupational Medicine Specialist (New Zealand)
Kyle Waters	Manager Occupational Health and Safety, Public Transport Authority Western Australia

Neurodevelopmental disorders working group

Name	Title/Organisation
Jeremy Wolter (Chair)	Head of Legislative Reform, National Transport Commission
Josie Thomas (Project Manager)	Principal Policy Advisor, National Transport Commission
Fiona Landgren (Consultant)	Director, Project Health
Dr Armand Casolin	Chief Medical Officer, Transport for NSW
Dr Graeme Edwards	Chief Medical Officer, Australian Rail Track Corporation
Dr Nicola Gates	Clinical Neuropsychologist, APS College of Clinical Neuropsychologists

Sleep disorders working group

Name	Title/Organisation
Jeremy Wolter (Chair)	Head of Legislative Reform, National Transport Commission
Josie Thomas (Project Manager)	Principal Policy Advisor, National Transport Commission
Fiona Landgren (Consultant)	Director, Project Health
Dr Armand Casolin	Chief Medical Officer, Transport for NSW



Name	Title/Organisation
Dr Tim Drew	Jobfit Rail Specialist, Pacific National, QUBE Logistics
Dr Graeme Edwards	Chief Medical Officer, Australian Rail Track Corporation
Dr Maria Mazaheri	Chief Medical Officer, Aurizon
Dr Linda Schachter	Respiratory and Sleep Physician, Australasian Sleep Association

Vision working group

Name	Title/Organisation
Jeremy Wolter (Chair)	Head of Legislative Reform, National Transport Commission
Fiona Landgren (Consultant)	Director, Project Health
Dr Maria Mazaheri	Chief Medical Officer, Aurizon
Dr Anne Weymouth	Optometrist and visual scientist, University of Melbourne



Appendix C. Consultation activities

Date	Stakeholder
16 March 2022	CMOC meeting #1
March – October 2022	Written feedback from CMOC members
May – October 2022	Written feedback from RHAG members
15 June 2022	RHAG meeting #1
1 August 2022	CMOC meeting # 2
1 August 2022	Cardiovascular working group Diabetes working group Hearing working group Neurodevelopmental disorders working group Sleep working group
17 August 2022	Rail Industry Worker (RIW) Program meeting
5 September 2022	Office of Impact Analysis meeting
6 September 2022	CMOC meeting #3
12 September 2022	Sleep working group
13 September 2022	RHAG meeting #2
27 September 2022	CMOC meeting #4
28 September 2022	Audiology Australia meeting
7 October 2022	Draft revised Standard shared with CMOC and RHAG for feedback ahead of release for public consultation
31 October – 12 December 2022	Public consultation period, including 3 bilateral meetings and 2 information sessions leading to 11 formal submissions (see Appendix D)
11 January 2023	Hearing working group
19 January 2023	Sleep working group
7 February 2023	RHAG meeting #3
1 March 2023	Musculoskeletal working group #1
6 March 2023	CMOC meeting #5
22 May 2023	RIW Program meeting re system requirements
29 May 2023	CMOC (and RISSB) meeting #6



Date	Stakeholder
17 July 2023	CMOC meeting #7
10 August 2023	ARA Safety Policy Committee
16 August 2023	Vision working group
31 August 2023	Cardiovascular working group
11 September 2023	RIW Program system changes
21 September 2023	AMWU meeting #1
2 November 2023 – 2 October 2024	Fortnightly RISSB and RIW Program communications and implementation meeting
1 December 2023	CMOC meeting #8
15 December 2023	AMWU meeting #2
10 January 2024	Audiology Australia communications planning meeting
15 January 2024	RIW Program meeting re system requirements
23 January 2024	Australia Diabetes Society communications planning meeting
24 January 2024	Cardiac Society of Australia and New Zealand communications planning meeting
24 January 2024	RTBU communications planning meeting
29 January 2024	APS College of Clinical Neuropsychologists communications planning meeting
6 February 2024	RIW Program and AMWU meeting
6 February 2024	AMWU meeting #3
19 February 2024	ARA communications planning meeting
6 March 2024	AMWU meeting #4
6 March 2024	RTBU meeting #1
19 March 2024	AMWU communications planning meeting
27 March 2024	Operator information session
9 April 2024	RTBU meeting #2
29 April 2024	CMOC meeting #9
7 May 2024	Tourist and heritage operators' information session
13 May 2024	ARA Safety Policy Committee meeting



Date	Stakeholder
17 June 2024	CMOC meeting #10
29 July 2024	Sleep working group
6 August 2024	RISSB Masterclass webinar
7 August 2024	CMOC meeting #11
13 August 2024	ARA Safety Policy Committee meeting



Appendix D. Consultation submissions

Name/organisation	Stakeholder group
Audiology Australia	Peak medical specialist body
Aurizon	Rail transport operator
Dr Bruce Hocking	Medical professional
Dr Miguel Kabilio	Medical professional
Office of the National Rail Safety Regulator	Rail regulator
Caitlin Olbrich	Individual
Dan O'Neill	Individual
Queensland Rail	Rail transport operator
Rail Industry Worker group	Industry
Rail, Tram and Bus Union	Union
Royal Australian and New Zealand College of Psychiatrists	Peak medical specialist body



Appendix E. Comparison of 2017 and revised fitness for duty criteria

The below tables provide a comparison of the fitness for duty criteria for each chapter from the 2017 version to the final revised Standard.

Table 2. Summary of fitness for duty criteria changes: Blackouts

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Blackouts: episode(s) of impaired consciousness of uncertain nature	NO	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has experienced blackouts that cannot be diagnosed as syncope, seizure or another condition. <p>If there has been a single blackout or more than one blackout within a 24-hour period, Fit for Duty Subject to Review may be determined subject to at least annual review, taking into account information provided by an appropriate specialist as to whether the following criterion is met:</p> <ul style="list-style-type: none"> there have been no further blackouts for at least 5 years. <p>If there have been 2 or more blackouts separated by at least 24 hours, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account information provided by an appropriate specialist as to whether the following criterion is met:</p> <ul style="list-style-type: none"> there have been no further blackouts for at least 10 years. 	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has experienced blackouts that cannot be diagnosed as syncope, seizure or another condition. <p>If there has been a single blackout or more than one blackout within a 24-hour period, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account information provided by an appropriate specialist as to whether the following criterion is met:</p> <ul style="list-style-type: none"> there have been no further blackouts for at least 5 years. <p>If there have been 2 or more blackouts separated by at least 24 hours, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account information provided by an appropriate specialist as to whether the following criterion is met:</p> <ul style="list-style-type: none"> there have been no further blackouts for at least 10 years.



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>Category 2 Safety Critical Workers</p> <p>Refer to text.</p>	<p>Category 2 Safety Critical Workers</p> <p>Category 2 Safety Critical Workers experiencing blackouts of uncertain nature should be individually assessed in terms of the likely impact on their work.</p> <p>Category 2 Safety Critical Workers who work around the track should be assessed as per the Category 3 worker criteria – refer Part 5.</p>
<p>Exceptional cases</p>	<p>NO</p>	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>Where a person with one or more blackouts of undetermined mechanism does not meet the above criteria, Fit for Duty Subject to Review may be determined, based on consideration of the nature of the task and subject to annual review:</p> <ul style="list-style-type: none"> if, in the opinion of the treating specialist and in consultation with the Authorised Health Professional and the operator’s Chief Medical Officer (or an occupational physician experienced in rail), the risk to the network caused by blackout is acceptably low. 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>Where a person with one or more blackouts of undetermined mechanism does not meet the above criteria, Fit for Duty Subject to Review may be determined, based on consideration of the nature of the task and subject to annual review:</p> <ul style="list-style-type: none"> if, in the opinion of the treating specialist and in consultation with the Authorised Health Professional and the rail transport operator’s Chief Medical Officer (or an occupational physician experienced in rail), the risk to the network caused by blackout is acceptably low.



Table 3. Summary of fitness for duty criteria changes: Cardiovascular conditions

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Cardiac risk level	YES	<p>Category 1 Safety Critical Workers</p> <p>The cardiac risk level is to be interpreted in the context of overall cardiovascular risk assessment.</p> <p>If cardiac risk level has a:</p> <ul style="list-style-type: none"> • Probability of 25% in 5 years (red and orange cells): worker is unfit for Category 1 Safety Critical Work. Refer for stress ECG and classify as Temporarily Unfit for Duty pending results. Review annually. • Probability of 10–24% in 5 years (light orange, yellow and blue cells): refer for stress ECG. While awaiting results, classify as Fit for Duty Subject to Review or Temporarily Unfit for Duty depending on overall risk assessment. Review annually. • Probability of 5–9% in 5 years (dark green cells): refer to general practitioner for risk factor modification or refer for stress ECG if appropriate. While awaiting investigation, classify as Fit for Duty Subject to Review or Temporarily Unfit for Duty depending on overall risk assessment. Review annually. • Probability of < 5% in 5 years (light green cells): assess risk factors and other clinical data, and refer to general practitioner as appropriate. Classify as Fit for Duty or Fit for Duty Subject to Review depending on overall risk assessment. Review as appropriate. 	<p>Category 1 Safety Critical Workers</p> <p>Refer to Table 7.</p> <p>Refer to related criteria as required (e.g., hypertension and diabetes).</p> <p>Category 2 Safety Critical Workers</p> <p>There are no specific criteria for fitness for duty for Category 2 Safety Critical Workers since the major risk is in relation to sudden incapacity. However, if during the examination, raised cardiovascular risk levels are found the worker should be referred to their general practitioner.</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
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Refer to related criteria as required (e.g. hypertension and diabetes).

Category 2 Safety Critical Workers

There are no specific criteria for fitness for duty for Category 2 workers since the major risk is in relation to sudden incapacity. However, if in the course of the examination, raised cardiovascular risk levels are found the worker should be referred to their general practitioner.

Ischaemic heart disease

Acute myocardial infarction (AMI)

YES

Refer also to percutaneous coronary intervention (PCI)

Refer also to coronary artery bypass grafting (CABG)

Category 1 Safety Critical Workers

A Category 1 Safety Critical Worker should be categorised Temporarily Unfit for Duty for at least 4 weeks following an acute myocardial infarction.

A person is not Fit for Duty Unconditional:

- if the person has had an acute myocardial infarction.

Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether the criteria described below are met.

- it is at least 4 weeks after an uncomplicated acute myocardial infarction; and
- there is a satisfactory response to treatment; and
- there is an exercise tolerance of $\geq 90\%$ of the age/sex

Category 1 Safety Critical Workers

A person should be categorised Temporarily Unfit for Duty for at least 4 weeks following an acute myocardial infarction.

A person is not Fit for Duty Unconditional:

- if the person has had an acute myocardial infarction.

After the prescribed non-working period, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:

- there is adequate adherence and compliance with recommended medical management; and



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>predicted exercise capacity according to the Bruce protocol (or equivalent exercise test protocol); and</p> <ul style="list-style-type: none"> there is no evidence of severe ischaemia (i.e. < 2 mm ST segment depression on an exercise ECG, or a reversible regional wall abnormality on an exercise stress ECG, or absence of a large defect on a stress perfusion scan); and there is an ejection fraction of $\geq 40\%$; and there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness). <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has had an acute myocardial infarction; and they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>The non-working period should be determined on clinical grounds.</p> <p>Fit for Duty Subject to Review may be determined, taking into consideration information provided by the treating specialist and based on a consideration of the nature of the work.</p>	<ul style="list-style-type: none"> there is an ejection fraction of $\geq 40\%$; and the worker is in a management program designed to achieve National Heart Foundation targets for secondary prevention relevant to the condition; and there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness); and where clinically recommended, there is adequate performance with exercise testing. <p>Category 2 Safety Critical Workers</p> <p>The non-working period (Temporarily Unfit for Duty) should be determined on clinical grounds.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has had an acute myocardial infarction; and they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>Fit for Duty Subject to Review may be determined, with the review period being determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p>
Angina	YES	Category 1 Safety Critical Workers	Category 1 Safety Critical Workers



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person is subject to angina pectoris. <p>Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> there is an exercise tolerance of $\geq 90\%$ of the age/sex predicted exercise capacity according to the Bruce protocol (or equivalent exercise test protocol); and/or there is no evidence of severe ischaemia (i.e. < 2 mm ST segment depression on an exercise ECG or a reversible regional wall abnormality on an exercise stress echocardiogram or absence of a large defect on a stress perfusion scan); and there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness). <p>Myocardial ischaemia</p> <p>If myocardial ischaemia is demonstrated (as per the criteria above), a coronary angiogram may be offered.</p> <p>The person may be classified as Fit for Duty Subject to (annual) Review:</p> <ul style="list-style-type: none"> if the result of the angiogram shows lumen diameter reduction of $< 70\%$ in a major coronary branch and $< 50\%$ in the left main coronary artery. <p>If the result of the angiogram shows a lumen diameter reduction of $> 70\%$ in a major coronary branch and $< 50\%$ in</p>	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person is subject to angina pectoris or has confirmed myocardial ischaemia. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> there is adequate adherence and compliance with recommended medical management; and the worker is in a management program designed to achieve National Heart Foundation targets for secondary prevention relevant to the condition; and there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness); and where clinically recommended, there is adequate performance with exercise testing. <p>Where surgery or percutaneous coronary intervention (PCI) is undertaken, the requirements listed for surgery or PCI apply (see below).</p> <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person is subject to angina pectoris or has confirmed myocardial ischaemia; and they have symptoms (chest pain, palpitations, 	



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
	<p>the left main coronary artery (or if an angiogram is not conducted), Fit for Duty Subject to (annual) Review may be considered if:</p> <ul style="list-style-type: none"> • there is an exercise tolerance of $\geq 90\%$ of the age/sex predicted exercise capacity according to the Bruce protocol (or equivalent exercise test protocol); and • there is no evidence of severe ischaemia (i.e. $< 2\text{mm}$ ST segment depression on an exercise ECG or a reversible regional wall abnormality on an exercise stress echocardiogram or absence of a large defect on a stress perfusion scan); and • there is an ejection fraction of $> 40\%$; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness). <p>Where surgery or percutaneous coronary intervention (PCI) is undertaken to relieve the angina, the requirements listed for PCI apply (see below)</p> <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person is subject to angina pectoris; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>Fit for Duty Subject to Review may be determined, taking into account information provided by the treating specialist and</p>	<p>breathlessness) that may impair performance of the task.</p> <p>Fit for Duty Subject to Review may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p>	



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
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based on a consideration of the nature of the work.

<p>Coronary artery bypass grafting (CABG)</p>	<p>YES</p>	<p>Category 1 Safety Critical Workers</p> <p>A Category 1 Safety Critical Worker should be categorised as Temporarily Unfit for Duty for at least 3 months following coronary artery bypass grafting.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person requires or has had coronary artery bypass grafting. <p>Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • it is at least 3 months after coronary artery bypass grafting; and • there is a satisfactory response to treatment; and • there is an exercise tolerance of $\geq 90\%$ of the age/sex predicted exercise capacity according to the Bruce protocol (or equivalent exercise test protocol); and • there is no evidence of severe ischaemia (i.e. $< 2\text{mm}$ ST segment depression on an exercise ECG or a reversible regional wall abnormality on an exercise stress echocardiogram or absence of a large defect on a stress perfusion scan); and • there is an ejection fraction of $> 40\%$; and 	<p>Category 1 Safety Critical Workers</p> <p>A person should be categorised as Temporarily Unfit for Duty for at least 3 months following coronary artery bypass grafting.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person requires or has had coronary artery bypass grafting. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • there is a satisfactory response to treatment; and • the worker is in a management program designed to achieve National Heart Foundation targets for secondary prevention relevant to the condition; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness); and • where clinically recommended, there is adequate performance with exercise testing; and • there is minimal residual musculoskeletal pain after the chest surgery.
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Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<ul style="list-style-type: none"> • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness); and • there is minimal residual musculoskeletal pain after the chest surgery. <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person requires or has had coronary artery bypass grafting; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>The non-working period should be determined on clinical grounds.</p> <p>Fit for Duty Subject to Review may be determined, taking into consideration information provided by the treating specialist and based on a consideration of the nature of the work.</p>	<p>Category 2 Safety Critical Workers</p> <p>The non-working period (Temporarily Unfit for Duty) should be determined on clinical grounds.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person requires or has had coronary artery bypass grafting; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>Fit for Duty Subject to Review may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p>
<p>Percutaneous coronary intervention (PCI) (e.g. angioplasty)</p>	<p>YES</p>	<p>Category 1 Safety Critical Workers</p> <p>A Category 1 Safety Critical Worker should be categorised Temporarily Unfit for Duty for at least 4 weeks after percutaneous coronary intervention (PCI).</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person requires or has had PCI. <p>Fit for Duty Subject to Review may be determined, taking into</p>	<p>Category 1 Safety Critical Workers</p> <p>A person should be categorised Temporarily Unfit for Duty for at least 4 weeks after percutaneous coronary intervention (PCI).</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person requires or has had PCI.



