

**SIP011 - GUIDANCE ON  
SOURCES OF OCCUPATIONAL HEALTH  
INFORMATION FOR PORTS**





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# SIP011

## GUIDANCE ON SOURCES OF OCCUPATIONAL HEALTH INFORMATION FOR PORTS

### *INTRODUCTION*

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.

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.

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.

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.

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.

Managing the workplace health of employees is an integral part of safe port operations.

This guidance is applicable to all persons who may be exposed to health hazards, including but not limited to port operatives, stevedores, engineers, contractors, visitors, and marine staff.





## 1. REGULATORY FRAMEWORK AND GUIDANCE

- 1.1. 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.
- 1.2. Port specific, Merchant Shipping and other legislation applies and should be referred to.
- 1.3. Approved Code of Practice (ACOP) L148 'Safety in Docks' was introduced on 6 April 2014: [www.hse.gov.uk/pubns/books/l148](http://www.hse.gov.uk/pubns/books/l148).
- 1.4. The PSS/HSE Safety in Ports guidance suite, available from the PSS website at: [www.portskillsandsafety.co.uk/resources](http://www.portskillsandsafety.co.uk/resources) is an important supplement to Safety in Docks ACOP L148.
- 1.5. The guidance is aimed at routine operations and does not cover some of the specialised and high-risk activities. Including those 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.
- 1.6. Reference can also be made to the International Labour Organisation's (ILO) Code of Practice on Safety and Health in Ports (ILO 152): [www.ilo.org/sector/activities/sectoral-meetings/WCMS\\_546257/lang--en](http://www.ilo.org/sector/activities/sectoral-meetings/WCMS_546257/lang--en).
- 1.7. Further advice and guidance on specific topics can be found on the HSE website at [www.hse.gov.uk/](http://www.hse.gov.uk/) and includes specialised advice on the following:
  - Dangerous Substances and Explosive Atmospheres Regulations (DSEAR)
  - Control of Major Accident Hazards Regulations (COMAH)
  - Electricity at Work Regulations and guidance on electrical safety
- 1.8. Approved Code of Practice (ACOP) L148 'Safety in Docks' was introduced on 6 April 2014: [www.hse.gov.uk/pubns/books/l148](http://www.hse.gov.uk/pubns/books/l148).
- 1.9. The PSS/HSE Safety in Ports guidance suite, available from the PSS website at: [www.portskillsandsafety.co.uk/resources](http://www.portskillsandsafety.co.uk/resources) is an important supplement to Safety in Docks ACOP L148.
- 1.10. Reference can also be made to the International Labour Organisation's (ILO) Code of Practice on Safety and Health in Ports (ILO 152): [www.ilo.org/sector/activities/sectoral-meetings/WCMS\\_546257/lang--en](http://www.ilo.org/sector/activities/sectoral-meetings/WCMS_546257/lang--en).
- 1.11. Additional legal issues should be taken into consideration when dealing with employee health matters including but not limited to:



- 1.11.1. **Disability Discrimination:** Disabled employees are protected by the Equality Act 2010 which requires employers to make reasonable adjustments to disabled employees' working arrangements or conditions to make sure they are not treated less favourably than other employees. Employees whose injury or poor health persists may be eligible for Equality Act protection.
- 1.11.2. **Health and Safety at Work etc. Act (HSWA) 1974:** Employers have responsibilities under the Health and Safety at Work Act to protect employees, after they return to work, if they have become more vulnerable to risk because of illness, injury or disability.
- 1.11.3. **Employment Legislation:** Employers have responsibilities under the Employment Rights Act 1996 to adopt fair procedures when managing sickness absence and under the Employment Act 2002 (Dispute Regulations) to adopt statutory minimum dismissal, disciplinary and grievance procedures. See also guidance on sickness absence below.
- 1.11.4. **Data Protection:** The sickness absence data kept and processed by employers has to comply with the Data Protection Act 1998. 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. Organisations must comply with the new General Data Protection Regulations and a guide is available at Information Commissioner's Office.

## 2. HEALTH

- 2.1. 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.
- 2.2. 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:
  - Ports web pages: [www.hse.gov.uk/ports](http://www.hse.gov.uk/ports)
  - Control of Substances Hazardous to Health: [www.hse.gov.uk/coshh](http://www.hse.gov.uk/coshh)
  - HSE Whole Body Vibration in Ports Information Paper: [www.hse.gov.uk/vibration/wbv/ports.pdf](http://www.hse.gov.uk/vibration/wbv/ports.pdf)
  - Musculoskeletal disorders (MSDs): [www.hse.gov.uk/msd](http://www.hse.gov.uk/msd)
  - Noise at Work: [www.hse.gov.uk/noise](http://www.hse.gov.uk/noise)
  - Personal Protective Equipment: [www.hse.gov.uk/toolbox/ppe](http://www.hse.gov.uk/toolbox/ppe)
  - Vibration at Work: [www.hse.gov.uk/vibration](http://www.hse.gov.uk/vibration)





### 2.3. Asbestos

Asbestos is the single greatest cause of work-related deaths in the UK. Asbestos containing materials (ACMs) may be found in buildings constructed before 1999 and vessels constructed before 2011. ACMs may also be found in work equipment, for example, the resistor banks in electrical equipment in older cranes. Further information and guidance can be found at:

- HSE asbestos web page: [www.hse.gov.uk/asbestos](http://www.hse.gov.uk/asbestos)
- The Merchant Shipping and Fishing Vessels (Health and Safety at Work) (Asbestos) Regulations: [www.gov.uk/government/publications/mgn-429-ms-and-fv-h-and-s-at-work-asbestos-regulations-2010](http://www.gov.uk/government/publications/mgn-429-ms-and-fv-h-and-s-at-work-asbestos-regulations-2010)

### 2.4. Chemicals

Exposure to chemicals may result in different types of harm from mild skin irritation to toxic effects of poisoning. A hazardous chemical does not always need to enter the body to affect a person's health. For example, most work-related skin diseases are known as contact dermatitis and are caused by skin contact with an external agent.

