

SIP 017 - GUIDANCE ON FITNESS FOR WORK AND HEALTH SURVEILLANCE IN PORTS



DISCLAIMER

It is Port Skills and Safety (PSS) policy to obtain permission to link to external web sites, and contextual links are provided to such sites where appropriate to the industries business. PSS is not responsible for, and cannot guarantee the accuracy of, information on sites that it does not manage; nor should the inclusion of a hyperlink be taken to mean endorsement by PSS of the site to which it points



DRAFT - For Reference Only

Contents

1. INTRODUCTION.....	4
2. REGULATORY FRAMEWORK AND GUIDANCE.....	5
3. HEALTH	7
4. RISK ASSESSMENT	8
5. CONSULTATION, COOPERATION AND COORDINATION	12
6. FITNESS FOR WORK.....	12
7. MEDICAL FITNESS ASSESSMENT STANDARDS	13
8. IF A WORKER FAILS TO MEET AN APPROPRIATE MEDICAL STANDARD.....	17
9. ORGANISATION OF MEDICAL FITNESS ASSESSMENTS.....	17
10. CHOOSING AN OCCUPATIONAL HEALTH PROVIDER	18
11. MEDICAL FITNESS ASSESSMENTS.....	19
12. EMPLOYEE CONFIDENTIAL SELF-DECLARATION.....	20
13. FITNESS CERTIFICATES (MED 3 FIT TO WORK).....	20
14. PRE-PLACEMENT MEDICAL FITNESS ASSESSMENTS.....	21
15. HEALTH SURVEILLANCE.....	22
16. MEDICAL RECORDS.....	22
17. RELEVANT LEGISLATION AND GUIDANCE.....	23
18. DOCUMENT AUTHORS.....	25
19. FURTHER INFORMATION.....	25
20. COPYRIGHT.....	25

1. INTRODUCTION

- 1.1. The Health and Safety Executive provided support to Port Skills and Safety in producing this guidance, which is aimed at improvements within the Ports industry. This guidance may go further than the minimum you need to do to comply with the law regarding health and safety.
- 1.2. It is for companies operating in the UK ports industry with responsibility for the safe design, construction, operation, management and maintenance of ports and terminal facilities and activities. It will also be useful to employees and their representatives.
- 1.3. Following the guidance is not compulsory and you are free to take other action. If you follow the guidance you will normally be doing enough to comply with the law. Health and Safety Inspectors seek to secure compliance with the law and may refer to this guidance. If the guidance goes beyond compliance, then this will be clearly identified.
- 1.4. Regulations in this document are referred to by title but not year, because they are amended from time to time. The reader should always seek the current version. Acts are given a year as they tend to change less frequently. The list of references at the end of this document however does include a year that was correct at the time of publication.
- 1.5. This guidance is for Fitness for Work, for all other general occupational health guidance, refer to SiP011 Guidance on sources of occupational health information.
- 1.6. This document addresses both Medical **Fitness for Work** and **Health Surveillance**. It is important to differentiate the two.
- 1.7. **Fitness for Work:** The employer taking reasonable care and competent advice to establish that a person is medically fit to work safely in a particular role or environment. This may include pre-placement medicals and periodic medical assessment. For the purposes of this document medical fitness includes both physical and mental fitness to perform a role.
- 1.8. **Health Surveillance:** This is a system of periodic health checks which is undertaken to allow for early identification of work-related ill health, advise on ongoing fitness for work and any restrictions required and to help identify any corrective action needed. Health surveillance is required by law if employees are exposed to risk from certain hazards such as: night working, noise or vibration, certain chemicals, and other substances hazardous to health.

- 1.9. Additional benefits of Health Surveillance include scrutinizing the effectiveness of controls and providing an opportunity for employees to discuss any health concerns. It provides an opportunity to train/instruct workers, and to detect and evaluate health risks using health records.
- 1.10. We acknowledge the support and assistance of the [Construction Plant-hire Association](#). Their Strategic Forum for Construction Plant Safety Group: “Good Practice Guide on Medical Fitness to Operate Construction Plant” has been invaluable in the development of this guidance.
- 1.11. The guidance is aimed at routine operations and does not cover some of the specialised and high-risk activities associated with handling dangerous goods and hazardous cargoes, or major hazards sites which are subject to the Control of Major Accident Hazards Regulations for which specialist advice may be required.
- 1.12. Guidance within these shaded areas of this document denotes that the contents go beyond statutory compliance and are industry recommended best practice. These guidelines are not mandatory, though the legislation referenced below is. Individual organisations have a duty of care to those who might be affected by their operations and are responsible for devising arrangements that meet their obligations.