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • it is at least 4 weeks after the PCI; and • there is a satisfactory response to treatment; and • there is an exercise tolerance of $\geq 90\%$ of the age/sex predicted exercise capacity according to the Bruce protocol (or equivalent exercise test protocol); and • there is no evidence of severe ischaemia (i.e. $< 2\text{mm}$ ST segment depression on an exercise ECG or a reversible regional wall abnormality on an exercise stress echocardiogram or absence of a large defect on a stress perfusion scan); and • there is an ejection fraction of $\geq 40\%$; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness). <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person requires or has had PCI; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>The non-working period should be determined on clinical grounds.</p> <p>Fit for Duty Subject to Review may be determined, taking into</p>	<p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • there is a satisfactory response to treatment; and • the worker is in a management program designed to achieve National Heart Foundation targets for secondary prevention relevant to the condition; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness); and • where clinically recommended, there is adequate performance with exercise testing. <p>Category 2 Safety Critical Workers</p> <p>The non-working period (Temporarily Unfit for Duty) should be determined on clinical grounds.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person requires or has had PCI; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
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consideration information provided by the treating specialist and based on a consideration of the nature of the work.

the treating specialist.

Disorders of rate, rhythm and conduction

Atrial fibrillation

YES

The non-working period will depend on the method of treatment (see below).

Category 1 Safety Critical Workers

A person is not Fit for Duty Unconditional:

- if the person has a history of recurrent or persistent arrhythmia, which may result in syncope or incapacitating symptoms.

Fit for Duty Subject to Review* may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether any of the following criteria are met:

- there is a satisfactory response to treatment; and
- there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness); and
- subject to appropriate follow-up.

*Where the condition is considered to be cured, the requirement for periodic review may be waived.

The person should not perform Safety Critical Work for:

Category 1 Safety Critical Workers

The non-working period (Temporarily Unfit for Duty) will depend on the method of treatment (see below).

A person is not Fit for Duty Unconditional:

- if the person has a history of recurrent or persistent arrhythmia, which may result in syncope or incapacitating symptoms.

Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, subject to at least annual review*, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:

- there is a satisfactory response to treatment; and
- there are minimal symptoms relevant to performing Safety Critical Work (chest pain, syncope, palpitations, breathlessness); and
- subject to appropriate follow-up.

*Where the condition is considered stable, the requirement for periodic review may be reduced or waived based on the



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
	<ul style="list-style-type: none"> • at least 4 weeks following percutaneous intervention • at least 4 weeks following initiation of successful medical treatment • at least 3 months following open chest surgery. <p>If the person is taking anticoagulants, refer to the anticoagulant therapy section, below.</p> <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>The non-working period following treatment should be determined on clinical grounds.</p> <p>Fit for Duty Subject to Review may be determined, taking into account information provided by the treating specialist and based on a consideration of the nature of the work.</p>	<p>advice of the treating specialist.</p> <p>The person should not perform Safety Critical Work for at least:</p> <ul style="list-style-type: none"> • 4 weeks following percutaneous intervention • 4 weeks following initiation of successful medical treatment • 3 months following open chest surgery. <p>If the person is taking anticoagulants, refer to the Long term anticoagulant therapy section, below.</p> <p>Category 2 Safety Critical Workers</p> <p>The non-working period following treatment (Temporarily Unfit for Duty) should be determined on clinical grounds.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has a history of recurrent or persistent arrhythmia, and • they have symptoms (chest pain, syncope, palpitations, breathlessness) that may impair performance of the task. <p>Following the prescribed non-working period, Fit for Duty Subject to Review* may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p> <p>*Where the condition is considered stable, the requirement for</p>	



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
<p>Paroxysmal arrhythmias (e.g., supraventricular tachycardia [SVT] atrial flutter, idiopathic ventricular tachycardia)</p>	<p>YES</p>	<p>The non-working period is at least 4 weeks.</p> <p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if there was near or definite collapse. <p>Fit for Duty Subject to Review* may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether any of the following criteria are met:</p> <ul style="list-style-type: none"> there is a satisfactory response to treatment; and there are normal haemodynamic responses at a moderate level of exercise; and there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness). <p>*Where the condition is considered to be cured, the requirement for periodic review may be waived.</p> <p>The person should not perform Safety Critical Work for:</p> <ul style="list-style-type: none"> for at least 4 weeks following percutaneous intervention; for at least 4 weeks following initiation of successful medical treatment. 	<p>periodic review may be waived based on the advice of the treating specialist.</p> <p>Category 1 Safety Critical Workers</p> <p>A person should be categorised as Temporarily Unfit for Duty for at least 4 weeks following initiation of treatment.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if there was near or definite collapse. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, subject to at least annual review*, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> there is a satisfactory response to treatment; and there are normal haemodynamic responses at a moderate level of exercise; and there are minimal symptoms relevant to performing Safety Critical Work (chest pain, syncope, palpitations, breathlessness). <p>*Where the condition is stable, the requirement for periodic review may be reduced or waived based on the advice of the treating specialist.</p> <p>The person should not perform Safety Critical Work for:</p> <ul style="list-style-type: none"> for at least 4 weeks following percutaneous intervention



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>If the person is taking anticoagulants, refer to the anticoagulant therapy section, below.</p> <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>The non-working period following treatment should be determined on clinical grounds.</p> <p>Fit for Duty Subject to Review may be determined, taking into consideration information provided by the treating specialist, and based on a consideration of the nature of the work.</p>	<ul style="list-style-type: none"> for at least 4 weeks following initiation of successful medical treatment. <p>If the person is taking anticoagulants, refer to the Long term anticoagulant therapy section (see below).</p> <p>Category 2 Safety Critical Workers</p> <p>The non-working period (Temporarily Unfit for Duty) following treatment should be determined on clinical grounds.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a history of paroxysmal arrhythmias, and they have symptoms (chest pain, syncope, palpitations, breathlessness) that may impair performance of the task. <p>Following the prescribed non-working period, Fit for Duty Subject to Review* may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p> <p>* Where the condition is considered stable, the requirement for periodic review may be waived based on the advice of the treating specialist.</p>
Cardiac arrest	YES	<p>Category 1 Safety Critical Workers</p> <p>A Category 1 Safety Critical Worker should be categorised as</p>	<p>Category 1 Safety Critical Workers</p> <p>A person should be categorised as Temporarily Unfit for</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
	<p>Temporarily Unfit for Duty for at least 6 months following a cardiac arrest.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has suffered a cardiac arrest. <p>Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether any of the following criteria are met:</p> <ul style="list-style-type: none"> • it is at least 6 months after the arrest; and • a reversible cause is identified and recurrence is unlikely; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness). <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has suffered a cardiac arrest; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>The non-working period should be determined on clinical grounds.</p> <p>Fit for Duty Subject to Review may be determined, taking into consideration information provided by the treating specialist and based on a consideration of the nature of the work.</p>	<p>Duty for at least 6 months following a cardiac arrest.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has suffered a cardiac arrest. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • a reversible cause is identified, and recurrence is unlikely; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, syncope, palpitations, breathlessness). <p>Category 2 Safety Critical Workers</p> <p>The non-working period (Temporarily Unfit for Duty) should be determined on clinical grounds.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has suffered a cardiac arrest; and • they have symptoms (chest pain, syncope, palpitations, breathlessness) that may impair performance of the task. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by</p>	



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Cardiac pacemaker	YES	<p>Category 1 Safety Critical Workers</p> <p>A Category 1 Safety Critical Worker should be categorised as Temporarily Unfit for Duty for at least 4 weeks after insertion of a pacemaker.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if a cardiac pacemaker is required, or has been implanted or replaced. <p>Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • it is at least 4 weeks after insertion of the cardiac pacemaker; and • the relative risks of pacemaker dysfunction have been considered; and • there are normal haemodynamic responses at a moderate level of exercise; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness). <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if a cardiac pacemaker is required, or has been 	<p>the treating specialist.</p> <p>Category 1 Safety Critical Workers</p> <p>A person should be categorised as Temporarily Unfit for Duty for at least 4 weeks after insertion of a pacemaker.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if a cardiac pacemaker is required or has been implanted or replaced. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the relative risks of pacemaker dysfunction have been considered; and • there are normal haemodynamic responses at a moderate level of exercise; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, syncope, palpitations, breathlessness). <p>Category 2 Safety Critical Workers</p> <p>The non-working period (Temporarily Unfit for Duty) should be determined on clinical grounds.</p> <p>A person is not Fit for Duty Unconditional:</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>implanted or replaced; and</p> <ul style="list-style-type: none"> they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>The non-working period should be determined on clinical grounds.</p> <p>Fit for Duty Subject to Review may be determined, taking into consideration information provided by the treating specialist and based on a consideration of the nature of the work.</p>	<ul style="list-style-type: none"> if a cardiac pacemaker is required, or has been implanted or replaced; and they have symptoms (chest pain, syncope, palpitations, breathlessness) that may impair performance of the task. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p>
Implantable cardiac defibrillator (ICD)	YES	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person requires or has an ICD for ventricular arrhythmias, including those implanted for prophylaxis. <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person requires or has an ICD for ventricular arrhythmias, including those implanted for prophylaxis; and if the person has symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>The non-working period should be determined on clinical grounds.</p>	<p>Category 1 Safety Critical Workers</p> <p>Pending the non-working period and meeting the fitness for duty criteria below, Category 1 Safety Critical Workers may perform Category 1 Safety Critical Work if they have had an ICD implanted for primary prevention of ventricular arrhythmias. Other applications are not compatible with Category 1 Safety Critical Work (i.e., secondary prevention).</p> <p>A person should be categorised Temporarily Unfit for Duty for at least 6 months after the ICD is implanted.</p> <p>Following the prescribed non-working period, a person may be classified Fit for Duty Subject to Review, subject to annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> the ICD was implanted for primary prevention; and the person participates in routine surveillance of the



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		<p>Fit for Duty Subject to Review may be determined, taking into consideration information provided by the treating specialist and based on a consideration of the nature of the work.</p>	<p>device (6-monthly), which shows;</p> <ul style="list-style-type: none"> - there are no episodes of sustained arrhythmia - there are no discharges from the defibrillator - there is no evidence of anti-tachycardic pacing; and • there is an ejection fraction of $\geq 40\%$; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, syncope, palpitations, and breathlessness); and • where clinically recommended, there is adequate performance with exercise testing. <p>Category 2 Safety Critical Workers</p> <p>Following the prescribed non-working period, Fitness for duty for Category 2 Safety Critical Workers should be individually assessed based on the nature and stability of the underlying condition.</p>
<p>ECG changes (e.g. strain patterns, bundle branch blocks or heart block and left ventricular hypertrophy)</p>	<p>YES</p>	<p>The person should not perform Safety Critical Work for at least 3 months following initiation of treatment.</p> <p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has an ECG abnormality—for example, left bundle branch block, right bundle branch block, pre-excitation, prolonged QT interval or left ventricular hypertrophy, or changes suggestive of myocardial 	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has an ECG abnormality, such as left bundle branch block, pre-excitation syndrome, prolonged QT interval, Brugada syndrome, left ventricular hypertrophy, or changes suggestive of myocardial ischaemia or previous myocardial infarction. <p>Fit for Duty Subject to Review may be determined, subject to</p>



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	<p>ischaemia or previous myocardial infarction.</p> <p>Fit for Duty Subject to Review* may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • if the condition has been treated medically for at least 3 months or follow-up investigation has excluded underlying cardiac disease; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness). <p>*Where the condition is considered to be cured, the requirement for periodic review may be waived.</p> <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>Fit for Duty Subject to Review may be determined, taking into consideration information provided by the treating specialist, and based on a consideration of the nature of the work.</p>	<p>at least annual review*, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • if the condition has been treated medically or follow-up investigation has excluded underlying cardiac disease; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, syncope, palpitations, breathlessness). <p>*Where the condition is stable or the ECG abnormality is assessed as not significant, the requirement for periodic review may be reduced or waived based on the advice of the treating specialist.</p> <p>Category 2 Safety Critical Workers</p> <p>The non-working period (Temporarily Unfit for Duty) following initiation of treatment should be determined on clinical grounds.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has an ECG abnormality, and • they have symptoms (chest pain, syncope, palpitations, breathlessness) that may impair performance of the task. <p>Fit for Duty Subject to Review* may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p>	



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*Where the condition is stable or the ECG abnormality is assessed as not significant, the requirement for periodic review may be reduced or waived based on the advice of the treating specialist.

Vascular disease

Aneurysms (abdominal and thoracic)

YES

Category 1 Safety Critical Workers

A person is not Fit for Duty Unconditional:

- if the person has an unrepaired aortic aneurysm, thoracic or abdominal.

The worker should be categorised Temporarily Unfit for Duty for at least 3 months post-repair.

Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether either of the following criteria are met:

- the aneurysm (repaired or unrepaired) is less than 50mm for aneurysm associated with genetic aortopathy; or
- the aneurysm (repaired or unrepaired) is less than 55mm for arteriosclerotic aneurysm or aneurysm associated with the bicuspid aortic valve; and
- in the case of repaired aneurysm, it is at least three months after repair.

Category 1 Safety Critical Workers

A person should be categorised as Temporarily Unfit for Duty for at least 3 months following repair of the aneurysm.

A person is not Fit for Duty Unconditional:

- if the person has an unrepaired aortic aneurysm, thoracic or abdominal.

Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the relevant criteria are met:

- in the case of a repaired aneurysm, the response to treatment is satisfactory, according to the treating vascular surgeon; or
- in the case of arteriosclerotic aneurysm or aneurysm associated with the bicuspid aortic valve, the aneurysm diameter is less than 55 mm; or
- for all other aneurysms, the diameter is less than 50



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		<p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if, following repair of aneurysm, the person has symptoms that may impair performance of the task. <p>The non-working period should be determined on clinical grounds.</p> <p>Fit for Duty Subject to Review may be determined, taking into consideration information provided by the treating specialist and based on a consideration of the nature of the work.</p>	<p>mm; and</p> <ul style="list-style-type: none"> in the case of all unrepaired aneurysms, blood pressure is consistently below 150/90 mmHg. <p>Category 2 Safety Critical Workers</p> <p>The non-working period (Temporarily Unfit for Duty) should be determined on clinical grounds.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if, following repair of aneurysm, the person has symptoms that may impair performance of the task. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p>
Deep vein thrombosis (DVT)	NO	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A Category 1 Safety Critical Worker should be categorised as Temporarily Unfit for Duty for at least 2 weeks after a DVT.</p> <p>The non-working period for a Category 2 Safety Critical Worker should be determined on clinical grounds.</p> <p>There are no specific criteria for long-term fitness for duty.</p> <p>For long-term anticoagulation refer to Long-term anticoagulant therapy.</p>	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A Category 1 Safety Critical Worker should be categorised as Temporarily Unfit for Duty for at least 2 weeks after a DVT.</p> <p>The non-working period (Temporarily Unfit for Duty) for a Category 2 Safety Critical Worker should be determined on clinical grounds.</p> <p>There are no specific criteria for long-term fitness for duty for DVT.</p> <p>For long-term anticoagulation refer to Long-term anticoagulant</p>



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			therapy (see below). Also refer to text.
Pulmonary embolism (PE)	NO	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>There are no specific Safety Critical Work criteria for long-term fitness for duty for PE.</p> <p>A Category 1 Safety Critical Worker should be categorised as Temporarily Unfit for Duty for at least 6 weeks after a PE.</p> <p>The non-working period for a Category 2 Safety Critical Worker should be determined on clinical grounds.</p> <p>Refer to Long-term anticoagulant therapy. Also refer to Section 18.2.2. General assessment and management guidelines in the text.</p>	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A Category 1 Safety Critical Worker should be categorised as Temporarily Unfit for Duty for at least 6 weeks after a PE.</p> <p>The non-working period (Temporarily Unfit for Duty) for a Category 2 Safety Critical Worker should be determined on clinical grounds.</p> <p>There are no specific criteria for long-term fitness for duty for PE.</p> <p>For long-term anticoagulation refer to Long-term anticoagulant therapy (see below). Also refer to text.</p>
Valvular heart disease (including treatment with Mitra Clips) and Transcatheter Aortic Valve Replacement	YES	<p>The person should not perform Safety Critical Work for at least 3 months following valve repair.</p> <p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has any history or evidence of valve disease, with or without surgical repair or replacement, associated with symptoms or a history of embolism, arrhythmia, cardiac enlargement, abnormal ECG, high blood pressure, or if the person is taking long-term anticoagulants. <p>Fit for Duty Subject to Review may be determined, taking into</p>	<p>Category 1 Safety Critical Workers</p> <p>A person should be categorised as Temporarily Unfit for Duty for at least 3 months following valve repair.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has any history or evidence of valve disease, with or without surgical repair or replacement, associated with symptoms or a history of embolism, arrhythmia, cardiac enlargement, abnormal ECG, high blood pressure, or if the person is taking long-term anticoagulants (refer to Long-term anticoagulant treatment below).



