



PROCEDURE

Title: **Health and Fitness Standard for Contractors**

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Department: HS&E	Sect./Classification: Occupational Hygiene/Health	Author: B Hoskins	Approver Role: Manager - Health & Safety

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1.0 PURPOSE

To develop health assessment and monitoring protocols for contractors working on site to ensure their fitness for work on site at QAL.

2.0 SCOPE

This Procedure shall apply to all Category 1, 2 & 3 contractors working on site at QAL.

3.0 RESPONSIBILITIES

Health Team

Support this procedure, aid development and implementation of health monitoring / medical protocols and issue site access conditions letters as appropriate

Occupational Physician

Provide advice to external agents re criteria for appropriate health monitoring and medical services to ensure fitness for work of contractors, including standardising the health assessment process ***through the issue and maintenance of the Brief to PEM Providers (see attachment)***.

QAL Contractor Representative

Liaise with contractor manager about impact of site access conditions, and approve or reject entry to site as appropriate

Contractor Managers

Scheduling of and payment for medicals per protocol. Supply external provider with details of role description to enable tailored and appropriate medical

Risk assess exposure to WHS Regulation Schedule 14 hazardous substances

When site access conditions apply, detail impact on work and liaise with QAL contractor Representative

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Contractors

Attend medical when required
 Ensure completion and sign off of site access conditions letter if issued
 Comply with site access conditions

Approved external medical provider

Medical practice, not on site at QAL, providing medical examinations in keeping with QAL requirements and issuing contractor compliance cards
 Provide medical examination in accordance with criteria set by Plant Occupational Physician
 Follow WHS Regulation Schedule 14 health surveillance when required

4.0 REFERENCES

P001.001 - QAL Health Safety Environment and Communities Policy
 P301.067 – Fitness for Work
 P302.019 – Drug and Alcohol Screening
 P314.101 – Management of Ionising Radiation Sources
 P747.002 – Audiometric Testing
 W747.001.02 – Contractor Site Access Conditions
 Queensland Work Health and Safety Regulation
 Privacy Act
 Guidelines for Health Surveillance [NOHSC:7039]
<http://www.gal.com.au/who-we-are/access-to-site.aspx>
 Dictionary of Occupational Titles (<https://occupationalinfo.org/>)
 Site access conditions letter (Medical Director)

5.0 DEFINITIONS**Medical**

A set of medical examinations and tests that a person undergoes to enable **potential** health/**fitness** risks to be recognized and determine their impact on person's ability to safely perform their role.

Questionnaires

Questionnaires are part of the medical. These are tailored to identify potential health conditions and determine previous exposure history to certain hazardous substances.

Schedule 6 Hazardous Substances

Those substances listed in the WHS Regulation 2011 under Schedule 14.

Fitness for work

Fitness for work means that a contractor is in a state (physical and mental), that enables the contractor to perform all assigned tasks competently, and in a manner that does not compromise or threaten the health and safety of themselves or others, or threaten damage to plant, equipment or the environment. Refer to QAL Policy P301.067.

Contractor Compliance Card

A card issued to the contractor after completing medical by QAL approved medical provider. The card will be valid for two years (unless otherwise stated), and will include details identifying contractor (including photo and date of birth), date of medical test elements, and list any site access conditions identified at the medical.

Approved external medical provider

External medical clinic that has demonstrated ability to meet QAL standards in provision of medical examinations, listed on QAL web page as currently approved provider. The current approved external medical providers will be listed on the QAL webpage under access to site information. ***The medical provider must have a physical presence in Gladstone AND ability to arrange the same quality of medicals elsewhere in Australia.***

Medical Director

Software system for creation and storage of confidential medical information

6.0 ACTIONS

6.1 Medical Protocols

Medical protocols shall be developed to meet legislative requirements and tailored to the specific job demands and exposures. The medical shall include developing appropriate examinations, tests and questionnaires. These are to be developed by the external provider in conjunction with the Plant Occupational Physician, Occupational Health team and the Occupational Health & Hygiene Specialist.

6.1 Assigning of Protocols

Protocols will be assigned to contractors based on exposure to agents, task and age, and related to a risk assessment and legislation / standards. Role descriptions shall be used to associate these protocols.