2. REGULATORY FRAMEWORK AND GUIDANCE

- 2.1. The two principal relevant pieces of law are the [Health and Safety at Work etc. Act \(HSWA\) 1974](#), and the [Management of Health and Safety at Work Regulations](#) (MHSWR), which set out the basic requirements to ensure, so far as is reasonably practicable, the health, safety and welfare of all involved.
- 2.2. Port specific, Merchant Shipping and other legislation applies and should be referred to.
- 2.3. Approved Code of Practice (ACOP) L148 ‘Safety in Docks’ was introduced on 6 April 2014: <http://www.hse.gov.uk/pubns/books/l148.htm>
- 2.4. The PSS/HSE Safety in Ports guidance suite, available from the PSS website at: <https://www.portskillsandsafety.co.uk/resources> is an important supplement to the Safety in Docks ACOP L148.
- 2.5. Reference can also be made to the International Labour Organisation’s (ILO) Code of Practice on Safety and Health in Ports (ILO 152): http://www.ilo.org/sector/activities/sectoral-meetings/WCMS_546257/lang--en/index.htm

- 2.6. **Disability Discrimination:** Employees with health or disability issues may be afforded protection by the disability provisions of the Equality Act. This requires employers to make reasonable adjustments, such as to working arrangements or conditions, to make sure such workers are not treated less favourably than other employees.
- [Equality and human rights commission disability discrimination web pages](#)
- 2.7. **Employment Legislation:** Employers considering action to discipline or dismiss employees as a result of ill health, have responsibilities under the [Employment Rights Act 1996](#) to adopt fair procedures before dismissing employees on grounds of sickness absence and [Employment Act \(Dispute Regulations\)](#) to adopt statutory minimum dismissal, disciplinary and grievance procedures.
- 2.8. **Working hours and fatigue:** The Working Time Regulations set out the legal requirements for maximum working hours and minimum rest periods. Excessive hours and/or insufficient rest periods lead to individuals experiencing fatigue and other ill-health effects.
- [HSE web pages on fatigue, shift work and working time](#)
 - [ACAS working hours guidance for employers](#)
 - [HSE Managing shift work: Health and safety guidance HSG256](#)
- 2.9. **Data Protection** The sickness absence data kept and processed by employers has to comply with the General Data Protection Regulation. If an absence record contains specific medical information relating to an employee this is deemed sensitive data and must satisfy the statutory conditions for processing such data.
- 2.10. **Consultation:** Employers have a legal duty to consult with their employees, or their representatives, on health and safety matters - [Health and Safety \(Consultation with Employees\) Regulations](#) and [Safety Representatives and Safety Committees Regulations](#)
- 2.11. Active consultation and involvement of employees and their health and safety representatives is essential to good health and safety risk management. Employers should have arrangements to consult on the risks at work and current preventive and protective measures. Health Surveillance and Fitness for Work fall within the scope of this duty.
- 2.12. **Non-Permanent Employees (NPE):** The host company needs to be satisfied that the NPE is medically fit to undertake the intended operations. The host company should ensure that it does not engage a NPE in any operations until that person has been assessed. The host company does not have to arrange the medical assessment themselves, but they do have to satisfy themselves that the NPE provider has attended a medical assessment and is fit to work.

- 2.13. Although not a legal requirement, host companies are advised to incorporate the requirement for such health and safety arrangements into their contracts with NPE providers.

See also [SiP013 Managing Non-Permanent Employees](#)

- 2.14. **Older Workers:** Health and safety should not be used as an excuse for not employing older people or for terminating employment.

Further guidance is available from: <http://www.hse.gov.uk/vulnerable-workers/older-workers.htm>

- 2.15. Several professional bodies exist in the UK for doctors and nurses practicing in occupational health. These are the Faculty of Occupational Medicine, The Nursing and Midwifery Council, Faculty of Occupational Health Nursing and the Society of Occupational Medicine.

These organisations provide general information for Occupational Health Practitioners, other doctors and nurses and employers

- <http://www.fom.ac.uk/>
- <https://www.nmc.org.uk/>
- <https://www.fohn.org.uk/>
- <https://www.som.org.uk/>

3. HEALTH

- 3.1. The wide range of activities in ports can give rise to possible health risks such as exposure to dusty cargoes; back injuries, sprains and strains from lifting and handling, pushing and pulling; noise and vibration. There is specific legislation including the Control of Substances Hazardous to Health Regulations, the Control of Noise at Work Regulations, the Manual Handling Operations Regulations and Personal Protective Equipment at Work Regulations.

- 3.2. While there is reference to some specific health risks in these guidance documents, it is not possible to cover all the issues. Further information and guidance on the identification, assessment and reduction or avoidance of such risks can be found on the HSE website at:

- 3.2.1. Ports web pages:

<http://www.hse.gov.uk/ports/index.htm>

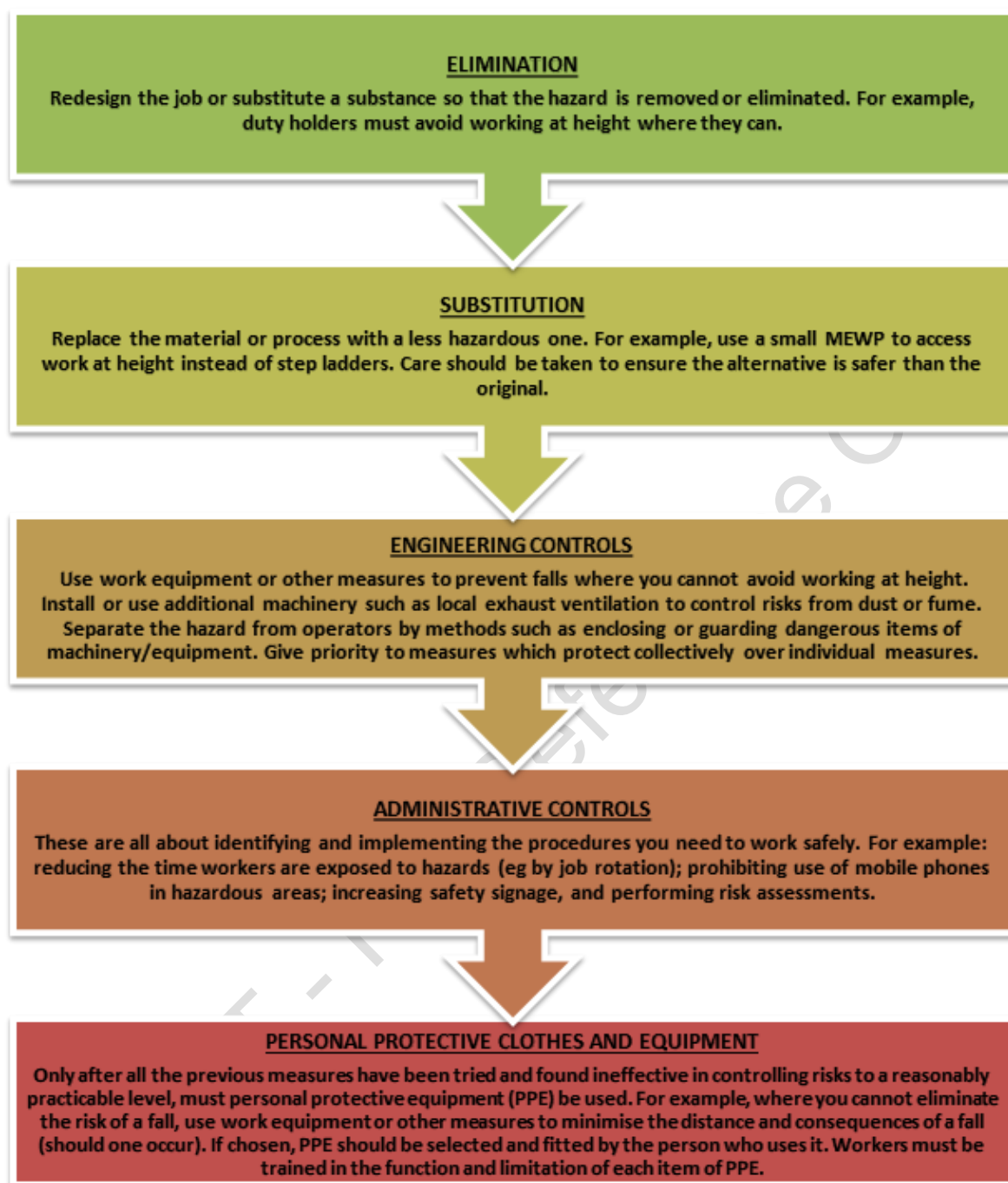
- 3.2.2. Control of Substances Hazardous to Health

<http://www.hse.gov.uk/coshh/index.htm>

- 3.2.3. HSE Whole Body Vibration in Ports Information Paper
<http://www.hse.gov.uk/vibration/wbv/ports.pdf>
- 3.2.4. Musculoskeletal disorders (MSDs)
<http://www.hse.gov.uk/msd/index.htm>
- 3.2.5. The Confined Spaces Regulations
<https://www.legislation.gov.uk/uksi/1997/1713/contents/made>
- 3.2.6. Noise at Work
<http://www.hse.gov.uk/noise/>
- 3.2.7. Personal Protective Equipment
<http://www.hse.gov.uk/toolbox/ppe.htm>
- 3.2.8. Vibration at Work
<http://www.hse.gov.uk/vibration/>

4. RISK ASSESSMENT

- 4.1. Risk Assessments must be undertaken in accordance with the Management of Health and Safety at Work Regulations. The risk assessment must consider the risks, to everyone involved or affected by the activity. This includes but is not limited to non-permanent employees (NPE's), ship's crew, passengers and visitors. The appropriate control measures must be introduced and should consider collective measures before personal or individual measures.
- 4.2. Risks should be reduced to as low as is reasonably practicable by taking preventative measures in order of priority in the Hierarchy of Controls diagram on the following page. The Hierarchy of Controls sets out an ideal order to follow when planning to reduce risk.