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		<p>account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> the person’s cardiological assessment shows valvular disease of no haemodynamic significance; or it is 3 months following surgery and there is no evidence of valvular dysfunction; and there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness); and there is minimal residual musculoskeletal pain after chest surgery. <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>The non-working period following treatment should be determined on clinical grounds.</p> <p>Fit for Duty Subject to Review may be determined, taking into account consideration information provided by the treating specialist, and based on a consideration of the nature of the work.</p>	<p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> the person’s cardiological assessment shows valvular disease at a level of haemodynamic significance that is unlikely to impact on Safety Critical Work; or there is no evidence of ventricular dysfunction; and the person participates in an appropriate cardiac surveillance program; and there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness); and there is minimal residual musculoskeletal pain after chest surgery. <p>Category 2 Safety Critical Workers</p> <p>The non-working period (Temporarily Unfit for Duty) following treatment should be determined on clinical grounds.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has valvular disease, and they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task.



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Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.

Myocardial diseases

Dilated cardiomyopathy

(see also heart failure)

Category 1 Safety Critical Workers

A person is not Fit for Duty Unconditional:

- if the person has a dilated cardiomyopathy.

Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:

- the ejection fraction is $\geq 40\%$; and
- there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness); and
- the person is not subject to arrhythmias.

Category 2 Safety Critical Workers

A person is not Fit for Duty Unconditional:

- if the person has dilated cardiomyopathy; and
- they have symptoms (chest pain, palpitations,

Category 1 Safety Critical Workers

A person is not Fit for Duty Unconditional:

- if the person has a dilated cardiomyopathy.

Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:

- there is an ejection fraction of $\geq 40\%$; and
- there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness); and
- the person is not subject to haemodynamically significant arrhythmias.

Category 2 Safety Critical Workers

A person is not Fit for Duty Unconditional:



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		<p>breathlessness) that may impair performance of the task.</p> <p>Fit for Duty Subject to Review may be determined, taking into account information provided by the treating specialist, and based on a consideration of the nature of the work</p>	<ul style="list-style-type: none"> • if the person has dilated cardiomyopathy; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>Fit for Duty Subject to Review may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p>
<p>Hypertrophic cardiomyopathy (HCM)</p>	<p>YES</p>	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has HCM <p>Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the left ventricular ejection fraction is 40% or over; and • there is an exercise tolerance of $\geq 90\%$ of the age/sex predicted exercise capacity according to the Bruce protocol (or equivalent exercise test protocol); and • there is an absence of a history of syncope, severe left ventricle hypertrophy, a family history of sudden death or ventricular arrhythmia on Holter testing; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, 	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has hypertrophic cardiomyopathy. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the left ventricular ejection fraction is $\geq 40\%$; and • there is absence of all of the following: <ul style="list-style-type: none"> • a history of syncope • severe left ventricle hypertrophy • significant LV outflow tract gradient • ventricular arrhythmia on Holter testing • a family history of sudden death; and • there are minimal symptoms relevant to performing



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		<p>breathlessness).</p> <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has HCM; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>Fit for Duty Subject to Review may be determined, taking into account information provided by the treating specialist, and based on a consideration of the nature of the work.</p>	<p>Safety Critical Work (chest pain, palpitations, breathlessness); and</p> <ul style="list-style-type: none"> • where clinically recommended, there is adequate performance with exercise testing. <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has hypertrophic cardiomyopathy; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>Fit for Duty Subject to Review may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p>
Other cardiovascular diseases			
Anticoagulant therapy	YES	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person is on long-term anticoagulant therapy. <p>Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether the following criterion is met:</p>	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person is on long-term anticoagulant therapy. <p>For those on warfarin, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criterion is</p>



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		<ul style="list-style-type: none"> anticoagulation is maintained at the appropriate degree for the underlying condition. <p>Category 2 Safety Critical Workers</p> <p>There are no specific criteria for fitness for duty for Category 2 workers, since the major risk is in relation to sudden incapacity.</p>	<p>met:</p> <ul style="list-style-type: none"> anticoagulation is maintained at the appropriate degree for the underlying condition; and there is a low risk of haemorrhage. <p>Those on non-Vitamin K antagonist oral anticoagulants should be categorised Fit for Duty Subject to Review and reviewed as required for their underlying condition.</p> <p>Category 2 Safety Critical Workers</p> <p>There are no specific criteria for fitness for duty for Category 2 Safety Critical Workers since the major risk is in relation to sudden incapacity.</p>
Congenital disorders	YES	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a complicated congenital heart disorder. <p>Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> 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 	<p>Category 1 Safety Critical Workers</p> <p>A person should be categorised as Temporarily Unfit for Duty:</p> <ul style="list-style-type: none"> for at least 3 months following surgical treatment for congenital heart disease for at least 4 weeks following percutaneous intervention for congenital heart disease. <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a congenital heart disorder. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review*, taking into account the nature of the</p>



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	<p>mild coarctation of the aorta; and</p> <ul style="list-style-type: none"> there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness). <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a congenital heart disorder; and they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>Fit for Duty Subject to Review may be determined, taking into account information provided by the treating specialist, and based on a consideration of the nature of the work</p>	<p>work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> there is a minor congenital heart disorder of no haemodynamic significance; or there has been surgical/percutaneous correction of the disorder; and there are minimal symptoms relevant to Safety Critical Work (chest pain, syncope, palpitations, breathlessness). <p>* If the disorder is considered stable and there are minimal symptoms likely to affect performance of safety critical tasks, a reduced frequency of review may be determined based on the advice of the treating specialist.</p> <p>Category 2 Safety Critical Workers</p> <p>The non-working period (Temporarily Unfit for Duty) following treatment should be determined on clinical grounds.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a congenital heart disorder; and they have symptoms (chest pain, syncope, palpitations, breathlessness) that may impair performance of the task. <p>Fit for Duty Subject to Review* may be determined, with the review period determined by the Authorised Health Professional taking into account the nature of the work and</p>	



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information provided by the treating specialist.
 *Where the condition is considered stable, the requirement for periodic review may be reduced or waived based on the advice of the treating specialist.

Heart failure	YES	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has heart failure. <p>Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • there is a satisfactory response to treatment; and • there is an exercise tolerance of $\geq 90\%$ of the age/sex predicted exercise capacity according to the Bruce protocol (or equivalent exercise test protocol); and • there is an ejection fraction of 40% or over; and • the underlying cause of the heart failure is considered; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness). 	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has heart failure. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • there is a satisfactory response to treatment; and • there is an ejection fraction of $\geq 40\%$; and • the underlying cause of the heart failure is considered; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness); and • where clinically recommended, there is adequate performance with exercise testing.
		<p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p>	<p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<ul style="list-style-type: none"> • if the person has heart failure; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>Fit for Duty Subject to Review may be determined, taking into account information provided by the treating specialist, and based a consideration of the nature of the work.</p>	<ul style="list-style-type: none"> • if the person has heart failure; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>Fit for Duty Subject to Review may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p>
Heart transplant	YES	<p>Category 1 Safety Critical Workers</p> <p>A Category 1 Safety Critical Worker should be categorised Temporarily Unfit for Duty for at least 3 months after transplant.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person requires or has had a heart or heart/lung transplant. <p>Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • it is at least 3 months after transplant; and • there is a satisfactory response to treatment; and • there is an exercise tolerance of $\geq 90\%$ of the age/sex predicted exercise capacity according to the Bruce protocol (or equivalent exercise test protocol) 	<p>Category 1 Safety Critical Workers</p> <p>A person should be categorised Temporarily Unfit for Duty for at least 3 months after transplant.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person requires or has had a heart or heart and lung transplant. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • there is a satisfactory response to treatment; and • there is an exercise tolerance of $\geq 90\%$ of the age/sex predicted exercise capacity according to the Bruce protocol (or equivalent exercise test protocol); and • there is no evidence of severe ischaemia (i.e., < 2 mm



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<ul style="list-style-type: none"> • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness). <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person requires or has had a heart or heart/lung transplant; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>The non-working period should be determined on clinical grounds.</p> <p>Fit for Duty Subject to Review may be determined, taking into account information provided by the treating specialist, and based on a consideration of the nature of the work.</p>	<p>ST segment depression on an exercise ECG, or a reversible regional wall abnormality on an exercise stress EchoCG, or absence of a large defect on a stress perfusion scan); and</p> <ul style="list-style-type: none"> • there is an ejection fraction of $\geq 40\%$; and • there are minimal symptoms relevant to performing Safety Critical Work (chest pain, palpitations, breathlessness). <p>Category 2 Safety Critical Workers</p> <p>The non-working period (Temporarily Unfit for Duty) should be determined on clinical grounds.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person requires or has had a heart or heart/lung transplant; and • they have symptoms (chest pain, palpitations, breathlessness) that may impair performance of the task. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p>
Hypertension	NO	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p>	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<ul style="list-style-type: none"> • if the person has blood pressure consistently ≥ 170 mmHg systolic or ≥ 100 mmHg diastolic (treated or untreated). <p>Management of the person and subsequent categorisation will depend on:</p> <ul style="list-style-type: none"> • the level of blood pressure • the response to treatment • the cardiac risk level • the effects of medication relevant to Safety Critical Work and • the presence of end organ damage relevant to Safety Critical Work <p>For blood pressure between 170-199mmHg systolic or 100-109mmHg diastolic:</p> <ul style="list-style-type: none"> • The person should be categorised Fit Subject to Review and referred to their general practitioner for appropriate investigation and treatment. A report should be provided within 2 months. • If the person's blood pressure is <170 mmHg systolic and <100 mmHg diastolic after 4 weeks of treatment, they should have their cardiac risk level calculated based on the new level of blood pressure and they should be managed and categorised accordingly (refer to High blood pressure (Hypertension)), including whether they meet the following criteria: <ul style="list-style-type: none"> -there are no side effects from the medication that will 	<ul style="list-style-type: none"> • if the person has blood pressure consistently ≥ 170 mmHg systolic or ≥ 100 mmHg diastolic (treated or untreated). <p>Management of the person and subsequent categorisation will depend on the:</p> <ul style="list-style-type: none"> • level of blood pressure • response to treatment • cardiac risk level • effects of medication relevant to Safety Critical Work, and • presence of end organ damage relevant to Safety Critical Work. <p>For blood pressure between 170-199mmHg systolic or 100-109mmHg diastolic:</p> <ul style="list-style-type: none"> • The person should be categorised Fit for Duty Subject to Review and referred to their general practitioner for appropriate investigation and treatment. A report should be provided within 2 months. • If the person's blood pressure is < 170 mmHg systolic and < 100 mmHg diastolic after 4 weeks of treatment, they should have their cardiac risk level calculated based on the new level of blood pressure and they should be managed and categorised accordingly (refer to High blood pressure (hypertension)), including whether they meet the following criteria: <ul style="list-style-type: none"> - there are no side effects from the medication that



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>impair Safety Critical Work; and</p> <ul style="list-style-type: none"> -there is no evidence of damage to target organs relevant to Safety Critical Work. <ul style="list-style-type: none"> • If the person's blood pressure remains $\geq 170/100$ after 4 weeks of treatment, they should be categorised Temporarily Unfit for Duty and referred to an appropriate specialist for investigation and treatment. Categorisation will subsequently depend on response to treatment, the cardiac risk score and meeting of other criteria as above. • If blood pressure remains ≥ 170 mmHg systolic or ≥ 100 mm Hg diastolic despite treatment, the person should be categorised Permanently Unfit for Duty. <p>For blood pressure ≥ 200mmHg systolic or ≥ 100mmHg diastolic :</p> <ul style="list-style-type: none"> • The person should be categorised Temporarily Unfit for Duty and referred to an appropriate specialist for investigation and treatment. • If the person's blood pressure is < 170 mmHg systolic and < 100 mmHg diastolic after 4 weeks of treatment, they should have their cardiac risk level calculated based on the new level of blood pressure and they should be managed and categorised accordingly (refer to High blood pressure (Hypertension)), including whether they meet the following criteria: <ul style="list-style-type: none"> - there are no side effects from the medication that will impair Safety Critical Work; and - there is no evidence of damage to target organs 	<p>will impair Safety Critical Work; and</p> <ul style="list-style-type: none"> - there is no evidence of damage to target organs relevant to Safety Critical Work. <ul style="list-style-type: none"> • If the person's blood pressure remains $\geq 170/100$ after 4 weeks of treatment, they should be categorised Temporarily Unfit for Duty and referred to an appropriate specialist for investigation and treatment. Categorisation will subsequently depend on response to treatment, the cardiac risk score and meeting of other criteria as above. • If blood pressure remains ≥ 170 mmHg systolic or ≥ 100 mm Hg diastolic despite treatment, the person should be categorised Permanently Unfit for Duty. <p>For blood pressure ≥ 200 mmHg systolic or ≥ 110 mmHg diastolic:</p> <ul style="list-style-type: none"> • The person should be categorised Temporarily Unfit for Duty and referred to an appropriate specialist for investigation and treatment. • If the person's blood pressure is < 170 mmHg systolic and < 100 mmHg diastolic after 4 weeks of treatment, they should have their cardiac risk level calculated based on the new level of blood pressure and they should be managed and categorised accordingly (refer to High blood pressure (hypertension)), including whether they meet the following criteria: <ul style="list-style-type: none"> - there are no side effects from the medication that will impair Safety Critical Work; and - there is no evidence of damage to target organs



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>relevant to Safety Critical Work.</p> <p>If blood pressure remains ≥ 170 mmHg systolic or ≥ 100 mmHg diastolic despite treatment, the person should be categorised Permanently Unfit for Duty.</p> <p>Category 2 Safety Critical Workers</p> <p>There are no specific criteria for Category 2 Safety Critical Workers; however their blood pressure should still be measured as part of the assessment and if found raised referred to their general practitioner.</p>	<p>relevant to Safety Critical Work.</p> <p>If blood pressure remains ≥ 170 mmHg systolic or ≥ 100 mmHg diastolic despite treatment, the person should be categorised Permanently Unfit for Duty.</p> <p>Category 2 Safety Critical Workers</p> <p>There are no specific criteria for Category 2 Safety Critical Workers; however, their blood pressure should still be measured as part of the assessment and if found raised referred to their general practitioner.</p>
Stroke	NO	Refer to Section 18.4. Neurological conditions.	Refer to Section 4.6 Neurological conditions: general and dementia.
Syncope due to hypotension Blackouts	YES	<p>Category 1 Safety Critical Workers</p> <p>The person could resume Safety Critical Work within 24 hours if the episode was vasovagal in nature with a clear-cut precipitating factor (e.g. venesection) and the situation is unlikely to occur while performing Safety Critical Work.</p> <p>A Category 1 Safety Critical Worker should be categorised Temporarily Unfit for Duty for at least 3 months after syncope due to other cardiovascular causes.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the condition is severe enough to cause episodes of loss of consciousness without warning. <p>Fit for Duty Subject to Review may be determined, taking into</p>	<p>Category 1 Safety Critical Workers</p> <p>The person could resume Safety Critical Work within 24 hours if the episode was vasovagal in nature with a clear-cut precipitating factor (e.g., venesection) and the situation is unlikely to occur while performing Safety Critical Work.</p> <p>A person should be categorised Temporarily Unfit for Duty for at least 3 months after syncope due to other cardiovascular causes.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the condition is severe enough to cause episodes of loss of consciousness without warning. <p>Following the prescribed non-working period, Fit for Duty</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the underlying cause has been identified; and • satisfactory treatment has been instituted; and • the person has been symptom-free for 3 months. <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has symptoms of pre-syncope that may impair performance of the task. <p>Fit for Duty Subject to Review may be determined, taking into account information provided by the treating specialist, and based a consideration of the nature of the work.</p>	<p>Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by the treating specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the underlying cause has been identified; and • satisfactory treatment has been instituted; and • the person has been symptom-free throughout the non-working period. <p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has symptoms of pre-syncope that may impair performance of the task. <p>Fit for Duty Subject to Review may be determined, with the review period determined by the Authorised Health Professional, taking into account the nature of the work and information provided by the treating specialist.</p>