Every two years, all contractors will undergo at least the following:

- Health history / health exposure questionnaire
- Audiogram
- Lung function
- Physical assessment, based on the prescribed exposure of their role, as described by role description provided by Contractor manager, or per Dictionary of Occupational Titles for generic role description **for labourer**
- Health surveillance monitoring where exposure to WHS Regulation Schedule 14 hazardous substances indicates greater than low level risk. This shall include full blood counts for Radiation workers as per S6.8.4 P314.101 Management of Ionising Radiation Sources.
- Other examinations may be undertaken as indicated by legislation and/or standards, e.g. for motor vehicle drivers and crane operators. These examinations shall be mandatory if required per role description.

6.2 Scheduling and completing health monitoring protocols

All health monitoring protocols and associated contractor compliance cards have a validity date of two years from date of issue, unless otherwise stated. The Contractor group shall be responsible for scheduling appointments.

Upon completion of health monitoring, the external provider will supply a contractor compliance card, indicating status of tests completed, date of completion and any conditions for site access.

6.3 Site access conditions

- Conditions shall be listed on contractor compliance card
- Site access letter issued by approved external medical provider or from QAL Occupational Health Centre, matching compliance card
- Contractor manager and contractor shall detail impact of site access conditions and sign off on site access letter
- QAL Contractor Representative will then approve site access as appropriate and sign off on site access letter

6.4 Retention of Records

Records will be retained by the external provider for a minimum period pertinent to legislative requirements.

Any records held by QAL shall be retained in a confidential medical file, retained for a minimum period of 40 years after employment ceases. Should QAL cease to operate, all personal medical data is required to be kept for legislative purposes.

7.0 ATTACHMENTS**7.1 Brief to Providers****8.0 REVISION HISTORY**

Issue	Revision	Revision date	Change Reason
1	2	05/08/2021	Update 3.0 Responsibilities – Occupational Physician Update 5.0 Definitions – Approved External Medical Provider Added new attachment 7.1 – Brief to Providers
1	1	12/03/2019	Update 2.0 Scope Category 2 added
1	0	13/12/2017	Initial Release

Each of the following questions must be asked. The form must permit them to answer the question as to whether they suffer now or have suffered at any time in the past. They must be able to answer "yes", "no" and "don't know".	Amber if "yes"
Abdominal pain or bowel disorder	
Abnormal shortness of breath, leg pain or chest pain on exertion	
Allergies (hay fever, sinusitis, urticaria/hives, medication, chemicals)	
Anxiety, stress reaction or depression	
Any abnormal blood or pathology test	
Any condition, complaint, ache, pain or disability not mentioned above	
Any fracture	
Any significant infectious illness or communicable disease	
Are you are taking medication. (Please include items such as eye drops, asthma "puffers", nasal sprays, creams, vitamins, etc)	
Are you currently or should you be receiving treatment including treatment from a person who is NOT a registered medical practitioner (eg chiropractor, naturopath)?	
Are you now or have you ever been dependent on or addicted to drugs or alcohol?	
Are you taking medication such as antihypertensives, beta blockers, antidepressants, diuretics, anticholinergics. and other specific drug classes e.g. sleeping pills	
Back pain lasting more than two weeks	
Back pain, sciatica or neck pain or injury	
Blood disease	
Coughing and/or shortness of breath due to dust, fumes or gasses.	
Difficulties sitting or standing for more than 2 hours	
Difficulties walking on rough ground	
Difficulties wearing personal protective equipment (eg safety footwear, gloves, face masks, safety helmets, protective clothing)	
Difficulties with manual handling, gripping, lifting or carrying	
Difficulties working at heights	
Difficulties working in confined spaces	
Difficulties working in hot or cold environments	
Difficulties working shift work and/or working at night	
Difficulties working with chemicals, dust, noise or other potential hazards	
Difficulty climbing a ladder	
Do you drink alcohol?	
Do you experience any difficulty or discomfort walking up or down stairs?	
Do you have any problems lifting or carrying large items?	
Do you have sleep apnoea or have you attended for a sleep study or has anyone recommended that you attend one?	
Do you smoke or have you ever regularly smoked tobacco or other substances? If so, what did you smoke, over what period, average daily quantity and date you ceased (if you have stopped).	
Do you undertake any regular exercise? If so, please state type, frequency per week and duration of each session.	
Epworth sleepiness scale	
Eye/vision problems (including wearing glasses or contact lenses)	
Foot problems or problems with footwear	
Fractures or broken bones?	
Frequent coughing/bring up phlegm	
Has your weight altered in the last 12 months	
Have you (or should you have) reported any medical conditions to the Department of Transport? If "YES" a copy of the current medical certificate MUST be obtained.	
Have you been vaccinated against HEPATITIS A in the last 10 years?	
Have you been vaccinated against HEPATITIS B in the last 10 years?	
Have you been vaccinated against TETANUS in the last 10 years?	
Have you ever been admitted to hospital	
Have you ever had any operations or surgical treatment?	
Have you ever made any workers compensation claim/s?	
Have you ever used any illicit drug/s?	
Have you ever worked under conditions or with substances which may have been hazardous to your health? (e.g. toxic chemicals, noise, dusts, asbestos, radiation)	
Have you had an X-ray or MRI for back/neck or joint pain	
Hearing loss or deafness	
Heart disease or Vascular disease	
Hernia or rupture	
High blood pressure	
History of dizziness or vertigo	
History of epilepsy, fainting attacks, fits, blackouts or head injury	
If YES (to alcohol) please provide details (number of drinks per week).	
Joint problems, pains, injuries, arthritis, dislocated joints	
Kessler 10	
Liver disease (eg jaundice, hepatitis, cirrhosis)	
Lung disease (eg asthma, bronchitis, emphysema, tuberculosis)	
Metallic Implants such as pacemakers, defibrillators, prosthetic heart valves, cochlear implants, nerve stimulators	
Migraine or frequent headaches	
Muscle or ligament strain	
Nervous, mental or psychiatric condition	
Night blindness or problem seeing at low levels of illumination.	
Occupational overuse syndrome (OOS) or repetitive strain injury (RSI)	
Pain or tingling in hands / wrists?	
Palpitations, extra or skipped heart beats	
Problem with balance or coordination	
Sensitivity to chemicals, dust, fumes, solvents or other substances	
Skin cancers	
Skin diseases (eg psoriasis, dermatitis, eczema)	
Stomach or duodenal ulcers or frequent indigestion	
Sugar diabetes	
Tennis elbow or golfer's elbow	
Tenosynovitis or tendonitis	
Thyroid disease	
Upper limb or shoulder pain	
Varicose veins	
Vibration white finger, carpal tunnel syndrome or any other hand / wrist condition or injury?	
Weakness in arms or legs	