Reference: HSE Leadership and Worker Involvement Toolkit. Available at <http://www.hse.gov.uk/construction/lwit/assets/downloads/hierarchy-risk-controls.pdf>

- 4.3. Risk assessments must be reviewed regularly and immediately after any incident or when there are significant changes to the operation. Most accidents and near misses can be avoided if the risks from the work are suitably and sufficiently assessed and appropriate control measures adopted

- 4.4. A risk assessment should record the significant hazards and risks of an operation together with the relevant control measures. In port operations risk assessments should take into account changes such as tidal changes, weather, trim, list, load/cargo and vessel dynamics.
- 4.5. Planning and work execution are discussed in HS(G) 177, Managing Health and Safety in Dockwork: <http://www.hse.gov.uk/pubns/books/hsg177.htm>
- 4.6. The Health and Safety at Work Act 1974 applies on board a ship when shore-based workers are engaged in cargo handling or other tasks on board. Cargo handling may include, but is not limited to:
- 4.6.1. loading, unloading, stowing, unstowing, pouring, trimming, classifying, sizing, stacking, unstacking
 - 4.6.2. composing and decomposing unit loads
 - 4.6.3. services in relation to cargo or goods such as tallying, weighing, measuring, cubing, checking, receiving, guarding, delivering, sampling and sealing, lashing and unlashings.
- 4.7. The Health and Safety at Work Act 1974 applies to the Master and ship's crew when working with shore-based personnel on board ship.
- 4.8. A signed agreement or an agreed and recorded system of work with the master of each vessel is recommended. This is not a legal requirement but may help to ensure effective co-ordination with other parties.
- 4.9. Regulations made under the Health and Safety at Work Act 1974; such as:
- The Management of Health and Safety at Work Regulations
 - The Lifting Operations and Lifting Equipment Regulations
 - The Provision and Use of Work Equipment Regulations
- do **not** apply to a master or crew of a ship, or any persons employing them, in relation to:
- safe access, plant and equipment which remain on board the ship
 - any undertakings or work which are carried out on board ship solely by the master and the crew

Instead, the Merchant Shipping Act 1894 and related Merchant Shipping Regulations impose similar duties on board ship in UK territorial waters.

- 4.10. A ship's master has duties under the Health and Safety at Work Act 1974 in relation to the ship's crew who are put ashore to perform their own tasks (for example, loading ship's stores or carrying out maintenance work on their ship). Those duties extend to plant and equipment (for example a forklift truck) under the master's control being used ashore by ship's crew, or when used by shore-based workers ashore or on-board.
- 4.11. Some legislation (such as that relating to lead, asbestos, vibration, etc.) requires specific health action, including medical assessment of fitness for the role, to take place. Employers should be aware of any such legislation, with absolute duties and ensure compliance and include medical assessment of fitness requirements in their risk assessment process. See also medical guidance [SiP011 sources of occupational health](#) for a list of the main legislation that requires specific health action, that may be relevant to port operations.
- 4.12. **Identifying and risk assessing jobs:** It is the employer's responsibility to conduct risk assessments for specific job roles, that consider any potential health effects and fitness to work issues. For the assessment to be effective, it is essential that the occupational health provider carrying out fitness to work or health surveillance assessments is fully aware of the tasks performed, the risks involved, together with the controls in place, so that fitness for work can be adequately assessed.
- 4.13. The Health and Safety Executive provides information on new and expectant mothers who work. Including links to legislation on health and safety regulations, and the Equality Act. Every employer with 5 or more employees has a duty to make a suitable and sufficient written assessment of the health and safety risks its employees are exposed to whilst at work. Including those who, in the future, could become expectant mothers. This means that any significant risks to unborn children and expectant mothers should be identified, throughout the pregnancy.
- HSE advice www.hse.gov.uk/mothers
- 4.14. **Risk assessments during pregnancy, when breastfeeding or having given birth in the last 6 months:** Most women continue working while pregnant or return to work whilst still breastfeeding. There is little reason why being pregnant or having young children should stop women from continuing their employment. In order to facilitate this, employers are obliged to take action to ensure that these women are not exposed to any significant health risks whilst at work.
- [Management of Health and Safety at Work Regulations](#)
 - [ACAS: Accommodating breastfeeding employees in the workplace](#)

5. CONSULTATION, COOPERATION AND COORDINATION

5.1. **Consultation:** Employers have a duty to consult with their employees, or their representatives, on health and safety matters. By gaining worker involvement on health and safety through two-way communication, concerns can be raised and solved together, and views and information can be sought and exchanged in a timely manner.

5.1.1. See: HSE pages: Consulting and involving your workers
<http://www.hse.gov.uk/involvement/index.htm>

5.2. **Cooperation and Coordination:** Cooperation and coordination between shipside and landside employers is required. Employers must therefore carry out risk assessments and develop safe systems of work (in consultation with the workers involved) that all parties agree to. So that the respective employers can co-operate effectively with each other

6. FITNESS FOR WORK

6.1. The purpose of medical fitness assessment is to ensure that there are no medical (physical and/or psychological) reasons why an individual cannot operate safely at work, with reasonable adjustments if necessary.

6.2. To establish if an individual is fit from a medical perspective, to work on any port related operations, a suitable medical assessment is recommended, appropriate to the duties to be undertaken. Assessments should normally be made against a set of recognised standards that are appropriate to the nature of the work (see section 7).