Table 4. Summary of fitness for duty criteria changes: Diabetes

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Screening for diabetes	YES	<p>Category 1 Safety Critical Workers</p> <p>Diabetes may be diagnosed on history or on HbA1c testing on fasting or random blood:</p> <ul style="list-style-type: none"> • If HbA1c is equal to or greater than 53 mmol/mol (7%) regard as diabetic. • If HbA1c is 48 mmol/mol (6.5%) or greater but less than 53 mmol/mol (7%) arrange a repeat (confirmatory) test. <ul style="list-style-type: none"> – If the repeat (confirmatory) HbA1c is 48 mmol/mol (6.5%) or greater, diagnosis of diabetes is confirmed. – If repeat test is not raised, regard as non-diabetic and review as per normal periodic schedule. • If the initial test is less than 48 mmol/mol (6.5%), regard as non-diabetic and review as per normal periodic schedule. <p>Category 2 Safety Critical Workers</p> <p>Diagnosis of diabetes is by self-report via the Health Questionnaire.</p>	<p>Category 1 Safety Critical Workers</p> <p>Diabetes may be diagnosed on history or on HbA1c testing on non-fasting blood (refer to Section 4.3.2 General assessment and management guidelines for screening process).</p> <p>If HbA1c is confirmed as equal to or greater than 48 mmol/mol (6.5%) regard as having diabetes and manage as below.</p> <p>Category 2 Safety Critical Workers</p> <p>Diagnosis of diabetes is by self-report via the Health Questionnaire and urine glucose test. A person with a positive urine screen should be referred to their general practitioner and categorised Fit for Duty Subject to Review. If diabetes is confirmed, manage as below.</p>
Diabetes controlled by diet and exercise alone	NO	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person with diabetes controlled by diet and exercise alone may perform Safety Critical Work without restriction. More frequent reviews may not be necessary.</p>	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person with diabetes controlled by diet and exercise alone may perform Safety Critical Work without restriction. More frequent reviews may not be necessary.</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>They should be reviewed by their treating doctor periodically regarding progression of diabetes. A report from the treating doctor should be available for review by the Authorised Health Professional at periodic health assessment appointments.</p> <p>The worker should be instructed to request a triggered assessment if their condition deteriorates or their treatment changes.</p>	<p>They should be reviewed by their treating doctor periodically regarding progression of diabetes. The Authorised Health Professional may determine fitness for duty at Periodic Health Assessment based on HbA1c and clinical assessment. They may request a report from the treating doctor.</p> <p>The worker should be instructed to request a Triggered Health Assessment if their condition deteriorates or their treatment changes.</p>
<p>Diabetes treated by glucose-lowering agents other than insulin (oral agents and other agents e.g., injectable)</p>	<p>YES</p>	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has non-insulin-treated diabetes mellitus and is being treated with glucose-lowering agents other than insulin. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by a specialist (endocrinologist / consultant physician specialising in diabetes) on whether the following criteria are met:</p> <ul style="list-style-type: none"> the condition is satisfactorily controlled (refer to Section 18.3.2. General assessment and management guidelines) and the person is compliant with treatment; and there is no history of a severe hypoglycaemic event during recent years as assessed by the specialist; and the person experiences early warning symptoms (awareness) of hypoglycaemia (refer to Section 18.3.2. General assessment and management guidelines); 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has non-insulin-treated diabetes mellitus and is being treated with glucose-lowering agents other than insulin. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review*, taking into account the nature of the work and information provided by a specialist (endocrinologist or consultant physician specialising in diabetes)* on whether the following criteria are met:</p> <ul style="list-style-type: none"> the condition is satisfactorily controlled (refer to Section 4.3.2 General assessment and management guidelines) and the person is compliant with treatment; and there is no history of a severe hypoglycaemic event during recent years as assessed by the specialist; and the person always has early warning symptoms when their blood sugar is low (refer to Section 4.3.2 General assessment and management guidelines); and the person is following a treatment regimen that



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>and</p> <ul style="list-style-type: none"> the person is following a treatment regimen that minimises the risk of hypoglycaemia; and there is an absence of end-organ effects that may affect working as per this Standard. <p>*For workers treated by oral agents, the Authorised Health Professional may determine that review by the worker's treating general practitioner is sufficient if there is an established pattern of compliance and good response to treatment. The initial granting of Fit for Duty Subject to Review must be based on information provided by a specialist (endocrinologist / consultant physician specialising in diabetes).</p>	<p>minimises the risk of hypoglycaemia; and</p> <ul style="list-style-type: none"> there is an absence of end-organ effects that may affect working as per the Standard. <p>* Following are exceptions to the above requirements, including review periods and specialist review</p> <p>For workers treated with metformin alone:</p> <ul style="list-style-type: none"> The initial determination of fitness for duty may be made based on a report from the treating doctor or general practitioner (specialist report not required). If the person's diabetes is satisfactorily controlled, subsequent reviews may be conducted by the Authorised Health Professional based on HbA1c. The Authorised Health Professional may recommend an appropriate review period (less frequently than annual review) if the person's diabetes is satisfactorily controlled. <p>For workers treated with other oral agents or injectables other than insulin:</p> <ul style="list-style-type: none"> The initial determination of fitness for duty must be made based on a report from a specialist (endocrinologist or consultant physician specialising in diabetes). Subsequently, a report from the treating general practitioner may be acceptable where a worker has demonstrated a significant period of satisfactory control.
Insulin-treated	NO	Category 1 and Category 2 Safety Critical Workers	Category 1 and Category 2 Safety Critical Workers



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
diabetes		<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has insulin-treated diabetes <p>Fit for Duty Subject to Review may be considered, taking into account the nature of the work and information provided by a specialist in endocrinology or diabetes on whether the following criteria are met, subject to at least annual review:</p> <ul style="list-style-type: none"> • the condition is satisfactorily controlled (refer to Section 18.3.2. General assessment and management guidelines) and the person is adherent with treatment; and • there is no history of a severe hypoglycaemic event during recent years as assessed by the specialist; and • the person experiences early warning symptoms (awareness) of hypoglycaemia (refer to Section 18.3.2. General assessment and management guidelines); and • the person is following a treatment regimen that minimises the risk of hypoglycaemia; and • there is an absence of end-organ effects that may affect working as per this Standard 	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has insulin-treated diabetes. <p>Fit for Duty Subject to Review may be considered, taking into account the nature of the work and information provided by a specialist in endocrinology or diabetes on whether the following criteria are met, subject to at least annual review:</p> <ul style="list-style-type: none"> • the condition is satisfactorily controlled (refer to Section 4.3.2 General assessment and management guidelines) and the person is adherent with treatment; and • there is no history of a severe hypoglycaemic event in the last 12 months as assessed by the specialist; and • the person always has early warning symptoms when their blood sugar is low (refer to Section 4.3.2 General assessment and management guidelines); and • the person is following a treatment regimen that minimises the risk of hypoglycaemia; and • there is an absence of end-organ effects that may affect working as per the Standard.



Table 5. Summary of fitness for duty criteria changes: Hearing

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
<p>Hearing</p> <p>Safety Critical Workers required to hear speech in quiet or in noise</p>	<p>YES</p>	<p>Compliance with the Standard should be initially assessed by audiometry without hearing aids.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if hearing loss is ≥ 40 dB averaged over 0.5, 1, 2, and 3 kHz in the better ear. <p>If the person passes an appropriate speech discrimination test with or without hearing aids, they may be determined to be Fit for Duty Subject to Review, taking into account the opinion of an audiologist* or ears, nose and throat (ENT) specialist and the nature of the work, and if periodic reviews are specified.</p> <p>Hearing aids are to be used as per the text (refer to page 167).</p> <p>Cochlear implantees should be assessed on an individual basis by an ENT surgeon or audiologist. An appropriate speech discrimination test must be passed.</p> <p>* An audiologist should be a member of the Audiological Society of Australia (ASA) and/or a member of the New Zealand Audiological Society (NZAS). Members contacts are available at www.audiology.asn.au or www.audiology.org.na</p>	<p>Compliance with the Standard should be initially assessed by audiometry without hearing aids.</p> <p>Safety Critical Workers who are required to hear speech, whether in quiet or noise, are not fit for duty:</p> <ul style="list-style-type: none"> if hearing loss is ≥ 40 dB averaged over 0.5 kHz, 1 kHz, 2 kHz and 4 kHz in the better ear. <p>Fit for Duty Subject to Review may be determined, subject to periodic review, taking into account the opinion of an audiologist or ENT specialist and the nature of the work:</p> <ul style="list-style-type: none"> if the person passes an appropriate speech discrimination test with or without hearing aids. <p>If hearing aids are required to meet the Standard, they must be worn while working.</p> <p>The use of cochlear implants should be assessed on an individual basis by an ENT specialist or audiologist. An appropriate speech discrimination test must be passed.</p> <p>Safety Critical Workers with hearing loss less than 40 dB should be managed as per the text and Figure 22, depending on self-reported hearing difficulties, workplace reports and audiological evaluation as required.</p>
<p>Hearing—tram drivers</p> <p>If hearing speech is required, tram drivers should be managed</p>	<p>YES</p>	<p>Compliance with the Standard should be initially assessed by audiometry without hearing aids.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if hearing loss is ≥ 40 dB averaged over 0.5, 1, 2, and 3 	<p>Compliance with the Standard should be initially assessed by audiometry without hearing aids.</p> <p>Tram drivers are not fit for duty:</p> <ul style="list-style-type: none"> if hearing loss is ≥ 40 dB averaged over 0.5 kHz, 1 kHz,



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
as per Safety Critical Workers (above)		<p>kHz in the better ear.</p> <p>If the person is able to meet the Standard with a hearing aid, they may be determined to be Fit for Duty Subject to Review taking into account the opinion of an audiologist*/ ENT specialist and the nature of the work, and if periodic reviews are specified.</p> <p>Hearing aids are to be used as per the text (refer to page 167).</p> <p>Cochlear implantees should be assessed on an individual basis by an ENT surgeon or audiologist.* An appropriate speech discrimination test must be passed.</p> <p>* An audiologist should be a member of the Audiological Society of Australia (ASA) and/or a member of the New Zealand Audiological Society (NZAS). Members contacts are available at www.audiology.asn.au or www.audiology.org.nz</p>	<p>2 kHz and 4 kHz in the better ear.</p> <p>Fit for Duty Subject to Review may be determined, subject to periodic review, taking into account the opinion of an audiologist or ENT specialist and the nature of the work:</p> <ul style="list-style-type: none"> • if the person meets the Standard with a hearing aid. <p>If hearing aids are required to meet the Standard, they must be worn while working.</p> <p>The use of cochlear implants should be assessed on an individual basis by an audiologist or ENT specialist.</p> <p>Safety Critical Workers with hearing loss less than 40 dB should be managed as per the text and Figure 22, depending on self-reported hearing difficulties, workplace reports and audiological evaluation as required.</p>



Table 6. Summary of fitness for duty criteria changes: Musculoskeletal conditions

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Musculoskeletal disorders	NO (editorial only)	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if lack of range of movement, pain, weakness, instability or another impairment from a musculoskeletal condition results in either of the following <ul style="list-style-type: none"> – inability to perform the inherent job requirements of the rail safety work in question – increased risk of exacerbation of a pre-existing injury. <p>The person may be determined to be Fit for Duty Subject to Review, if, after taking into account the opinion of the treating doctor and the nature of the work, the condition can be adequately treated and function can be restored. Conditions that are stable, such as amputations, do not need to be reviewed more frequently than the usual periodic assessment.</p> <p>The person may be determined to be Fit for Duty Subject to Job Modification, after taking into consideration the nature of the work. It is the employer’s decision whether any job modifications can be accommodated. A functional assessment or practical assessment at the workplace may also be considered.</p>	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if lack of range of movement, pain, weakness, instability or another impairment from a musculoskeletal condition results in either of the following: <ul style="list-style-type: none"> – inability to perform the inherent job requirements of the rail safety work in question – increased risk of exacerbation of a pre-existing injury. <p>The person may be determined to be Fit for Duty Subject to Review, if, after taking into account the opinion of the treating doctor and the nature of the work:</p> <ul style="list-style-type: none"> • the condition can be adequately treated, and function can be restored; and • treatments do not impair capacity for safe working. <p>Conditions that are stable, such as amputations, do not need to be reviewed more frequently than the usual Periodic Health Assessment.</p> <p>The person may be determined Fit for Duty Subject to Review, taking into consideration the nature of the work. Recommendations for job modification may be made. It is the operator’s decision as to whether any job modifications can be accommodated. A functional assessment or practical assessment at the workplace may also be considered.</p>



Table 7. Summary of fitness for duty criteria changes: Neurological conditions – dementia

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Dementia (including preclinical/prodromal forms)	YES	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a diagnosis of dementia. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and work performance reports; and information provided by an appropriate specialist regarding the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time or memory. 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a diagnosis of dementia, including preclinical, prodromal or mild cognitive impairment stages of the disease. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and work performance reports; information provided by an appropriate specialist regarding the likely progression of the condition; and information provided by an appropriate specialist about the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time or memory.



Table 8. Summary of fitness for duty criteria changes: Neurological conditions – seizures and epilepsy

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Category 2			
<p>All cases Category 2 Safety Critical Workers (refer also to text)</p>	<p>YES</p>	<p>Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has experienced a seizure. <p>Fit for Duty Subject to Review may be determined, based on a consideration of the nature of the task and subject to annual review:</p> <ul style="list-style-type: none"> if, in the opinion of the treating specialist and in consultation with the Authorised Health Professional and the operator’s Chief Medical Officer (or an occupational physician experienced in rail), the risk to the network caused by a seizure is acceptably low; and the person follows medical advice, including adherence to medication if prescribed 	<p>Category 2 Safety Critical Workers</p> <p>A person should be categorised Temporarily Unfit for Duty following a seizure.</p> <p>A person is not Fit for Duty Unconditional</p> <ul style="list-style-type: none"> if the person has ever experienced a seizure. <p>Fit for Duty Subject to Review may be determined, based on a consideration of the nature of the task and subject to annual review if:</p> <ul style="list-style-type: none"> in the opinion of the treating specialist and in consultation with the Authorised Health Professional and the rail transport operator’s Chief Medical Officer (or an occupational physician experienced in rail), the risk to the network caused by a seizure is acceptably low; and the person follows medical advice, including adherence to medication if prescribed. <p>Category 2 Safety Critical Workers who work around the track should be assessed as per the Category 3 worker criteria – refer Part 5.</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
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Unreliable or doubtful clinical information

YES

Where the reliability of relevant clinical information is not clear (for example unreported seizures likely due to the person not recognising the occurrence of seizures or deliberately not reporting seizures), the person is not fit for duty.

Category 1 – Default criteria

All cases Category 1 (default criteria)

YES

Applies to all Category 1 workers who have experienced a seizure.

Exceptions may be considered only if the situation matches one of those listed below.

Category 1 Safety Critical Workers

A person is not Fit for Duty Unconditional:

- if the person has experienced a seizure.

Fit for Duty Subject to Review may be determined, subject to annual review, taking into account information provided by a specialist in epilepsy as to whether the following criteria are met:

- there have been no seizures for at least 10 years; and
- an EEG conducted in the last six months has shown no epileptiform activity and no other EEG conducted in the last 12 months has shown epileptiform activity; and
- the person follows medical advice, including adherence to medication if prescribed or recommended.

Note: Category 2 Safety Critical Workers should be individually assessed.

Category 1 Safety Critical Workers

A person should be categorised Temporarily Unfit for Duty following a seizure.

A person is not Fit for Duty Unconditional:

- if the person has ever experienced a seizure.

Fit for Duty Subject to Review may be determined, subject to at least annual review*, taking into account information provided by a specialist in epilepsy as to whether the following criteria are met:

- there have been no seizures for at least 10 years**; and
- an EEG conducted in the last 6 months has shown no epileptiform activity and no other EEG conducted in the last 12 months has shown epileptiform activity***; and
- the person follows medical advice, including adherence to medication if prescribed or recommended.

*If a worker undergoing treatment for epilepsy has experienced an extended seizure-free period (more than 20



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
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years) consideration may be given to reduce review requirements based on independent specialist advice.

** Shorter seizure-free periods may be considered if the worker's situation matches one of those in the tables that follow.