Hoskins, Robert:
The PEM provider MUST obtain a medical certificate in the approved form, endorsed by Queensland Transport, if the applicant is required to apply for a conditional licence as determined by the AFTD guidelines.

Variable	Green	Amber	Red
Abdominal scars	Recorded but not a criterion		
Ankle oedema	Absent	Present	
ASNZS Compliant Urine Drug Screen	Negative	Explained positive	Non-negative
Blood pressure (on Rx if required)	< 140/90	140-170/90-100	>170/100
BMI	Recorded but not a criterion		
Breath or Urine Alcohol screen	Negative		>0.02g/210l
Breath sounds normal (inc CCF)	Yes	No	
Chest expansion	Normal	Reduced	
Chest shape	Recorded but not a criterion		
Current otitis externa	No		Yes
Current otitis media	No		Yes
Eczema/dermatitis	No	Yes	
Examination of EAM and TM	Recorded but not a criterion		
HbA1c (if indicated)	<7%	7-9%	>9%
Heart sounds normal or benign	Yes	No	
Height	Recorded but not a criterion		
Herniae	No		Yes
Is chest X-ray clinically indicated	No	Yes	
Ishihara	Normal or mild deuteranomalous OK - others -->		
Organomegaly	Recorded but not a criterion		
Pacemaker	No	Yes	
Pedal pulses	Present	Absent	
Practical hearing test See also "pure tone audiometry"	Able to determine direction and communicate effectively against 90dB background noise with and without hearing protection		Unable
Pregnancy	Expiry date / review date to be same as delivery date		
Psoriasis	Recorded but not a criterion		
Pure tone audiometry to Australian Std	Must meet AFTD guidelines or pass practical hearing test		
Pulse	60-100 or <60 athlete	<60 non athlete	anything else
Simple reproducible spirometry	>80% predicted all 3	Anything else	
Skin lesions	Recorded but not a criterion		
Strabismus	No	Yes	
VA distant	Must meet AFTD guidelines		
VA near	N/10 corrected	>N/10 corrected	
Varicose veins	No or yes without skin disease	Yes with skin changes	Yes with ulcers (or H/O)
Visual fields	>140 degrees	<140 degrees	
Waist circumference	Recorded but not a criterion		
Weight		>120kg	>160kg

Hoskins, Robert:
If present as a drug side effect this is unlikely to be an impediment to employment. However, inadequately treated congestive heart failure is for most physically demanding jobs.