6.3. The employer must satisfy themselves that employees, in addition to being inducted and competent, are also medically fit to undertake the operations for which they will be engaged.

6.4. The employer should determine the appropriate level of medical fitness required, considering any existing relevant fitness standards and competent advice, as required, from an occupational health professional. The employer should satisfy itself that the person meets those standards either through existing records or further medical assessment and or examination.

6.5. Medical fitness standards will be required for jobs that the employer has assessed as safety critical, meaning the correct performance of which is essential to safety of personnel or equipment (or both); or the incorrect

performance of which could cause a hazardous condition, or allow a hazardous condition to exist. and may require a level of functional capacity. The employer will need to decide whether:

- an activity contains a safety-critical element; and
- an incapacitated worker might expose themselves or others to a significant risk of harm

6.6. Safety critical workers can include; drivers, crane operators, maintenance staff, personnel working in the vicinity of operational plant and equipment and other employees engaged in port operations.

6.7. The term 'fitness' is taken to mean the allocation of an individual to a category of fitness, such as:

- medically fit to perform a role with no restrictions
- medically fit to perform a role with restrictions, or
- medically unfit for that particular role

7. MEDICAL FITNESS ASSESSMENT STANDARDS

7.1. Often there is no one standard for medical fitness assessment, however there are exceptions to this where fitness standards are defined by a regulator e.g. MCA. Employers are free to adopt their own medical standards, but they must ensure that they are suitable and sufficient for the relevant role or safety critical role.

7.2. This document aims to set out a minimum Industry recommended medical standard for port operations, as shown in **Table A** below.

7.3. See also [SIP011 Sources of occupational health information](#)

7.4. Medical standards should be applied and adapted in line with any risk assessment carried out by the employer/duty holder.

7.5. Each person's fitness for work should be judged individually, having considered the requirements of a particular task, the functional abilities of the operator and any relevant health issues.

7.6. The recommended minimum standard for medical fitness for safety critical roles is shown in **Table A**. However, if employers feel that different standards should be applied for specific individuals engaged roles/activities, they should determine this through risk assessment, seeking advice from an occupational health professional if appropriate. This needs to be documented as the outcome may be required to demonstrate compliance.

- 7.7. Applying the principle of individual assessment of fitness (considering both normal operations and all foreseeable emergency situations) and considering reasonable adjustments should ensure that people with disabilities are not disadvantaged.
- 7.8. Medical assessment must be undertaken by an appropriately qualified Occupational Health Practitioner with relevant industry experience/knowledge. For some assessments, a doctor appointed or approved by a relevant regulator is required e.g. HSE, MCA.
- 7.9. Some specific port activities including marine pilotage and operation of floating craft (pilot launches, survey craft etc.) may require specific standards such as those applied by the Maritime and Coastguard Agency (MCA) for seafarers.
- [MCA Guidance](#)

TABLE A

**RECOMMENDED INDUSTRY STANDARD FOR MEDICAL FITNESS ASSESSMENTS
FOR SAFETY CRITICAL ROLES**

- This table sets out the recommended minimum fitness standards to be assessed in an individual carrying out port operations. Note that this is industry guidance and is not a statutory requirement.
- The guidance has been compiled from the DVLA, CBH, HSE and Fitness for work – medical aspects guidance. Results of individual elements below should not be taken in isolation in assessing individual fitness but should be used as part of an overall clinical assessment.
- Any standard applied should be subject to risk assessment and a higher or lower standard may be appropriate in certain cases. For example, a crane operator may require a higher degree of corrected visual acuity than a general port worker
- For mobile plant operations the medical standards as outlined by the DVLA for Group 2 HGV should be followed or as outlined in Table A below whichever is the higher standard

Core Elements	Assessed Outcome	Elements to be Assessed (correct at time of publishing)
Overall clinical assessment	The combined effect of any physical, medical or	See Below

Core Elements	Assessed Outcome	Elements to be Assessed (correct at time of publishing)
	psychological condition is controlled to a satisfactory level not to interfere with the activities required when working in a port environment	
Musculo-skeletal health, mobility and co-ordination	Musculo-skeletal function mobility and balance are adequate for the role	<p>Sufficient range of movement and muscle power of the trunk, neck, upper and lower limbs required This may require functional assessment by management / supervision / competent person.</p> <p>Chronic pain or restriction of joint movement does not interfere with mobility.</p> <p>Individuals with prosthesis require individual operational assessment which is likely to be in 2 stages.</p> <p>First the Occupational Health practitioner gives an opinion on fitness to work. This may need to take into account information from the treating surgeon.</p> <p>Depending upon the outcome, a functional assessment of the individual involving the manager and operator may or may not be required.</p>
Cardio-vascular health	Cardio – vascular health should not present any significant risk when undertaking the job.	See DVLA medical standards for Group 2.
Nervous system	Any neurological disorder should not present a significant risk when undertaking the job.	See DVLA medical standards for Group 2.
Visual acuity, colour	Uncorrected or corrected	For operating plant and equipment