*** This is only required for initial review and not for subsequent annual review.

Category 1 - possible reductions in the non-working seizure-free periods for Fit for Duty Subject to Review

History of a benign seizure or epilepsy syndrome limited to childhood

(e.g., febrile seizures, benign focal epilepsy, childhood absence epilepsy)

YES

Category 1 Safety Critical Workers

A history of a benign seizure or epilepsy syndrome limited to childhood does not disqualify the person from being Fit for Duty, as long as there have been no seizures after 11 years of age.

If a seizure has occurred after 11 years of age, there is no reduction and the default standard applies unless the situation matches one of those listed below.

Category 2 Safety Critical Workers should be individually assessed.

A history of a benign seizure or epilepsy syndrome limited to childhood does not disqualify the person from performing Category 1 Safety Critical Work, as long as there have been no seizures after 11 years of age.

If a seizure has occurred after 11 years of age, there is no reduction. The default criteria apply unless the situation matches one of those listed below.

First seizure (of any type)

Note: 2 or more seizures in a 24-hour

YES

Category 1 Safety Critical Workers

Fit for Duty Subject to Review may be determined, subject to annual review, taking into account information provided by a specialist in epilepsy as to whether the following criteria are

A Category 1 Safety Critical Worker should be categorised Temporarily Unfit for Duty following a first seizure (see definition in text).

A person is not Fit for Duty Unconditional:



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
period are considered a single seizure		<p>met:</p> <ul style="list-style-type: none"> • there have been no seizures for least 5 years (with or without medication); and • an EEG shows no epileptiform activity <p>Category 2 Safety Critical Workers should be individually assessed.</p>	<ul style="list-style-type: none"> • if the person has ever experienced a seizure. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account information provided by a specialist in epilepsy as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the seizure met the definition of 'first seizure'; and • there have been no seizures for at least 5 years (with or without medication); and • an EEG conducted in the last 6 months shows no epileptiform activity and no other EEG conducted in the last 12 months has shown epileptiform activity.* <p>Resumption of Fitness for Duty Unconditional may be considered, taking into account information provided by a specialist in epilepsy as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • antiseizure medication has not been prescribed in the last 12 months; and • there have been no seizures for at least 10 years; and • an EEG conducted in the last 6 months has shown no epileptiform activity and no other EEG conducted in the last 12 months has shown epileptiform activity. <p>* This is only required for initial review and not for subsequent annual review.</p>
Acute symptomatic	YES	Category 1 Safety Critical Workers	A Category 1 Safety Critical Worker should be categorised Temporarily Unfit for Duty following an acute



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
<p>seizures</p> <p>Seizures occurring only during a temporary brain disorder or metabolic disturbance in a person without previous seizures. This includes head injuries, and withdrawal from drugs or alcohol. This is not the same as provoked seizures in a person with epilepsy.</p>		<p>Fit for Duty Subject to Review may be determined, subject to annual review, taking into account information provided by a specialist in epilepsy as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • there have been no further seizures for at least 12 months; and • an EEG conducted in the last six months has shown no epileptiform activity and no other EEG conducted in the last 12 months has shown epileptiform activity. <p>If there have been 2 or more separate transient disorders causing acute symptomatic seizures, the default standard applies (refer above).</p> <p>Category 2 Safety Critical Workers should be individually assessed.</p>	<p>symptomatic seizure (see detailed definition in text).</p> <p>The minimum non-working seizure free period is 12 months.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has ever experienced an acute symptomatic seizure. <p>Fit for Duty Subject to Review may be determined, subject to annual review, taking into account information provided by a specialist in epilepsy as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • there have been no further seizures for at least 12 months; and • an EEG conducted in the last 6 months has shown no epileptiform activity and no other EEG conducted in the last 12 months has shown epileptiform activity*. <p>If there have been 2 or more separate transient disorders causing acute symptomatic seizures, the default criteria apply (refer above).</p> <p>Resumption of Fitness for Duty Unconditional may be considered, taking into account information provided by a specialist in epilepsy as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • antiseizure medication has not been prescribed in the last 12 months; and • there have been no seizures for at least 10 years; and • an EEG conducted in the last 6 months has shown no epileptiform activity and no other EEG conducted in the



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
			<p>last 12 months has shown epileptiform activity*</p> <p>* This is only required for initial review and not for subsequent annual review.</p>
Psychogenic nonepileptic seizures			Refer to Section 4.10 Psychiatric conditions.
Exceptional cases	NO	<p>Category 1 Safety Critical Workers</p> <p>Where a person with seizures or epilepsy does not meet the above criteria, Fit for Duty Subject to Review may be determined, based on consideration of the nature of the task and subject to annual review:</p> <ul style="list-style-type: none"> if, in the opinion of a medical specialist with specific expertise in epilepsy, and in consultation with the Authorised Health Professional and the operator's Chief Medical Officer (or an occupational physician experienced in rail), the risk to the network caused by a seizure is acceptably low; and the person follows medical advice, including adherence to medication if prescribed. <p>Category 2 Safety Critical Workers should be individually assessed.</p>	<p>Where a person with seizures or epilepsy does not meet the above criteria, Fit for Duty Subject to Review may be determined, based on consideration of the nature of the task and subject to annual review if:</p> <ul style="list-style-type: none"> in the opinion of a medical specialist with specific expertise in epilepsy, and in consultation with the Authorised Health Professional and the rail transport operator's Chief Medical Officer (or an occupational physician experienced in rail), the risk to the network caused by a seizure is acceptably low; and the person follows medical advice, including adherence to medication if prescribed.
Other factors that may influence fitness for duty status			



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
<p>Epilepsy treated by surgery (where the primary goal of surgery is the elimination of epilepsy)</p>	YES	<p>Category 1 Safety Critical Workers</p> <p>Fit for Duty Subject to Review may be determined, subject to annual review, taking into account information provided by a specialist in epilepsy as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • there have been no seizures for at least 10 years; and • an EEG conducted in the last six months has shown no epileptiform activity and no other EEG conducted in the last 12 months has shown epileptiform activity; and • the person follows medical advice with respect to medication adherence. The vision standard may also apply if there is a visual field defect. <p>Withdrawal of any anti-epileptic medication is incompatible with performing Safety Critical Work.</p> <p>Category 2 Safety Critical Workers should be individually assessed.</p>	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if they have had surgery aimed at eliminating epilepsy. <p>Fit for Duty Subject to Review may be determined, subject to annual review, taking into account information provided by a specialist in epilepsy as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • there have been no seizures for at least 10 years; and • an EEG conducted in the last 6 months has shown no epileptiform activity and no other EEG conducted in the last 12 months has shown epileptiform activity*; and • the person follows medical advice with respect to medication adherence. <p>The vision criteria may also apply if there is a visual field defect.</p> <p>Withdrawal of any anti-epileptic medication is incompatible with performing Safety Critical Work.</p> <p>* This is only required for initial review and not for subsequent annual review.</p>
<p>Recommended reduction in dosage of anti-epileptic medication in a person who satisfies the standard for Fit for</p>	YES	<p>Safety Critical Work may continue:</p> <ul style="list-style-type: none"> • if the dose reduction is due only to the presence of dose-related side effects and is unlikely to result in a seizure. 	<p>Safety Critical Work may continue (Fit for Duty Subject to Review):</p> <ul style="list-style-type: none"> • if the dose reduction is due only to the presence of dose-related side effects and is unlikely to result in a seizure; or, • if the dose is being reduced after an increase due to a



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Duty Subject to Review			<p>temporary situation that has now resolved (for example, pregnancy) to the dose that was effective before the increase.</p> <p>In circumstances other than the above, the person will no longer meet the criteria for fitness for duty.</p>



Table 9. Summary of fitness for duty criteria changes: Neurological conditions – other

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
<p>Aneurysms (unruptured intracranial aneurysms) and other vascular malformations of the brain</p> <p>(refer also to Subarachnoid haemorrhage)</p>	<p>YES</p>	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has an unruptured intracranial aneurysm or other vascular malformation. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> information provided by an appropriate specialist regarding the risk of symptomatic haemorrhage; and the response to treatment. <p>If there is any neurological deficit, the worker should be assessed to determine if there is impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, sensation, memory, muscle power, balance, coordination or vision (including visual fields).</p> <p>If treated surgically, the Intracranial surgery advice applies.</p> <p>If the person has had a seizure, the seizure and epilepsy standards apply (refer to Section 18.4.2. Seizures and epilepsy).</p>	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has an unruptured intracranial aneurysm or other vascular malformation. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> information provided by an appropriate specialist regarding the risk of symptomatic haemorrhage; and the response to treatment. <p>If there is any neurological deficit, the worker should be assessed to determine if there is impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, sensation, memory, muscle power, balance, coordination or vision (including visual fields).</p> <p>If treated surgically, the Intracranial surgery advice applies (see below).</p> <p>The non-working period (Temporarily Unfit for Duty) should be based on the advice of the treating specialist if treated intra-arterially.</p> <p>If the person has had a seizure, the seizure and epilepsy fitness for duty criteria apply (refer to Section 4.7 Neurological conditions: seizures and epilepsy).</p> <p>* Where the condition is considered stable and there are minimal symptoms likely to affect safety critical tasks, the</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
<p>Cerebral palsy (refer also to Neuromuscular)</p>	NO	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has cerebral palsy producing significant impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, sensation, muscle power, balance, coordination or vision (including visual fields). <p>Fit for Duty Subject to Review may be considered, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist regarding the level of impairment. <p>Periodic review is not required if the condition is static.</p>	<p>requirement for periodic review may be reduced or waived based on the advice of the treating specialist.</p> <p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has cerebral palsy producing significant impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, sensation, muscle power, balance, coordination or vision (including visual fields). <p>Fit for Duty Subject to Review may be considered, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist regarding the level of impairment. <p>* Where the condition is considered stable or static and there are minimal symptoms likely to affect safety critical tasks, the requirement for periodic review may be reduced or waived based on the advice of the treating specialist</p>
<p>Head injury (refer also to Intracranial surgery)</p>	NO	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has traumatic brain injury producing significant impairment of any of the following: 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has traumatic brain injury producing significant impairment of any of the following:



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>visuospatial perception, insight, judgement, attention, reaction time, sensation, muscle power, balance, coordination or vision (including visual fields).</p> <p>Fit for Duty Subject to Review may be considered, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist regarding the level of impairment and the presence of other disabilities that may impair Safety Critical Work according to this Standard; and the results of neuropsychological testing, as appropriate. Periodic review is not required if the condition is static. <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if they have a high risk of post traumatic epilepsy [penetrating brain injury, brain contusion, subdural haematoma, loss of consciousness/alteration of consciousness or post traumatic amnesia greater than 24 hours]. <p>Fit for Duty Subject to Review may be considered,</p> <ul style="list-style-type: none"> if the person has had no seizures for at least 12 months If a seizure has occurred, refer page 117. 	<p>visuospatial perception, insight, judgement, attention, reaction time, sensation, muscle power, balance, coordination or vision (including visual fields).</p> <p>Fit for Duty Subject to Review may be considered, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist regarding the level of impairment and the presence of other disabilities that may impair Safety Critical Work according to the Standard; and the results of neuropsychological testing, as appropriate. <p>Periodic review is not required if the condition is static.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if they have a high risk of post traumatic epilepsy (penetrating brain injury, brain contusion, subdural haematoma, loss of consciousness or alteration of consciousness or post traumatic amnesia greater than 24 hours). <p>Fit for Duty Subject to Review may be considered, if the person has had no seizures for at least 12 months. If a seizure has occurred, refer to Section 4.7 Neurological conditions: seizures and epilepsy.</p>
Intracranial surgery	NO	Category 1 Safety Critical Workers	Category 1 Safety Critical Workers



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>A person should be categorised Temporarily Unfit for Duty for 12 months following supratentorial surgery or surgery that involves retraction of the cerebral hemispheres.</p> <p>Category 1 and 2 Safety Critical Workers</p> <p>If there are seizures or long-term neurological deficits, refer to Section 18.4.2. Seizures and epilepsy or Section 18.4.3. Other neurological and neurodevelopmental conditions.</p>	<p>A person should be categorised Temporarily Unfit for Duty for 12 months* following supratentorial surgery or surgery that involves retraction of the cerebral hemispheres.</p> <p>* The non-working period may be varied on the advice of the treating neurosurgeon if the risk to the network is acceptably low.</p> <p>Category 1 and 2 Safety Critical Workers</p> <p>If there are seizures or long-term neurological deficits, refer to Section 4.7 Neurological conditions: seizures and epilepsy, or Other neurological conditions below.</p>
Meniere's disease	NO	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has Ménière's disease. <p>Fit for Duty Subject to Review may be determined, subject to annual review, taking into account the nature of the work and work performance reports, and information provided by the treating neurologist/ear, nose and throat specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> if, in the opinion of a relevant specialist the risk to the network caused by an attack is acceptably low; and the person follows medical advice, including adherence to medication if prescribed; and the appropriate hearing standard is met. 	<p>Category 1 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has Meniere's disease. <p>Fit for Duty Subject to Review may be determined, subject to annual review, taking into account the nature of the work and work performance reports, and information provided by the treating neurologist or ear, nose and throat specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> if, in the opinion of a relevant specialist, the risk to the network caused by an attack is acceptably low; and the person follows medical advice, including adherence to medication if prescribed; and



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>Category 2 Safety Critical Workers</p> <p>Category 2 Safety Critical Workers require an individual risk assessment of their job. They may be classed Fit for Duty if acute incapacity is not detrimental to safety. They may require good hearing. Restrictions in relation to work around the track may need to apply.</p>	<ul style="list-style-type: none"> the appropriate hearing criteria are met. <p>Category 2 Safety Critical Workers</p> <p>Category 2 Safety Critical Workers require an individual risk assessment of their job. They may be classed Fit for Duty Subject to Review or Fit for Duty Unconditional if acute incapacity is not detrimental to safety. They may require good hearing, refer to Section 4.4 Hearing. Restrictions in relation to work around the track may need to apply (refer to Part 5).</p>
Multiple sclerosis	NO	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has multiple sclerosis. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist regarding the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, memory, sensation, muscle power, balance, coordination or vision (including visual fields). 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has multiple sclerosis. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist regarding the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, memory, sensation, muscle power, balance, coordination or vision (including visual fields).
Neuromuscular	NO	<p>Category 1 and Category 2 Safety Critical Workers</p>	<p>Category 1 and Category 2 Safety Critical Workers</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
conditions (peripheral neuropathy, muscular dystrophy, etc.)		<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has peripheral neuropathy, muscular dystrophy or any other neuromuscular disorder that significantly impairs muscle power, sensation or coordination. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist regarding the level of impairment of muscle power, sensation balance or coordination. 	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has peripheral neuropathy, muscular dystrophy or any other neuromuscular disorder that significantly impairs muscle power, sensation or coordination. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist regarding the level of impairment of muscle power, sensation balance or coordination.
Parkinson's disease	NO	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has Parkinson's disease. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist regarding the level of motor and cognitive impairment, and the response to treatment. 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has Parkinson's disease. <p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist regarding the level of motor and cognitive impairment, and the response to treatment.



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
<p>Stroke (cerebral infarction or intracerebral haemorrhage)</p>	<p>YES</p>	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person should be categorised Temporarily Unfit for Duty for at least 3 months following a stroke.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has had a stroke. <p>Fit for Duty Subject to Review may be determined subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> • the nature of the work and reports on work performance; and • information provided by an appropriate specialist regarding the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, memory, sensation, muscle power, balance, co-ordination or vision (including visual fields) 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person should be categorised Temporarily Unfit for Duty for at least 3 months following a stroke.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has had a stroke. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> • the nature of the work and reports on work performance; and • information provided by an appropriate specialist regarding the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, memory, sensation, muscle power, balance, coordination or vision (including visual fields). <p>If the worker has recovered or if the condition is considered stable or static and there are minimal symptoms likely to affect safety critical tasks, the requirement for periodic review may be reduced or waived based on the advice of the treating specialist.</p>
<p>Space-occupying lesions (including brain tumours) (refer also to Intracranial</p>	<p>NO</p>	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has a space-occupying lesion. 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has a space-occupying lesion.