Hoskins, Robert:
A small congenital umbilical hernia that clearly has firm edges and a diameter of <1cm is not an impediment to employment

Bob Hoskins:
MUST be done on site

Bob Hoskins:
site access card to read "all load bearing equipment used to be rated at least xxx kg"

Amber - Site conditions on FFW card

Variable	Green	Amber	FFW card	Red
Prior to commencing functional testing the PEM provider SHALL complete an appropriate risk assessment and not proceed unless it is safe to do so.				
Functional testing SHALL be conducted to the employer's Job Demands Analysis (if there is one) or using a standard job dictionary if there is not. If unsure, use "labourer" from standard job dictionary (eg Dictionary of Occupational Titles).				
It is NOT acceptable to have anyone working at 100% of their maximum capacity. Lifting and endurance testing SHALL be sufficient to ensure JDA maximum lifts are not greater than 80% of demonstrated actual capacity.				
Where a patient fails to meet a functional requirement due to poor fitness or deconditioning they may re-present for further testing at the discretion of the PEM provider following suitable corrective activity.				
Prior to commencing cardiovascular fitness testing the PEM provider SHALL ensure the patient's heart rate has returned to the resting heart rate.				

ParQ / Health history questionnaire

Musculo-skeletal screen

Dynamic Tolerances

Variable	Green	Amber	FFW card	Red
Ankle ROM L&R	Functional	Non-functional		
Any additional requirement in JDA	Pass			Fail
Cardiovascular fitness test	Pass	If complete at least 2 minutes restricted to two flights above/below ground level	If complete between 1 and 2 minutes restricted to one flight above/below ground level	<1 minute = fail
De Quervain's tenosynovitis L&R	Absent			Present
Elbow ROM L&R	Functional	Non-functional		
FABER test L&R	Negative			Positive
Grip strength >75% predicted and >30kg	Yes	>30kg but less than 75% predicted		<30kg cannot use stairs and/or ladders
Hip ROM L&R	Functional	Non-functional		
Jobe's test L&R	Negative			Positive
Kanavel's sign	Absent			Present
Knee ROM L&R	Functional	Non-functional		
Knights' kneel L&R	Pass	Use support to exit knight's kneel		Fail
Lifting above shoulder height	Pass			Fail
Lifting floor to waist	Pass			Fail
Lifting waist to shoulder	Pass			Fail
Lumbar lordosis	Normal	Abnormal		
McMurray's Test L&R	Negative	Positive		
Modified Romberg test	30 seconds	20-30 seconds		<20 seconds
Neck ROM	Functional	Non-functional		
Patellar stability L&R	Normal			Abnormal
Patello-femoral pain L&R	No			Yes
Phalen's manoeuvre L&R	Negative			Positive
Repetitive squat (5 repetitions)	Pass			Fail
Scapular symmetry	Yes	No		
Scapular winging	No	Yes		
Scoliosis	No	Corrects		Fixed >20 degrees
Shoulder ROM L&R	Functional	Non-functional		
Sustained forward reach (3 minutes)	Pass			Fail
Sustained kneel (3 minutes)	Pass			Fail
Sustained overhead reach (3 minutes)	Pass			Fail
Sustained squat (3 minutes)	Pass			Fail
Sustained stoop/forward bend (3 minutes)	Pass			Fail
Test of carrying capacity	Pass			Fail
Test of stability/pain all 4 knee ligaments L&R	Negative	Positive		
Thoracic kyphosis	Normal	Abnormal		
Wrist ROM L&R	Functional	Non-functional		

Hoskins, Robert:
Queens College Step Test is the preferred choice with a minimum standard of "good". The YMCA step test is an acceptable alternative.
The Chester step test must not be used.
A person who has not done a step test but who has achieved 11 METS on a Bruce Protocol meets this criteria although the reason for doing a stress ECG may raise other issues.

Bob Hoskins:
Specify test limit on FFW card

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Specify test limit on FFW card

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Specify test limit on FFW card