Core Elements	Assessed Outcome	Elements to be Assessed (correct at time of publishing)
vision and peripheral fields	vision is appropriate for the tasks required	see DVLA medical standards for Group 2. For other roles an individual functional and operational assessment with the Occupational Health Practitioner, manager and operator.
Hearing	Evidence of adequate hearing by audiometry.	Hearing to HSE category 1 or 2.
General health assessment	No evidence of an uncontrolled or untreated medical condition which could result in impaired cognitive functioning or sudden incapacity.	Medical or physical conditions such as diabetes, cardiac, asthma etc. are not necessarily a bar. Individual assessment and clinical judgement required on a case by case basis See CBH and DVLA standard for specific guidance relating to specific medical or physical conditions.
Psychological/ mental health	No evidence of uncontrolled mental ill health that is likely to interfere with safety critical work.	See DVLA medical standards for Group 2. Drug maintenance therapy which is not causing side effects will usually be compatible with port operations providing the individual remains asymptomatic and mental alertness and concentration should not be impaired.
Drug and alcohol misuse or dependence	No evidence of alcohol or substance misuse or dependence.	See DVLA medical standards for Group 2. The individual's history should be considered in the assessment.

- [DVLA Assessing Fitness To Drive: A guide for medical professionals](#)

8. IF A WORKER FAILS TO MEET AN APPROPRIATE MEDICAL STANDARD

- 8.1. Any worker who fails to meet the medical standards determined for the type of work for which they are engaged, should be referred to an Occupational Physician (OHP) with appropriate experience in such matters. The OHP will provide an opinion on the individual's medical fitness for a particular role and any adjustments or restrictions that they may require. The employer can then consider this advice to decide upon the potential roles that the employee could perform. This may include continuing in their usual role with adjustments or require consideration of redeployment into an alternative role. It is for the employer in consultation with the individual to decide upon whether the advice from the OHP can be accommodated.
- 8.2. In circumstances when an employee has failed to meet a fitness standard, regard should be given to their employment rights. Guidance from an employment law specialist or company HR professional should be sought.

9. ORGANISATION OF MEDICAL FITNESS ASSESSMENTS

- 9.1. An employer using an occupational health provider and intending to carry out medical fitness assessments of employees is advised to consider the following:

TABLE B

ORGANISATION OF MEDICAL FITNESS

- 1 **Choosing an Occupational Health Provider** who will best suit the size and nature of the employer's business
- 2 Identifying **individual job characteristics** to enable fitness assessments to be focused and relevant
- 3 **Initial assessment** of employees to establish baseline fitness and any requirement for further action
- 4 **Ongoing assessment** of employees at intervals to determine if there has been any change and if there is a requirement for further action
- 5 Provision of **ill health support**, including return to work or return with restrictions/reasonable adjustments if a problem is found
- 6 Evaluating medical fitness issues for recruitment of **new employees**
- 7 Provision of evidence of medical fitness if supplying personnel to customers (taking into account data protection restrictions)

10. CHOOSING AN OCCUPATIONAL HEALTH PROVIDER

- 10.1. Independent advice on finding occupational health advice can be found at NHS Health at Work: <https://www.nhshealthatwork.co.uk/>
- 10.2. The Safe Effective Quality Occupational Health Service (SEQOHS) Accreditation Scheme is a stand-alone scheme managed by the Royal College of Physicians of London, which has been selected to lead and manage the process on behalf of the Faculty of Occupational Medicine and has central government backing. The aim of the scheme is to ensure, through regular monitoring, that required standards are maintained by all accredited OH Services. Assessment for accreditation will be against the SEQOHS Standards, which were developed by the Faculty of Occupational Medicine in collaboration with a multi-agency, multi-disciplinary stakeholder group.

Further information can be found on the SEQOHS website at <https://www.seqohs.org/>

- 10.3. OH, providers should be familiar with the task and operations undertaken by the people they are going to assess. This could include a familiarization visit to the relevant operations.

11. MEDICAL FITNESS ASSESSMENTS

- 11.1. In order to establish if an individual remains fit to undertake their assigned duties, medical assessments should be undertaken at regular intervals.
- 11.2. The frequency of medical assessments must be a proportionate means of reaching a legitimate aim and therefore should be justified. It is recommended that appropriate medical advice is taken regarding when the individual may require their next medical assessment.
- 11.3. There should be a mechanism for determining the frequency of medical assessment on an individual and risk assessed basis.
- 11.4. There is no authoritative recommended period for a medical re-assessment for fitness to work in ports.
- 11.5. Industry good practice is to set an interval not exceeding three years between medical assessments for all personnel engaged in port related work.
- 11.6. Factors that might affect the frequency of medical assessments may include:
- known details of the individual concerned e.g. changes in their health
 - activities they are engaged in
 - change in work pattern e.g. night work
 - changes in activities they are engaged in and/or their work environment
- 11.7. Following a serious injury or significant illness employers should ensure that a suitable and sufficient re-assessment is undertaken. This is to establish the individual's fitness to work. Vocational Rehabilitation such as restricted duties, workplace adjustments, flexible hours and/or a staged return to work may also be appropriate, depending on the circumstances.
- 11.8. Consideration can be given by the employer, where appropriate, to provide ongoing medical support such as physio therapy and counselling to aid a return to work.

