



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.