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
surgery)		<p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist about the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, sensation, memory, muscle power, balance, coordination or vision (including visual fields). <p>If seizures occur, the standards for seizures and epilepsy apply (refer to Section 18.4.2. Seizures and epilepsy).</p> <p>If surgically treated, the criteria for Intracranial surgery apply.</p>	<p>Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist about the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, sensation, memory, muscle power, balance, coordination or vision (including visual fields). <p>If seizures occur, the fitness for duty criteria for seizures and epilepsy apply (refer to Section 4.7 Neurological conditions: seizures and epilepsy).</p> <p>If surgically treated, the criteria for Intracranial surgery apply.</p>
<p>Subarachnoid haemorrhage (refer also to Aneurysms)</p>	YES	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A Category 1 worker should be categorised Temporarily Unfit for Duty for at least 6 months after a subarachnoid haemorrhage and a Category 2 worker for 3 months.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has had a subarachnoid haemorrhage. <p>Fit for Duty Subject to Review may be determined after 6 months (Category 1) or 3 months (Category 2), taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work 	<p>Category 1 Safety Critical Workers</p> <p>A Category 1 Safety Critical Worker should be categorised Temporarily Unfit for Duty for at least 6 months following a subarachnoid haemorrhage.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has had a subarachnoid haemorrhage*. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>performance; and</p> <ul style="list-style-type: none"> information provided by an appropriate specialist about the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, sensation, memory, muscle power, balance, coordination or vision (including visual fields). 	<p>performance; and</p> <ul style="list-style-type: none"> information provided by an appropriate specialist about the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, sensation, memory, muscle power, balance, coordination or vision (including visual fields). <p>Category 2 Safety Critical Workers</p> <p>A Category 2 Safety Critical Worker for should be categorised Temporarily Unfit for Duty for at least 3 months following a subarachnoid haemorrhage.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has had a subarachnoid haemorrhage*. <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined, taking into account:</p> <ul style="list-style-type: none"> the nature of the work and reports on work performance; and information provided by an appropriate specialist about the level of impairment of any of the following: visuospatial perception, insight, judgement, attention, reaction time, sensation, memory, muscle power, balance, coordination or vision (including visual fields). <p>* This does not include a minor non-aneurysmal subarachnoid haemorrhage restricted to the cerebral convexity unless impairments are present – refer to Subarachnoid haemorrhage in the text.</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Transient ischaemic attack (TIA)	NO	<p>Category 1 Safety Critical Workers</p> <p>A person should be categorised Temporarily Unfit for Duty for at least 4 weeks following a TIA.</p> <p>The worker may then be classed as Fit for Duty Subject to Review by an appropriate specialist if there is no long-term impairment and risk of recurrence is low.</p> <p>Category 2 Safety Critical Workers</p> <p>A person should be categorised Temporarily Unfit for Duty for at least 2 weeks following a TIA.</p> <p>The worker may then be classed as Fit for Duty Subject to Review by an appropriate specialist if there is no long-term impairment and risk of recurrence is low.</p>	<p>Category 1 Safety Critical Workers</p> <p>A person should be categorised Temporarily Unfit for Duty for at least 4 weeks following a TIA.</p> <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined taking into account information provided by an appropriate specialist if there is no long-term impairment and the risk of recurrence is low. Requirements for periodic review should be determined based on the advice of the treating specialist.</p> <p>Category 2 Safety Critical Workers</p> <p>A person should be categorised Temporarily Unfit for Duty for at least 2 weeks following a TIA.</p> <p>Following the prescribed non-working period, Fit for Duty Subject to Review may be determined taking into account information provided by an appropriate specialist if there is no long-term impairment and risk of recurrence is low. Requirements for periodic review should be determined based on the advice of the treating specialist.</p>
Other neurological conditions	NO	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a neurological disorder that significantly impairs any of the following: visuospatial perception, insight, judgement, attention, reaction time, sensation, memory, muscle power, coordination, 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a neurological disorder that significantly impairs any of the following: visuospatial perception, insight, judgement, attention, reaction time, sensation, memory, muscle power, coordination, balance or vision (including visual



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>balance or vision (including visual fields).</p> <p>Fit for Duty Subject to Review may be determined subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> • the nature of the work and reports on work performance; and • information provided by an appropriate specialist about the likely impact of the neurological impairment on Safety Critical Work. <p>Periodic review may not be necessary if the condition is static.</p>	<p>fields).</p> <p>Fit for Duty Subject to Review may be determined subject to at least annual review, taking into account:</p> <ul style="list-style-type: none"> • the nature of the work and reports on work performance; and • information provided by an appropriate specialist about the likely impact of the neurological impairment on Safety Critical Work. <p>* Where the condition is considered stable or static and there are minimal symptoms likely to affect safety critical tasks, the requirement for periodic review may be reduced or waived based on the advice of the treating specialist.</p>



Table 10. Summary of fitness for duty criteria changes: Neurodevelopmental disorders

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Neurodevelopmental disorders (Including ADHD, ASD)	YES (NEW)	No separate criteria	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a neurodevelopmental disorder that significantly impairs any of the following: insight, judgement, behaviour, attention, concentration, language, social communication, planning, organisation or responsiveness (including in an emergency situation). <p>Fit for Duty Subject to Review may be determined subject to periodic review* taking into account the nature of the work, work performance reports and information provided by a psychiatrist or other appropriate specialist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> the diagnosis has been confirmed by an appropriate specialist; the person has insight into their condition and the potential impacts on safe working; and the condition and any comorbidities are well controlled and unlikely to affect Safety Critical Work. <p>* Where the condition is considered stable or static and there are minimal symptoms likely to affect safety critical tasks, the requirement for periodic review may be reduced or waived based on the advice of the treating specialist</p>



Table 11. Summary of fitness for duty criteria changes: Psychiatric conditions

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
<p>K10 score</p> <p>The scores are a guide and should be interpreted in conjunction with clinical assessment</p>	NO	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>If the person has a K10 score of ≥ 19, the person may be classified as Temporarily Unfit for Duty or Fit for Duty Subject to Review while the causes are being assessed and managed (refer to Table 17: K10 risk levels and interventions):</p> <ul style="list-style-type: none"> For scores of 19–24, the worker may be classified Fit for Duty Subject to Review without external referral if the examining doctor feels the issues can be managed within the consultation. For scores of 25–29, the worker must be referred back to their treating doctor for further management. If score is ≥ 30, the worker must be classified Temporarily Unfit for Duty pending further management. 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>If the person has a K10 score of greater than or equal to 19, the person may be categorised as Temporarily Unfit for Duty or Fit for Duty Subject to Review while the causes are being assessed and managed (refer to Section 6.1.2 K10 questionnaire for anxiety and depression):</p> <ul style="list-style-type: none"> For scores of 19 to 24, the worker may be categorised Fit for Duty Subject to Review without external referral if the examining doctor feels the issues can be managed within the consultation. For scores of 25 to 29, the worker must be referred back to their treating doctor for further management. <p>If the score is greater than or equal to 30, the worker must be categorised Temporarily Unfit for Duty pending further management.</p>
<p>Psychiatric disorders</p>	NO	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a psychiatric disorder of sufficient severity that it may impair behaviour, cognitive ability or perception required for Safety Critical Work (refer to Section 18.5.1. Relevance to Safety Critical Work); or if the examining doctor believes that there is a significant risk of a previous psychiatric condition 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a psychiatric disorder of sufficient severity that it may impair behaviour, cognitive ability or perception required for Safety Critical Work (refer to Section 4.10.1 Relevance to Safety Critical Work); or if the Authorised Health Professional believes that there is a significant risk of a previous psychiatric condition



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>relapsing.</p> <p>Fit for Duty Subject to Review may be determined, subject to annual review, taking into account the nature of the work, work performance reports and information provided by a psychiatrist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> the condition is well controlled and the person is compliant with treatment over a substantial period, and the person has insight into the potential effects of their condition on safe working; and there are no adverse medication effects that may impair their capacity for safe working; and the impact of comorbidities has been considered (e.g. substance abuse). 	<p>relapsing.</p> <p>Fit for Duty Subject to Review may be determined, subject to at least annual* review, taking into account the nature of the work, work performance reports and information provided by a psychiatrist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> the person has the psychological capacities to undertake their safety critical role; and the condition is well controlled, and the person is compliant with treatment over a substantial period, and the person has insight into the potential effects of their condition on safe working; and there are no adverse medication effects that may impair their capacity for safe working; and the impact of comorbidities has been considered (for example, substance abuse). <p>* If the worker has a demonstrated history of good control over many years and there are minimal symptoms likely to affect safety critical tasks, the requirement for periodic review may be reduced based on the advice of the treating specialist..</p>
<p>Psychogenic nonepileptic seizures</p>	<p>YES (NEW)</p>		<p>Category 1 Safety Critical Workers</p> <p>A person should be categorised Temporarily Unfit for Duty following a psychogenic nonepileptic seizure.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has ever experienced a psychogenic



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
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nonepileptic seizure.

Fit for Duty Subject to Review may be considered subject to at least annual review, taking into account information provided by the treating neurologist or psychiatrist as to whether the following criteria are met:

- seizures are identified as psychogenic only with no epileptic seizures*; and
- there have been no further psychogenic seizures for at least 3 months.

* The seizure and epilepsy criteria also apply in cases where there is coexistent epilepsy (refer to Section 4.7 Neurological conditions: seizures and epilepsy). If psychogenic and epileptic seizures cannot be differentiated, the criteria for blackouts of uncertain mechanism apply (refer to Section 4.1 Blackouts). If more than one standard applies, the standard with the longer non-working period prevails.



Table 12. Summary of fitness for duty criteria changes: Sleep disorders

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Sleep disorder risk assessment	YES	<p>Category 1 and Category 2 Safety Critical Workers</p> <p><i>Demonstrated sleepiness (refer Figure 24)</i></p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if there is evidence of excessive daytime sleepiness such as : <ul style="list-style-type: none"> – an ESS score of 16 or greater; or – a history of self-reported sleepiness at work; or – work performance reports indicating excessive sleepiness; or – incident reports plausibly caused by inattention or sleepiness <p>They should be classed Temporarily Unfit for Duty and promptly assessed by a specialist in relation to a possible sleep disorder.</p> <p>If a sleep disorder is diagnosed, see relevant standards below.</p> <p>If excessive daytime sleepiness is not evident, assess risk factors as below.</p> <p><i>Risk factors (refer Figure 24)</i></p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if they are assessed as being at risk of sleep disorder, as evidenced by: 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if there is evidence of excessive daytime sleepiness such as one or more of the following: <ul style="list-style-type: none"> – an ESS score of 16 or greater – a history of self-reported sleepiness at work – work performance reports indicating excessive sleepiness – incident reports plausibly caused by inattention or sleepiness. <p>They should be classed Temporarily Unfit for Duty and promptly assessed by a specialist in relation to a possible sleep disorder.</p> <p>If a sleep disorder is diagnosed, see relevant criteria below.</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<ul style="list-style-type: none"> - a history of habitual loud snoring during sleep or of witnessed apnoeic events (such as in bed by a partner); or - a BMI \geq 40; or - a BMI \geq35 and either: <ul style="list-style-type: none"> • diabetes type 2; or • high blood pressure requiring 2 or more medications for control. <p>They should be classed Fit for Duty Subject to Review and promptly assessed by a specialist in relation to a possible sleep disorder.</p> <p>If a sleep disorder is diagnosed, see relevant standards below.</p>	
Obstructive sleep apnoea (OSA) risk assessment (STOP-Bang)	YES		<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if they are assessed as being at intermediate risk or higher of OSA, as evidenced by a STOP-Bang score greater than or equal to 3, or a combination of other high-risk features (refer to text). <p>They should be classed Fit for Duty Subject to Review and promptly referred for overnight sleep study.</p> <p>If a sleep disorder is diagnosed, see relevant criteria below.</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Sleep apnoea	YES	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has established sleep apnoea syndrome (see Section 18.6.2. Relevance to Safety Critical Work); or • if the person has severe sleep apnoea on a diagnostic sleep study with or without self-reported excessive daytime sleepiness. <p>Fit for Duty Subject to Review may be determined, subject to annual review, taking into account the nature of the work and information provided by a specialist* in sleep disorders as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the person is compliant with treatment**; and • the response to treatment is satisfactory. <p>*The Chief Medical Officer of a rail organisation may determine that review by the worker's treating general practitioner is sufficient if there is an established pattern of compliance and good response to treatment. The initial granting of Fit for Duty Subject to Review must be based on information provided by a specialist.</p> <p>**If person refuses treatment, refer text</p>	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>Obstructive sleep apnoea syndrome (OSAS) (irrespective of severity of sleep apnoea)</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has been diagnosed with OSAS (refer to text for definition), or • if the person has a STOP-Bang score greater than or equal to 3 and self-reported excessive daytime sleepiness ($ESS \geq 11/24$), or • if the person has self-reported excessive daytime sleepiness ($ESS \geq 11/24$ and $AHI \geq 5$), or • if the person has AHI greater than or equal to 5 and their workplace report is consistent with a syndrome of disordered sleep. <p>They should be categorised Temporarily Unfit for Duty until a satisfactory response to treatment is observed.</p> <p>Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by an appropriate specialist* in sleep disorders as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the person is compliant with treatment** • the response to treatment is satisfactory. <p>The person should be subject to at least annual review by a sleep specialist.*</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
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Severe sleep apnoea (without excessive daytime sleepiness or other syndrome features)

A person is not Fit for Duty Unconditional:

- if the person has severe sleep apnoea on a diagnostic sleep study (AHI greater than 30 events per hour) without self-reported excessive daytime sleepiness or other features of OSAS.

They should be categorised Temporarily Unfit for Duty until a satisfactory response to treatment is observed.

Fit for Duty Subject to Review may be determined taking into account the nature of the work and information provided by an appropriate specialist* in sleep disorders as to whether the following criteria are met:

- the person is compliant with treatment**; and
- the response to treatment is satisfactory.

The person should be subject to at least annual review by a sleep specialist*.

Moderate sleep apnoea (without excessive daytime sleepiness or other syndrome features)

A person is not Fit for Duty Unconditional:

- if the person has moderate sleep apnoea on a diagnostic sleep study (AHI of 15 to 29 events per hour) without self-reported excessive daytime sleepiness or



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
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other features of OSAS.

They may be initially categorised Fit for Duty Subject to Review unless excessive daytime sleepiness or cognitive impairment is suspected, in which case they should be categorised Temporarily Unfit for Duty while treatment is established (as above).

Fit for Duty Subject to Review may be determined, taking into account the nature of the work and information provided by an appropriate specialist* in sleep disorders as to whether the following criteria are met:

- the person is compliant with treatment if prescribed**;
- and
- the response to treatment is satisfactory.

The period of review may be determined by the Authorised Health Professional taking into consideration advice from the treating health professional.

* The initial granting of Fit for Duty Subject to Review must be based on information provided by a specialist. The Chief Medical Officer of a rail transport operator may establish a policy whereby subsequent reviews may be carried out by the worker's treating general practitioners or the operator's contracted Authorised Health Professionals. Such a policy would apply only to Safety Critical Workers who demonstrate an established pattern of compliance and good response to treatment.

**If a person does not tolerate or refuses treatment, they must discuss their options with their treating sleep specialist and follow any recommendations of the sleep specialist (including



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
			<p>any special tests). The specialist must provide a satisfactory report and the worker must demonstrate a satisfactory safety record. Refer to text for details.</p>
Narcolepsy	NO	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if narcolepsy is confirmed. <p>Fit for Duty Subject to Review may be determined, subject to annual review, taking into account the nature of the work and information provided by a specialist in sleep disorders as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • a clinical assessment has been made by a sleep physician; and • cataplexy has not been a feature in the past; and • medication is taken regularly; and • there have been no symptoms for 6 months; and • normal sleep latency present on Maintenance of Wakefulness Test (MWT) (on or off medication). 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if narcolepsy or another central disorder of hypersomnolence is confirmed. <p>Fit for Duty Subject to Review may be determined, subject to annual review, taking into account the nature of the work and information provided by a specialist in sleep disorders as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • a clinical assessment has been made by a sleep physician; and • cataplexy has not been a feature in the past; and • medication is taken regularly; and • symptoms have been appropriately controlled for 6 months; and • normal sleep latency is present on MSLT (on or off medication).
Other causes of excessive daytime sleepiness	NO	Refer to guidelines in the text.	Refer to guidelines in the text.



