

Medical Fitness Guidance













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TITLE:	GUIDANCE ON THE MANAGEMENT OF DRUGS AND ALCOHOL				
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DESCRIPTION:

THIS DOCUMENT PROVIDES GUIDANCE ON MEDICAL FITNESS

EXPLANATORY NOTE:

LRSSB is not a regulatory body and compliance with this guidance document is not mandatory. This document reflects good practice and is advisory only. Users are recommended to evaluate this guidance against their own arrangements in a structured and systematic way, noting that parts of this guidance may not be appropriate to their operations. It is recommended that this process of evaluation and any subsequent decision to adopt (or not adopt) elements of this guidance should be documented. Compliance with any or all of the contents herein, is entirely at an organisation's own discretion.

SOURCE / RELATED DOCUMENTS:

LRG 1.0 Tramway Principles and Guidance (TPG) (LRSSB)

LRG 6.0 Fatigue Management Guidance (LRSSB)

LRG 9.0 Driver Selection and Recruitment Guidance (LRSSB)

LRG 33.0 Guidance on the Management of Drugs and Alcohol (LRSSB)

RELATED TRAINING COURSES:	RELATED LEGISLATION:
N/A	Health & Safety at Work Act 1974 The European Third Directive on Driving Licences (2006/126/EC) Road Traffic Act 1988 The Motor Vehicles (Driving Licences) Regulations 1999 (as amended). The Management of Health and Safety at Work Regulations 1999 Railways and Other Guided Transport Systems (Safety) Regulations 2006 (ROGS) (as amended) Transport and Works Act 1992 The Working Time Regulations 1998 Equality Act 2010

CHANGE NOTES:

Date of Issue	Issue No.	Revision No.	Reviewer	Details of Revision
12/05/2023	01	01	LRSSB	Amendments to text / format

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Revisions from Previous Issue

New LRG document template and other formatting.

Figures and Tables listed in the Contents Page.

Changes to Page 1: removal of the named preparer, reviewer and authorising person and insertion of an explanatory note in relation to the status of this guidance document. Additional LRG document references added following publication of additional LRSSB guidance subsequent to the first issue of this document.

Additional abbreviations added to the Abbreviations Table and Terms Table (from existing text).

Changes to the Introduction to make consistent with other LRG documentation.

Creation of Scope to be consistent with other LRG documents and moving existing text from subsequent General Guidance on Signs and Markings for Tramways Section to the Scope, and subsequent renumbering of all figures and tables in the following chapters.

Numerous minor presentational, minor factual and typographical changes.



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TERMS AND ABBREVIATIONS

Table A – Terms

Term	Definition	
Degraded Operating Conditions	Occur when either a part or some parts of the tramway system continue to operate in a restricted manner over a period of time with additional controls in place.	
Duty Holder	Person in charge of operational activities at a particular time.	
Line of Sight	Operating mode where a tram should be able to stop before a reasonably visible stationary obstruction ahead, from the intended speed of operation using the service brake.	
Medical Fitness	The ability to periodically and satisfactorily demonstrate fitness to work and execute functions.	
Operating or Operator	Describes the action of 'driving' or 'being in control of' a Light Rail vehicle based on 'line-of-sight' operation. It includes anyone that is permitted to drive any rail mounted vehicle over an area to which the public have, or can gain access to.	
Safety Management System	A formal management system or framework to manage health and safety.	

Table B – Abbreviations

Abbreviation	Definition
DVLA	Driver and Vehicle and Licencing Agency
GP	General Practitioner
IEC	International Electrotechnical Commission
ISO	International Organisation for Standardisation
LRSSB	Light Rail Safety and Standards Board
ORR	Office of Rail and Road
ROGS	Railways and Other Guided Transport Systems (Safety) Regulations 2006 (as amended)
SMS	Safety Management System
TPG	Tramways and Principles Guidance
UK	United Kingdom
UKAS	United Kingdom Accreditation Service



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1. Introduction

- 1.2. This guidance supports the high level principles set out in LRG 1.0 Tramway Principles and Guidance (TPG) published by the Light Rail Safety and Standards Board (LRSSB).
- 1.3. This document provides high level guidance for medical fitness for those operating a Light Rail (tram) vehicle based on 'line-of-sight' operations only. As with all guidance, this document is not prescriptive and is intended to give advice, not to set a mandatory industry standard, and it is based upon goal setting principles as good practice.
- 1.4. Much of this guidance is based on the experience gained from good practice and risk assessment from existing UK Light Rail systems and other related industries. It does not endorse or prescribe particular arrangements adopted by any of these systems and is intended to provide advice to those involved in the management of medical fitness applicable to the operation of Light Rail (tramway) systems in the UK.
- 1.5. This guidance document has received review by an external independent occupational health consultant.