12. EMPLOYEE CONFIDENTIAL SELF-DECLARATION

- 12.1. Employees have a duty to inform their employer if they have an issue that may affect their fitness for work. An assessment should then be performed by an occupational health professional, with the outcome taking into account issues of confidentiality.
- 12.2. Many medicines, including those available over the counter can impact on an individual's ability to work safely. Policies should be developed in consultation with employees, requiring employees to report the use of any such medication to their employer. Please see link below for further details
 - [Drugs and driving: the law](#)

13. FITNESS CERTIFICATES (MED 3 FIT TO WORK)

- 13.1. The Med 3 form can only be completed by a registered medical practitioner. General Practitioners (GP's) issue a "fit note" to people they are treating to provide evidence of the advice they have given them about their fitness for work. The Med 3 records details of the functional effects of their patient's condition so the patient and their employer can consider ways to help them return to work. The Med 3 is usually issued by a GP but if the patient is getting treatment in hospital it can also be issued by a medical professional.
- 13.2. The Med 3 allows the GP to advise on whether the person is "not fit for work" for the stated period of time or "may be fit for work taking account of the following advice". The Med 3 is the property of the employee, who should retain it. An employer can take a copy for their record.
- 13.3. At this point the employer, in consultation with the employee, may refer them to their own occupational health practitioner for advice on issues such as fitness for work and any adjustments required. The occupational health practitioner with consent of the employee, may contact the employee's GP.
- 13.4. The fit note is classed as advice from the GP. An employer can decide whether or not to accept the advice. Employees may also seek help from a trade union, ACAS, or refer to the 'Fit for Work' programme for independent advice .

See <http://fitforwork.org/employer/>

- 13.5. Occupational health medical professionals may also provide advice on return to work arising from their knowledge of the workplace, but it is ultimately the employer's decision as to whether they can accommodate the recommendations for return to work.

- 13.6. In situations where the treating GP has indicated the person “may be fit for some work” and the employer or occupational health practitioner disagrees, the employer should consider all of the advice available to them, including that on the Med 3 and any recommendations made by the occupational health professional. They can then discuss with the employee if and how they will return to work. Local safety representatives or trade unions may be able to help in these discussions.
- 13.7. It is essential that there is an agreed and impartial procedure in place allowing for constructive liaison between the treating GP and Occupational Health Practitioners (where necessary), with the full involvement of the employee and respect for their medical confidentiality.

For more information:

- HSE guidance on [Managing sickness absence and return to work](#)
- Department of Work and Pensions: [Getting the most out of the fit note – GENERAL PRACTITIONER guidance](#)
- Department of Work and Pensions: [Getting the most out of the fit note – Guidance for employers and line managers](#)
- Department of Work and Pensions: [Statement of Fitness for Work – a guide for occupational health professionals](#)

14. PRE-PLACEMENT MEDICAL FITNESS ASSESSMENTS

- 14.1. Initial pre-placement medical fitness assessments should be undertaken before the individual starts work. This assessment should aim to establish whether an individual is:
- fit for a role
 - fit with restrictions
 - unfit to perform a particular role
- 14.2. The assessment should include completion of a confidential health questionnaire to identify any relevant medical conditions. Health questionnaires should be devised having taken appropriate occupational health advice. Responses from the employee need to be held as in medical confidence by the health professional performing the pre-employment medical assessment.
- 14.3. Pre-employment drug & alcohol testing may be undertaken, for safety critical roles.
- 14.4. In all cases employers must ensure that employees are fit from a medical perspective to undertake any work they are assigned. Pre-placement medical

fitness assessments should take into consideration the medical fitness assessment standards in this document. To assist the determination of fitness, the employer should make the examining occupational health professional aware of:

- any medical standards required
- the type of work and what it entails
- the controls currently in place

15. HEALTH SURVEILLANCE

15.1. Some legislation places an absolute duty on employers to undertake health surveillance where there is a reasonable likelihood of health effects occurring as a result of workplace exposures and there is a valid way of detecting the effect, see [SiP011 Sources of occupational health information](#). Employers should be aware of any such legislation, ensure compliance and undertake health surveillance when relevant. Risk assessments should be used to identify any need for health surveillance. You should not use health surveillance as a substitute for undertaking a risk assessment or using effective controls or vice versa.

Health surveillance may be used to help identify where more needs to be done to control risks. Where early signs of work-related ill health are detected, implement a system to review risk assessments to decide whether to take action to protect the remaining workforce.

15.2. In addition, in some instances (such as with Ionising Radiation, Lead or Asbestos risk) the use of a doctor appointed by the Health and Safety Executive (Appointed Doctor), to perform health surveillance will be required.