Table 13. Summary of fitness for duty criteria changes: Substance misuse and dependence

Condition	Change to criteria (YES/NO)	2017 – National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
AUDIT questionnaire	NO	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>If the person has an AUDIT score of > 8, the person may be classified as Fit for Duty Subject to Review or Temporarily Unfit for Duty while causes are being assessed and managed (refer to page 163):</p> <ul style="list-style-type: none"> Workers with scores of 8–15 may be managed within the consultation by providing simple advice and information on the alcohol guidelines and risk factors. If the risk is assessed as being low, they should be classified as Fit for Duty Subject to Review. Workers with scores of 16–19 should be managed by a combination of simple advice, brief counselling and continued monitoring. Follow-up and referral to the worker’s general practitioner is necessary. They should be classified as Fit for Duty Subject to Review or Temporarily Unfit for Duty pending further assessment. Workers with scores of 20 or more should be referred to specialist services to consider withdrawal, pharmacotherapy and other more intensive treatments. They should be assessed as Temporarily Unfit for Duty pending further assessment. 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>If the person has an AUDIT score of greater than 8, the person may be categorised as Fit for Duty Subject to Review or Temporarily Unfit for Duty while causes are being assessed and managed (refer to Section 6.1.5 Alcohol Use Disorders Identification Test questionnaire):</p> <ul style="list-style-type: none"> Workers with scores of 8 to 15 may be managed within the consultation by providing simple advice and information on the alcohol guidelines and risk factors. If the risk is assessed as being low, they should be categorised as Fit for Duty Subject to Review. Workers with scores of 16 to 19 should be managed by a combination of simple advice, brief counselling and continued monitoring. Follow-up and referral to the worker’s general practitioner is necessary. They should be categorised as Fit for Duty Subject to Review or Temporarily Unfit for Duty pending further assessment. Workers with scores of 20 or more should be referred to specialist services to consider withdrawal, pharmacotherapy and other more intensive treatments. They should be assessed as Temporarily Unfit for Duty pending further assessment.
Substance misuse	NO	Category 1 and Category 2 Safety Critical Workers	Category 1 and Category 2 Safety Critical Workers



Condition	Change to criteria (YES/NO)	2017 – National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if there is evidence of substance misuse. <p>The person should be classified Temporarily Unfit for Duty while being assessed and managed.</p> <p>Fit for Duty Subject to Review may be determined, with a review in 6 months:</p> <ul style="list-style-type: none"> • if the risk of further substance misuse is assessed as being low. <p>Fit for Duty may be determined if there is no evidence of substance misuse at the 6-month review.</p> <p>In the case of chronic or heavy substance misuse or substance dependence, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by an appropriate specialist (such as an addiction medicine specialist or addiction psychiatrist) as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the person is involved in a treatment program and has been in remission* for at least 6 months as confirmed by biological monitoring; and • there is an absence of cognitive impairments relevant to safe working; and • there is absence of end-organ effects that impact on safe working (as described elsewhere in this Standard); and • the risk of further substance misuse is assessed as 	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if there is evidence of substance misuse. <p>The person should be classified Temporarily Unfit for Duty while being assessed and managed.</p> <p>Fit for Duty Subject to Review may be determined, with review in 6 months:</p> <ul style="list-style-type: none"> • if the risk of further substance misuse is assessed as being low. <p>If there is no evidence of substance misuse at the 6-month review, they may not require more frequent review, but their risk of substance misuse should be specifically addressed at subsequent Periodic Health Assessments.</p> <p>In the case of chronic or heavy substance misuse or substance dependence, Fit for Duty Subject to Review may be determined, subject to at least annual review, taking into account the nature of the work and information provided by an appropriate specialist (such as an addiction medicine specialist or addiction psychiatrist) as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the person is involved in a treatment program and has been in remission* for at least 6 months as confirmed by biological monitoring; and • there is an absence of cognitive impairments relevant to safe working; and • there is absence of end-organ effects that impact on safe working (as described elsewhere in the Standard); and 	



Condition	Change to criteria (YES/NO)	2017 – National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>being low.</p> <p>* Remission is defined in the text (refer to page 152).</p>	<ul style="list-style-type: none"> the risk of further substance misuse is assessed as being low. <p>* For the purpose of this Standard, remission/recovery is attained when there is abstinence from use of illicit drugs or where the use of other substances, such as alcohol, has reduced in frequency to the point where it is unlikely to cause impairment of Safety Critical Work or to result in a positive test at work.</p> <p>Remission must be confirmed by biological monitoring (for example, urine drug screening, LFT, CDT, urinary EtG, hair analysis for drugs) over a period of at least 6 months. At the conclusion of any monitoring a worker with remission may be certified Fit for Duty Subject to Review on a long-term basis.</p>



Table 14. Summary of fitness for duty criteria changes: Vision and eye disorders

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Acuity	YES	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person's uncorrected visual acuity is worse than 6/9 in the better eye; or • if the person's uncorrected visual acuity is worse than 6/18 in either eye. <p>Fit for Duty Subject to Review may be determined if the standard is met with corrective lenses.</p> <p>If the person's vision is worse than 6/18 in the worse eye, Fit for Duty Subject to Review may be determined, provided the visual acuity in the better eye is 6/9 (with or without corrective lenses). In cases of latent nystagmus made manifest by the occlusion of one eye for the purpose of testing, a binocular visual acuity of 6/9 is acceptable if the visual acuity of the better eye is below 6/9 with occlusion of the fellow eye. The same minimum standard of vision in the worse eye applies.</p>	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>Category 1 and Category 2 Safety Critical Workers are required to meet the following visual acuity criteria (uncorrected or corrected):</p> <ul style="list-style-type: none"> • better than or equal to 6/9 in the better eye; and • better than or equal to 6/18 in the worse eye. <p>Categorisation will depend on the stability of the condition (see below).</p> <p>Stable conditions</p> <p>A person who has a stable visual impairment that is not associated with a progressive condition may be categorised Fit for Duty Unconditional if their corrected vision meets the above criteria.</p> <p>If the person's best corrected visual acuity in the better eye is at least 6/9 but worse than 6/18 in the worse eye, the person will be Fit for Duty Subject to Review. The person may not require more frequent review, but their condition should be specifically reviewed at Periodic Health Assessment, including a specialist report if appropriate.</p> <p>If the acuity of the worse eye is worse than 6/60, the criteria for monocular vision apply.</p> <p>The person must wear the appropriate aids when undertaking rail safety work. The suitability of these aids in meeting the fitness for duty requirements will be monitored by the Authorised Health Professional at each Periodic Health</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
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Assessment.

Progressive conditions

A person is not Fit for Duty Unconditional:

- if the person has a progressive eye condition that may affect visual acuity.

Fit for Duty Subject to Review may be determined subject to at least annual review, and taking into account the nature of the work and the opinion of the treating optometrist or ophthalmologist as to:

- the progression of the condition and the response to treatment; and
- whether the visual acuity criteria are met, with or without corrective lenses; and
- whether other criteria are met per the Standard, including visual fields.

Visual fields	YES	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has any visual field defect. <p>Fit for Duty Subject to Review may be determined subject to annual review, taking into account the nature of the work and information provided by the treating optometrist or ophthalmologist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> • the binocular visual field has an extent of at least 140° 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>Category 1 and Category 2 Safety Critical Workers are required to meet the following visual field criteria:</p> <ul style="list-style-type: none"> • the binocular visual field must have an extent of at least 140 degrees within 10 degrees above and below the horizontal midline; and • they must have no significant central scotoma defined as any of the following:
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Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>within 10° above and below the horizontal midline; and</p> <ul style="list-style-type: none"> the person has no significant visual field loss (scotoma, hemianopia, quadrantanopia) that is likely to impede work performance; and the visual field loss is static and unlikely to progress rapidly. <p>Safety Critical Workers who do not work on or around the track (e.g. train controllers) usually require only a limited field of vision and may be exempted from this criterion.</p>	<ul style="list-style-type: none"> A cluster of 4 or more adjoining points that is either completely or partly within the central 20-degree area. Loss consisting of both a single cluster of 3 adjoining missed points up to and including 20 degrees from fixation, and any additional separate missed points within the central 20-degree area. Any central loss that is an extension of a hemianopia or quadrantanopia of size greater than 3 missed points. <p>NOTE: Safety Critical Workers who do not work on or around the track (for example, train controllers) usually require only a limited field of vision and may be exempted from this criteria.</p> <p>Stable conditions</p> <p>A person who has a stable visual field loss that is not associated with a progressive condition may be categorised Fit for Duty Unconditional if their vision meets the above criteria.</p> <p>Progressive conditions</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a progressive eye condition that may affect visual fields. <p>Fit for Duty Subject to Review may be determined subject to at least annual review, and taking into account the nature of the work and the opinion of the treating optometrist or ophthalmologist as to whether:</p> <ul style="list-style-type: none"> the person meets the visual field criteria as stated



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
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above; and

- the visual field loss is unlikely to progress rapidly.

Monocular vision

YES

A person is not Fit for Duty Unconditional:

- if the person is monocular.

A monocular person may be determined to be Fit for Duty Subject to (annual) Review, taking into account the nature of the work and if the treating optometrist or ophthalmologist states that the visual field of the remaining eye is 140°.

In exceptional circumstances, the Chief Medical Officer may classify a worker with less than that visual field in the remaining eye as Fit for Duty Subject to (annual) Review if an ophthalmologist or optometrist with expertise in visual fields assesses that the person may be safe for Safety Critical Work. Safety Critical Workers who do not work on or around the track (e.g. train controllers) usually require only a limited field of vision and may be exempted from this criterion.

A person is not Fit for Duty Unconditional:

- if the person is monocular.

Fit for Duty Subject to Review may be determined, subject to periodic review, taking into account the nature of the work and information provided by the treating optometrist or ophthalmologist, as to whether the following criteria are met:

- the visual acuity in the remaining eye is 6/9 or better, with or without correction; and
- the visual field in the remaining eye has a horizontal extent of at least 140 degrees within 10 degrees above and below the horizontal midline; and
- there is no other significant visual field loss that is likely to impede Safety Critical Work (as above).

In exceptional circumstances, the Chief Medical Officer may classify a worker with less than that visual field in the remaining eye as Fit for Duty Subject to Review if an ophthalmologist or optometrist with expertise in visual fields assesses that the person may be safe for Safety Critical Work.

Safety Critical Workers who do not work on or around the track (for example, train controllers) usually require only a limited field of vision and may be exempted from this criteria.



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Colour vision	NO	<p>Colour vision requirements are determined by a risk assessment and communicated by the rail operator to the Authorised Health Professional.</p> <p>Colour vision should be screened using Ishihara plates; 3 or more errors out of 12 plates is a fail.</p> <p>In the event of a fail, further assessment may be done as per the text and flow chart in Figure 32.</p>	<p>Colour vision requirements are determined by a risk assessment and communicated by the rail transport operator to the Authorised Health Professional.</p> <p>No coloured lenses or sunglasses may be worn when testing colour vision.</p> <p>Colour vision should be screened using Ishihara's plates; 3 or more errors out of 12 plates is a fail.</p> <p>In the event of a fail, further assessment may be done as per the text and flow chart in Figure 34.</p>
Diplopia	NO	<p>Category 1 and Category 2 Safety Critical Workers A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person experiences any diplopia (other than physiological diplopia) when fixating objects within the central 20° of the primary direction of gaze. <p>The person may be determined to be Fit for Duty Subject to Review, if it is considered appropriate taking into account the nature of the work and if the treating optometrist or ophthalmologist states that the following criteria are met:</p> <ul style="list-style-type: none"> the standard can be met with suitable treatment; and other criteria are met as per this section, including visual fields 	<p>Category 1 and Category 2 Safety Critical Workers</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person experiences any diplopia (other than physiological diplopia) within 20 degrees from central fixation. <p>Fit for Duty Subject to Review may be determined, taking into account the nature of the work and the opinion of the treating optometrist or ophthalmologist as to whether the following criteria are met:</p> <ul style="list-style-type: none"> the criteria can be met with suitable treatment; and other criteria are met as per this section, including visual fields.



Table 15. Summary of fitness for duty criteria changes: Hearing (Category 3)

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Hearing	YES	<p>Compliance with the Standard should be initially assessed by audiometry without hearing aids.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if hearing loss is ≥ 40 dB averaged over 0.5, 1 and 2 KHz in the better ear without hearing aids <p>Fit for Duty conditional on wearing hearing aids may be recommended if the standard is met with hearing aids.</p> <p>If a rail safety worker requires hearing aids, the aids should:</p> <ul style="list-style-type: none"> • suppress feedback • be noise limited to 80 dB • have no noise-cancellation feature • have no directional microphones. <p>Fit for Duty Subject to Job Modification may be considered; for example, if the worker is to be escorted at all times when around the track.</p>	<p>Compliance with the Standard should be initially assessed by audiometry without hearing aids.</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if hearing loss is greater than or equal to 40 dB averaged over 0.5 KHz, 1 KHz and 2 KHz in the better ear with or without hearing aids. <p>Fit for Duty Subject to Review may be determined if the criterion is met with hearing aids.</p> <p>If a rail safety worker requires hearing aids, the aids should be fitted by an audiologist with due consideration to the individual needs of the worker, the nature of their work and the nature of the working environment.</p> <p>Fit for Duty Subject to Review (Job Modification) may be considered, for example, if the worker is to be escorted at all times when around the track.</p> <p>Workers who meet the above criteria but in whom noise-induced hearing loss is suspected should be referred to the rail operator's hearing conservation program.</p>



Table 16. Summary of fitness for duty criteria changes: Vision (Category 3)

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Visual acuity	YES	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person's best corrected visual acuity is worse than 6/12 in the better eye. <p>Fit for Duty conditional on wearing corrective lenses may be determined if the standard is met with spectacles or contact lenses.</p> <p>Fit for Duty Subject to Review may be determined if the person meets the standard but has a condition that may result in their vision deteriorating before the next routine review date.</p>	<p>A Category 3 worker is required to meet the following visual acuity criteria (uncorrected or corrected):</p> <ul style="list-style-type: none"> better than or equal to 6/12 in the better eye. <p>Categorisation will depend on the stability of the condition (see below).</p> <p>Stable conditions</p> <p>A person who has a stable visual impairment that is not associated with a progressive condition may be categorised Fit for Duty Unconditional if their corrected vision meets the above criteria.</p> <p>The person must wear the appropriate aids when undertaking rail safety work. The suitability of these aids in meeting the fitness for duty requirements will be monitored by the Authorised Health Professional at each Periodic Health Assessment.</p> <p>Progressive conditions</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a progressive eye condition that may affect visual acuity. <p>Fit for Duty Subject to Review may be determined subject to periodic review, and taking into account the nature of the work and the opinion of the treating optometrist or ophthalmologist as to:</p> <ul style="list-style-type: none"> the progression of the condition and the response to



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
			<p>treatment</p> <ul style="list-style-type: none"> • whether the visual acuity criteria are met, with or without corrective lenses • whether other criteria are met per the Standard, including visual fields.
Visual fields	NO	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if their binocular visual field (or the visual field in the remaining eye in the case of monocular vision) does not have a horizontal extent of at least 110° within 10° above and below the horizontal midline; or • if there is any significant visual field loss (scotoma within a central radius of 20° of the foveal fixation or hemianopia). <p>Fit for Duty Subject to Review may be determined if the visual field standard is met and provided that the visual field loss is unlikely to progress rapidly.</p> <p>Fit for Duty Subject to Job Modification may be considered; for example, if the worker is to be escorted at all times when around the track.</p>	<p>A Category 3 worker is required to meet the following criteria for visual fields:</p> <ul style="list-style-type: none"> • the binocular visual field (or the visual field in the remaining eye in the case of monocular vision) must have an extent of at least 110 degrees within 10 degrees above and below the horizontal midline; and • they must have no significant visual field loss (scotoma within a central radius of 20 degrees of the foveal fixation or other scotoma likely to affect work performance); and • they must have no significant visual field loss (scotoma) with more than four contiguous spots within a 20-degree radius from fixation. <p>Stable conditions</p> <p>A person who has a stable visual field loss that is not associated with a progressive condition may be categorised Fit for Duty Unconditional if their vision meets the above criteria.</p> <p>Progressive conditions</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
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A person is not Fit for Duty Unconditional:

- if the person has a progressive eye condition that may affect visual fields.

Fit for Duty Subject to Review may be determined subject to periodic review, and taking into account the nature of the work and the opinion of the treating optometrist or ophthalmologist as to whether:

- the person meets the visual field criteria as stated above; and
- the visual field loss is unlikely to progress rapidly.

Fit for Duty Subject to Review (Job Modification) may be considered, for example, if the worker is to be escorted at all times when around the track.