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2. Scope

2.1. This guidance offers good practice that seeks to provide an acceptable level of assurance that management of medical fitness is taking place by the Duty Holder when authorising an operator to control a vehicle (in both normal and degraded operating conditions).



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3. Medical Fitness - Good Practice

- 3.1 The Duty Holder of the Light Rail system should arrange for medical examinations to be carried out by, or under the supervision of, a registered medical practitioner. It is recommended that the medical practitioner has a recognised qualification in occupational medicine or has access to a medical practitioner with such a qualification.
- 3.2 There should already be in place a contracted agreement to support the provision of occupational health services (which is not considered further within this guidance). All parties in such agreements should be sure that the requirements and processes are suitable, robust and fit for purpose.
- 3.3 The Duty Holder should ensure that the medical practitioner has adequate knowledge of the hazards of Light Rail vehicle operations and the wider infrastructure environment, and that they are informed of any subsequent changes that may take place or new hazards identified from task analysis review.
- 3.4 The individual Duty Holder's Safety Management Systems (SMS) should determine the level of medical fitness as required by an individual Light Rail system's characteristics. LRSSB recommend that a minimal level of medical fitness will be equal to or more stringent than the level of fitness required to operate a passenger service vehicle (Group 2 driving licence medical standard). Examples of where the requirements may be more stringent than DVLA Group 2 include colour vision, near vision or hearing, depending on the task analysis for the particular Light Rail system.
- 3.5 Details of the current Group 2 driving licence medical standard can be found by using the following link. This document is updated every six months by the DVLA:
 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/866655/assessing-fitness-to-drive-a-guide-for-medical-professionals.pdf
- 3.6 The examining medical practitioner should receive clear instructions in relation to the standard of medical fitness that the operator must meet. They should issue a certificate or statement that the operator meets or does not meet the standard, including any conditions, adjustments or safe system of work that may be necessary.
- 3.7 The operator should declare any medical condition or medication being taken so this can be assessed (in conjunction with the individual operator, their GP (General Practitioner) and the company's occupational health provider) in order to determine that any potential side effects as a result of taking the medication do not result in any impairment.
- 3.8 A Light Rail system should not permit the operation of any vehicle in the following circumstances where it is believed that the operator:
 - May be suffering from any medical condition;
 - Be taking medication;
 - Suspected of being under the influence of drugs or substances which are likely to cause a sudden disabling event; and / or
 - The operator is unable to control their vehicle safely for any other reason.



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- 3.9 DVLA define the risk of a sudden disabling event, in relation to Group 2 drivers as "2% likelihood of an event in one year". This could include the following:
 - Sudden loss of consciousness;
 - A reduction in attention or concentration;
 - Sudden incapacity;
 - A loss of balance or co-ordination; and / or
 - Significant limitation of mobility.
- 3.10 At every medical examination, the opportunity should be used to screen for drugs and alcohol (in addition to testing after any accident or incident at work, where deemed applicable) Refer to LRG 33.0 Guidance in the Management of Drugs and Alcohol for further guidance.
- 3.11 Laboratories used for the analysis of drugs or alcohol should be UKAS (or European equivalent) accredited to ISO / IEC 17025:2017₁ or subject to blind analysis testing under an external quality assurance scheme.
- 3.12 Any candidate refusing to be screened should not be permitted to operate a Light Rail vehicle.
- 3.13 The examining medical practitioner will be responsible for ensuring that medically confidential information is stored and transmitted in accordance with normal data protection and medical practice requirements, so that it is kept separate from management information.
- 3.14 The operator's status as meeting or not meeting the fitness standard and any associated conditions, adjustments or agreed safe system of work should be recorded within integrated safety management and human resource systems.

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¹ ISO / IEC 17025:2017: General requirements for the competence of testing and calibration laboratories.



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4. Frequency of Medical Assessments

- 4.1. As part of the SMS, the Duty Holder of the Light Rail system should arrange for medical examinations to be conducted by a medical practitioner at the following frequencies:
 - Prior to employment (refer to LRG 9.0 Driver Selection and Recruitment Guidance for further information;
 - Every five years up to the age of 55 years;
 - Every two years for staff aged between 56 and 62 years (inclusive); and
 - Every year for staff aged 63 years and over.
- 4.2 Additional medical assessments may be required whenever the continued medical fitness of the operator is in doubt or as directed by the examining medical practitioner.



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5. Linked Documents

- 5.1. The Light Rail system may wish to make reference to other standards, procedures or guidance they decide to follow to stand alongside their medical fitness procedures. Examples may include the following:
 - Testing of Safety Critical Workers for Drugs and Alcohol;
 - ORR (Office of Rail and Road) publication Fitness for Work (December 2017); and
 - ISO / IEC 17025:2017: General requirements for the competence of testing and calibration laboratories.