15.3. A list highlighting a number of Regulations with specific duties relating to occupational health surveillance is included in the Relevant Legislation and Guidance section at the end of this document.

16. MEDICAL RECORDS

16.1. Medical records should be maintained and controlled, in accordance with Data Protection principles by an appropriate health professional; not by employers. Access to medical records must be restricted to medical professionals. Disclosure of any person's medical information should only be done on receipt of their written approval and then only essential information may be disclosed.

See [HSE guidance on Record Keeping](#).

- 16.2. It may assist a safe return to work if the employee gives permission for their medical records to be shared with their employer's occupational health provider. There is no requirement for the employee to give such permission and it is entirely at their discretion.

A health record must be kept for **all** employees under health surveillance.

Records are important because they allow links to be made between exposure and any health effects. Health records, or a copy, should be kept in a suitable form. The record should be kept in a format that it can be linked with other information (eg, with any workplace exposure measurements).

You should implement a formal system for recording, storing and transferring health records/medical records.

17. RELEVANT LEGISLATION AND GUIDANCE

- 17.1. Relevant legislation and guidance includes the following. Please note that these are the correct versions at the time of publishing, but the reader should always seek out the most current version.
- 17.2. The current versions of other PSS Safety in Ports Guidance documents can be found at: <https://www.portskillsandsafety.co.uk/resources>

ACAS working hours guidance for employers:

<http://www.acas.org.uk/index.aspx?articleid=1373>

Code of Safe Working Practices for Merchant Seafarers (COSWP);

<https://www.gov.uk/government/publications/code-of-safe-working-practices-for-merchant-seafarers>

Consulting and involving your workers:

<http://www.hse.gov.uk/involvement/index.htm>

Department of Work and Pensions: Getting the most out of the fit note – General Practitioner guidance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/465918/fit-note-gps-guidance.pdf

Department of Work and Pensions: Getting the most out of the fit note – Guidance for employers and line managers

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/578032/fit-note-guidance-for-employers-and-line-managers.pdf

Department of Work and Pensions: Statement of Fitness for Work – a guide for occupational health professionals

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/183335/fitnote-occupational-health-guide.pdf

Equality and human rights commission disability discrimination web pages:

<https://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination>

Health and Safety at Work etc. Act (HSWA) 1974

<http://www.hse.gov.uk/legislation/hswa.htm>

Health and Safety (Consultation with Employees) Regulations 1996 (as amended)

<http://www.hse.gov.uk/pubns/books/l146.htm>

HSE Workplace (Health, Safety and Welfare) Regulations 1992 Approved Code of Practice and guidance (L24):

<http://www.hse.gov.uk/pubns/books/l24.htm>

HS(G) 177, Managing Health and Safety in Dock work:

<http://www.hse.gov.uk/pubns/books/hsg177.htm>

HSE Fatigue web site:

<http://www.hse.gov.uk/humanfactors/topics/fatigue.htm>

HSE Managing shift work: Health and safety guidance HSG256:

<http://www.hse.gov.uk/pubns/books/hsg256.htm>

HSE health surveillance web site:

<http://www.hse.gov.uk/coshh/basics/surveillance.htm>

HSE Managing sickness absence and return to work:

<http://www.hse.gov.uk/sicknessabsence/>

HSE pages on new and expectant mothers

<http://www.hse.gov.uk/mothers/>

HSE Stress pages:

<http://www.hse.gov.uk/stress/index.htm>

HSE Whole Body Vibration in Ports Information Paper

<http://www.hse.gov.uk/vibration/wbv/ports.pdf>

Independent advice on finding occupational health advice - NHS Health at Work:

<https://www.nhshealthatwork.co.uk/>

International Labour Organisation's (ILO) Code of Practice on Safety and Health in Ports (ILO 152):

http://www.ilo.org/sector/activities/sectoral-meetings/WCMS_546257/lang--en/index.htm

Management of Health and Safety at Work Regulations 1999;

<http://www.hse.gov.uk/managing/index.htm>

Managing Health and Safety in Dockwork HS(G) 177

<http://www.hse.gov.uk/pubns/books/hsg177.htm>

MCA Medical Guidance

<https://www.gov.uk/guidance/seafarers-medical-certification-guidance>

Ports web pages

<http://www.hse.gov.uk/ports/index.htm>

18. DOCUMENT AUTHORS

This guidance document has been produced by Port Skills and Safety with the support of the Health and Safety Executive and representatives of the UK ports industry.

19. FURTHER INFORMATION

For further information, please contact:

Port Skills and Safety, First Floor, 30 Park Street, London SE1 9EQ

Tel: 020 7260 1790 Fax: 020 7260 1795 Email: info@portskillsandsafety.co.uk

20. COPYRIGHT

Contains public sector information licensed under the Open Government Licence v2.0.

Crown copyright applies to the whole of this publication. The content may be used by third-parties in accordance with the terms of the Open Government Licence. None of the content may, without HSE's express agreement, be given to third-parties for use outside the terms of the Open Government Licence.

<http://www.nationalarchives.gov.uk/doc/open-government-licence/version/2/>