Table 17. Summary of fitness for duty criteria changes: Musculoskeletal (Category 3)

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Musculoskeletal function	NO	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if pain, weakness, instability or other impairment from a musculoskeletal or medical condition results in interference with the ability to walk on coarse ballast and/or move rapidly from the path of an oncoming train. <p>Fit for Duty Subject to Review may be determined, taking into consideration the opinion of the treating doctor and the nature of the work if the condition is adequately treated and function is restored.</p> <p>Fitness for Duty Subject to Job Modification may be considered, for example, if the person is to be accompanied at all times when around the track.</p>	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if pain, weakness, instability or other impairment from a musculoskeletal or medical condition results in interference with the ability to walk on coarse ballast and/or move rapidly from the path of an oncoming train. <p>Fit for Duty Subject to Review may be determined, taking into consideration the opinion of the treating doctor and the nature of the work if the condition is adequately treated and function is restored.</p> <p>Fit Duty Subject to Review (Job Modification) may be considered, for example, if the person is to be accompanied at all times when around the track.</p>



Table 18. Summary of fitness for duty criteria changes: Other (Category 3)

Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
Blackouts	NO (editorial only)	<p>A person is not fit for duty unconditional:</p> <ul style="list-style-type: none"> if the person has experienced blackouts of an unknown cause that cannot be diagnosed as syncope, seizures or other recognised medical causes of loss of consciousness. <p>Fit for duty subject to review may be recommended taking into account the opinion of the treating doctor and the nature of the work:</p> <ul style="list-style-type: none"> In the case of blackouts that were confined to a single 24 hour period, where there have been no further blackouts for at least 6 months. If there have been 2 or more blackouts separated by at least 24 hours, where there have been no further blackouts for at least 12 months. <p>Fit subject to job modification or fit subject to review following a lesser period without further blackouts may be considered on a case by case basis following discussion with the Chief Medical Officer of the RTO and consideration of the duties that will be performed.</p>	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has experienced blackouts of an unknown cause that cannot be diagnosed as syncope, seizures or other recognised medical causes of loss of consciousness. <p>Fit for Duty Subject to Review may be determined taking into account the opinion of the treating doctor and the nature of the work:</p> <ul style="list-style-type: none"> if the blackouts were confined to a single 24-hour period and there have been no further blackouts for at least 6 months; or if there were 2 or more blackouts separated by at least 24 hours and there have been no further blackouts for at least 12 months. <p>Fit for Duty Subject to Review following a lesser period without further blackouts may be considered on a case-by-case basis following discussion with the Chief Medical Officer of the rail transport operator and consideration of the duties that will be performed and the need for any job modification.</p>
Cardiovascular conditions	YES	<p>A person is not fit for duty unconditional:</p> <ul style="list-style-type: none"> if the person has a history of unstable angina, angina on mild exertion or heart failure that could interfere with their capacity to move quickly from the path of an oncoming train. 	<p>Unstable angina, angina on mild exertion or heart failure</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has a history of unstable angina, angina on mild exertion or heart failure that could interfere with their



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>Fit for duty subject to review may be recommended taking into consideration the opinion of the treating doctor and the nature of the work if:</p> <ul style="list-style-type: none"> • satisfactory treatment has been instituted; and • the person's exercise tolerance has improved such that they can reliably move from the path of an oncoming train. <p>A person is not fit for duty unconditional:</p> <ul style="list-style-type: none"> • if the person has a history of episodes of syncope without warning due to any medical condition. <p>Fit for duty subject to review may be recommended taking into consideration the opinion of the treating doctor and the nature of the work if:</p> <ul style="list-style-type: none"> • the underlying cause has been identified; and • satisfactory treatment has been instituted; and • the person has been symptom-free for at least four weeks. 	<p>capacity to move quickly from the path of an oncoming train.</p> <p>Fit for Duty Subject to Review may be determined taking into consideration the opinion of the treating doctor and the nature of the work if:</p> <ul style="list-style-type: none"> • satisfactory treatment has been instituted; and • the person's exercise tolerance has improved such that they can reliably move from the path of an oncoming train. <p>Syncope</p> <p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has a history of episodes of syncope without warning due to any medical condition. <p>Fit for Duty Subject to Review may be determined taking into consideration the nature of the work and the opinion of the treating doctor as to whether the following criteria have been met:</p> <ul style="list-style-type: none"> • the underlying cause has been identified; and • satisfactory treatment has been instituted; and • the person has been symptom-free for at least 4 weeks.
Diabetes	NO	<p>A person is not fit for duty unconditional:</p> <ul style="list-style-type: none"> • if the person has had a recent 'severe hypoglycaemic event' (within 6 weeks) and/or is subject to recurrent episodes of severe hypoglycaemia. <p>Fit for duty subject to review may be recommended</p>	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> • if the person has had a recent 'severe hypoglycaemic event' (within 6 weeks) or is subject to recurrent episodes of severe hypoglycaemia.



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>taking into consideration the opinion of the treating doctor and the nature of the work if:</p> <ul style="list-style-type: none"> any recent 'severe hypoglycaemic event' has been satisfactorily treated; and the person is following a treatment regimen that minimises the risk of recurrent hypoglycaemia; and the person experiences early warning symptoms (awareness) of hypoglycaemia or has a documented management plan for lack of early warning symptoms. 	<p>Fit for Duty Subject to Review may be determined taking into consideration the nature of the work and the opinion of the treating doctor as to whether the following criteria have been met:</p> <ul style="list-style-type: none"> any recent 'severe hypoglycaemic event' has been satisfactorily treated; and the person is following a treatment regimen that minimises the risk of recurrent hypoglycaemia; and the person always has early warning symptoms when their blood sugar is low or has a documented management plan for lack of early warning symptoms.
Neurological conditions (Cognitive Impairment)	NO	<p>A person is not fit for duty unconditional:</p> <ul style="list-style-type: none"> if the person has cognitive impairment. <p>Fit for duty subject to review may be recommended taking into consideration information provided by the treating doctor regarding the level of impairment of visuospatial perception, insight, judgement, attention, reaction time and memory, and the likely impact of any impairments on the person's capacity to reliably detect and move rapidly from the path of an oncoming train.</p>	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has cognitive impairment. <p>Fit for Duty Subject to Review may be determined taking into consideration information provided by the treating doctor regarding the level of impairment of visuospatial perception, insight, judgement, attention, reaction time and memory, and the likely impact of any impairments on the person's capacity to reliably detect and move rapidly from the path of an oncoming train.</p>
Neurological conditions – Seizures and Epilepsy	YES	<p>A person is not fit for duty unconditional:</p> <ul style="list-style-type: none"> if the person has experienced a seizure. <p>Fit for duty subject to review may be recommended taking into consideration the opinion of the treating</p>	<p>A person should be categorised Temporarily Unfit for Duty following a seizure.</p> <p>A person is not Fit for Duty Unconditional if they have ever experienced a seizure.</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>doctor and the nature of the work:</p> <ul style="list-style-type: none"> In the case if a first seizure if there have been no further seizures (with or without medication) for at least 6 months. In the case of epilepsy treated for the first time, if the person has been treated for at least 6 months, there have been no seizures in the preceding six months, if any seizures occurred after the start of treatment they happened only in the first six months after starting treatment and not in the last six months, and the person follows medical advice including adherence to medication. In the case of acute symptomatic seizures if there have been no further seizures for at least 6 months. If there have been two or more separate transient disorders causing acute symptomatic seizures the default standard applies. In the case of safe seizures with no loss of consciousness, if 'safe' seizures have been present for at least 2 years, there have been no seizures of any other type for at least 2 years, and the person follows medical advice with respect to medication if prescribed. In the case of sleep only seizures: <ul style="list-style-type: none"> there have been no previous seizures while awake, the first sleep-only seizure was at least 12 months ago, and the person follows medical 	<p>Fit for Duty Subject to Review may be determined following an appropriate seizure-free period and provided the person follows medical advice, including adherence to medication if prescribed or recommended.</p> <p>The default non-working seizure-free period is 12 months.</p> <p>The default non-working seizure free period applies except in the circumstances described below. For each of these circumstances, Fit for Duty Subject to Review may be determined taking into consideration the nature of the work and the opinion of the treating doctor as to whether the criteria are met:</p> <ul style="list-style-type: none"> In the case of a first seizure, there have been no further seizures (with or without medication) for at least 6 months. In the case of epilepsy treated for the first time, the person has been treated for at least 6 months, there have been no seizures in the preceding 6 months, if any seizures occurred after the start of treatment, they happened only in the first 6 months after starting treatment and not in the last 6 months, and the person follows medical advice including adherence to medication. In the case of acute symptomatic seizures, there have been no further seizures for at least 6 months. If there have been 2 or more separate transient disorders causing acute symptomatic seizures the default criteria apply. In the case of safe seizures, with no loss of consciousness 'safe' seizures have been present for at least 2 years, there have been no seizures of any other type for at least 2 years, and the person follows medical advice with respect to medication if prescribed.



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>advice including adherence to medication if prescribed; or</p> <ul style="list-style-type: none"> - there have been previous seizures while awake but not in the preceding two years, sleep-only seizures have been occurring for at least two years, and the person follows medical advice including adherence to medication if prescribed. <ul style="list-style-type: none"> • In the case of a seizure in a person whose epilepsy was previously well controlled: <ul style="list-style-type: none"> - the seizure was caused by an identified provoking factor that can be reliably avoided and that has not caused previous seizures, there have been no seizures for at least 4 weeks and the person follows medical advice including adherence to medication; or - no cause was identified, there have been no seizures for at least 3 months and the person follows medical advice including adherence to medication. - If the person has experienced one or more seizures during the 12 months leading up to the last seizure, there is no reduction and the default standard applies. • In all other cases if there have been no seizures for at least 12 months and the person follows medical advice including adherence to medication if prescribed or recommended. 	<ul style="list-style-type: none"> • In the case of sleep only seizures, either: <ul style="list-style-type: none"> - There have been no previous seizures while awake, the first sleep-only seizure was at least 12 months ago, and the person follows medical advice including adherence to medication if prescribed; or - There have been previous seizures while awake but not in the preceding 2 years, sleep-only seizures have been occurring for at least 2 years, and the person follows medical advice including adherence to medication if prescribed. • In the case of a seizure in a person whose epilepsy was previously well controlled, either: <ul style="list-style-type: none"> - The seizure was caused by an identified provoking factor that can be reliably avoided and that has not caused previous seizures, there have been no seizures for at least 4 weeks, and the person follows medical advice including adherence to medication; or - No cause was identified, there have been no seizures for at least 3 months and the person follows medical advice including adherence to medication. <p>If the person has experienced one or more seizures during the 12 months leading up to the last seizure, there is no reduction, and the default criteria apply.</p> <p>Exceptional circumstances: Fit for Duty Subject to Review following a lesser seizure-free period may be considered on a case-by-case basis following discussion with the Chief Medical Officer of the rail transport operator and consideration of the duties that will be performed and the need for any job modification.</p>



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>Fit subject to job modification or fit subject to review following a lesser period without further seizures may be considered on a case by case basis following discussion with the Chief Medical Officer of the RTO and consideration of the duties that will be performed.</p>	
Psychiatric Disorders	NO (editorial only)	<p>A person is not fit for duty unconditional:</p> <ul style="list-style-type: none"> if the person has psychiatric disorder that is likely to impair insight, judgement, perception, behaviour or cognitive function and affect the person's capacity to move rapidly from the path of an oncoming train. <p>Fit for duty subject to review may be recommended taking into consideration the opinion of the treating doctor and the nature of the work if the condition is well controlled, the person has been compliant with treatment, there are no adverse medication effects that may affect the person's ability to move rapidly from the path of an oncoming train, and the impact of co-morbidities has been considered (e.g. substance abuse).</p>	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if the person has psychiatric disorder that is likely to impair insight, judgement, perception, behaviour or cognitive function and affect the person's capacity to move rapidly from the path of an oncoming train. <p>Fit for Duty Subject to Review may be determined taking into consideration the nature of the work and the opinion of the treating doctor as to whether the following criteria are met:</p> <ul style="list-style-type: none"> the condition is well controlled; and the person has been compliant with treatment; and there are no adverse medication effects that may affect the person's ability to move rapidly from the path of an oncoming train: and the impact of comorbidities has been considered (for example, substance abuse).
Substance Misuse	YES	<p>A person is not fit for duty unconditional:</p> <ul style="list-style-type: none"> if there is evidence of substance misuse. <p>Fit for duty subject to review may be recommended</p>	<p>A person is not Fit for Duty Unconditional:</p> <ul style="list-style-type: none"> if there is evidence of substance misuse.



Condition	Change to criteria (YES/NO)	2017 - National Standard for Health Assessment of Rail Safety Workers	Revised National Standard for Health Assessment of Rail Safety Workers
		<p>taking into account the opinion of the treating doctor and the nature of the work if the worker has been assessed and managed and the risk of further substance misuse has been assessed as being low.</p> <p>In the case of workers with more severe substance use problems a longer period of demonstrated remission should be considered. Remission is attained when there is abstinence from use of illicit drugs or where the use of other substances, such as alcohol, has reduced in frequency to the point where it is unlikely to cause impairment or to result in a positive test at work. The workers substance use history, response to treatment and level of insight should be considered, as well as the drug and alcohol and rehabilitation policies of the rail operator. Remission must be confirmed by biological monitoring.</p>	<p>The person should be categorised Temporarily Unfit for Duty while being assessed.</p> <p>Fit for Duty Subject to Review may be determined, taking into account the nature of the work and the opinion of the assessing practitioner as to whether the risk of further substance misuse is low.</p> <p>In the case of chronic or heavy substance misuse or substance dependence, a period of demonstrated remission* should be considered prior to return to work (Fit for Duty Subject to Review). The review period should be defined in consultation with the treating practitioner.</p> <p>*Remission is attained when there is abstinence from use of illicit drugs or where the use of other substances, such as alcohol, has reduced in frequency to the point where it is unlikely to cause impairment or to result in a positive test at work. The worker's substance use history, response to treatment and level of insight should be considered, as well as the drug and alcohol management program and rehabilitation policies of the rail transport operator. Remission must be confirmed by biological monitoring.</p>



Glossary

Term	Definition
Authorised Health Professional	Health professional who has been selected by a rail transport operator, on the basis of their compliance with the specified selection criteria, to perform rail safety worker health assessments. Generally, a Chief Medical Officer will be considered an Authorised Health Professional.
Chief Medical Officer	A Chief Medical Officer is employed by a rail transport operator to advise them about a range of issues related to the health of rail safety workers and health risks associated with their rail operations.
Chief Medical Officers Council	The Chief Medical Officers Council is a governance group that operates under the auspices of RISSB for the rail industry and is responsible for providing medical expertise and oversight in the implementation of the Standard.
Fit for Duty Subject to Review	This assessment category indicates that the worker does not meet the criteria for Fit for Duty Unconditional.
Fit for Duty Unconditional	This assessment category indicates that the worker meets all the criteria for Fit for Duty Unconditional in the Standard and is to be reviewed in line with the normal Periodic Health Assessment schedule.
Health Questionnaire	The self-administered questionnaire is a screening tool to help identify conditions that might affect the performance of safety critical work.
Periodic Health Assessment	Periodic Health Assessments are conducted to identify health conditions that may affect safe performance of rail safety work. They should be conducted for Category 1, 2 and 3 rail safety workers according defined frequencies in the Standard.



Term	Definition
Permanently Unfit for Duty	This assessment category indicates that the worker has a permanent and/or progressive condition that is predicted to render them unfit for their current rail safety duties for 12 months or more.
Record for Health Professional	This record guides the clinical examination and provides a convenient standardised template for recording a general assessment of fitness for rail safety duty.
Request and Report Form	The Request and Report Form is the key means of communication between the rail transport operator and the Authorised Health Professional.
Safety Critical Work/er	These are workers whose action or inaction may lead directly to a serious incident affecting the public or the rail network. Their vigilance and attentiveness to their job is crucial, and they are therefore the focus of this Standard. These workers require health assessments to ensure ill-health does not affect their vigilance and attentiveness to the job, and therefore the safety of the public or the rail network. Safety Critical Workers' tasks are distinguished from tasks that affect only individual worker safety.
Temporarily Unfit for Duty	This assessment category indicates that the worker does not meet the criteria for Fit for Duty Unconditional or Fit for Duty Subject to Review and cannot presently perform current rail safety duties.
the Standard	National Standard for Health Assessment of Rail Safety Workers
Triggered Health Assessment	Triggered Health Assessments are additional health assessments undertaken earlier than the scheduled Periodic Health Assessment, because of concerns about an individual's health, or because there is a requirement for more frequent monitoring of a medical condition.



Acronyms and abbreviations

Term	Definition
ADHD	attention deficit hyperactivity disorder
AFTD	Assessing fitness to drive
AMWU	Australian Manufacturing Workers Union
ASD	autism spectrum disorder
CMOC	Chief Medical Officers Council
CPAP	continuous positive airway pressure
ECG	Electrocardiograph
EEG	Electroencephalography
ESS	Epworth Sleepiness Scale
ITMM	Infrastructure and Transport Ministers' Meeting
NTC	National Transport Commission
OIA	Office of Impact Analysis
OSA	obstructive sleep apnoea
RHAG	Rail Health Advisory Group
RISSB	Rail Industry Safety and Standards Board
RIW	Rail Industry Worker Program



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