Safety Data Sheets provide full handling and storage instructions in accordance with the Control of Substances Hazardous to Health (COSHH) Regulations. Further information and guidance can be found at:

- HSE COSHH web site: [www.hse.gov.uk/coshh](http://www.hse.gov.uk/coshh)
- HSE Skin at Work: [www.hse.gov.uk/skin](http://www.hse.gov.uk/skin)

### 2.5. Dust, Gas, Fume and Vapour

Many ports handle bulk cargoes such as coal, grain, biomass and aggregate, which may be carcinogenic. Without appropriate control measures, dust may be generated during handling and can cause skin irritations. Breathing in certain dusts, gases, fumes and vapours can cause respiratory problems such as asthma. Symptoms could include; shortness of breath, wheezing and coughing. Dust, gas and fumes can be generated from other activities, examples include but are not limited to:

- welding
- engineering works
- engine exhausts

Many substances have occupational exposure limits which are readily available in EH40 Workplace Exposure Limits. Further information and guidance can be found at:

- HSE Dusty Cargoes: [www.hse.gov.uk/ports/dusty-cargoes](http://www.hse.gov.uk/ports/dusty-cargoes)
- HSE Welding health and safety: [www.hse.gov.uk/welding](http://www.hse.gov.uk/welding)
- EH40 Workplace exposure limits: EH40/2005 Workplace exposure limits

2.6. **Chronic Obstructive Pulmonary Disorder (COPD)**: is a long-term illness that makes breathing difficult, though typically associated with smoking may also be caused by exposure to dust and fumes. Further information and guidance can be found at:



- HSE COPD web site: [www.hse.gov.uk/copd](http://www.hse.gov.uk/copd).

## 2.7. Fumigants

2.7.1. Fumigants are highly toxic. A wide variety of cargoes may have been fumigated including but not limited to:

- Foodstuffs
- Leather goods
- Handicrafts
- Textiles
- Timber or cane furniture
- Luxury vehicles and
- Cargo in timber cases or on timber pallets

2.7.2. Containers transported under fumigation are required to be labelled and declared in accordance with the International Maritime Dangerous Goods Code. However, absence of marking cannot be taken to mean fumigants are not present. Containers marked as having been ventilated after fumigation may also contain fumigant that was absorbed by the cargo and released during transit. Symptoms of exposure can include but are not limited to :

- Nausea
- Vomiting
- Headache
- Difficulty breathing
- Faintness
- Pain in chest
- Cough
- Chest tightness
- Abdominal pain

Any container suspected of containing fumigant should be:

- carefully opened in the presence of a competent and suitably trained person
- tested for the presence of fumigants
- ventilated if necessary

A competent person should be used when removing traces of fumigant and issuing 'gas free' certificates. Further information on cargo specific hazards can be found in other SiP guidance documents including: **SIP003 Container handling**, **SIP015 Confined Spaces**, **SIP022 Biomass**: [www.portskillsandsafety.co.uk/publications/safety\\_in\\_ports\\_guidance](http://www.portskillsandsafety.co.uk/publications/safety_in_ports_guidance)

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## 2.8. **Musculoskeletal Disorders**

Handling and physical tasks including operating plant and equipment may give rise to Musculoskeletal Disorders such as back pain, upper and lower limb disorder. Further information and guidance can be found at: [www.hse.gov.uk/humanfactors](http://www.hse.gov.uk/humanfactors).

## 2.9. **Biological Agents**

Biological agents can include bacteria, virus and fungi. An example of a disease from a biological agent is leptospirosis, a flu-like illness with a persistent and severe headache, which can lead to vomiting and muscle pains and ultimately to jaundice, meningitis and kidney failure. The bacteria can get into the body through cuts and scratches and the mouth lining, throat and eyes after contact with infected urine from vermin or contaminated water, such as in sewers, ditches, ponds and slow-flowing rivers. Further information and guidance can be found on: [www.hse.gov.uk/biosafety/infection](http://www.hse.gov.uk/biosafety/infection).

2.10. **Legionnaires Disease** is a pneumonia type illness caused by legionella bacteria. This can be fatal and infection is caused by breathing in small droplets of water contaminated by the bacteria. For more information to go: [www.hse.gov.uk/legionnaires](http://www.hse.gov.uk/legionnaires).

## 2.11. **Noise**

Noise induced hearing loss is irreversible damage to the ears caused by prolonged exposure to high levels of noise. If unprotected, individuals will typically lose their hearing gradually over time. Further information and guidance can be found at: [www.hse.gov.uk/noise](http://www.hse.gov.uk/noise).

## 2.12. **Ionising Radiation**

Every day in the UK, all manner of radiation types are used in a diverse range of industrial, medical, research and communications applications, some of which cause harmful exposure risks that must be effectively controlled. Ionising Radiation occurs as either electromagnetic rays (such as X-rays and gamma rays) or particles (such as alpha and beta particles). For ionising radiation, you need to obtain competent advice from a radiation protection adviser (RPA). Further information and guidance can be found at: [www.hse.gov.uk/radiation](http://www.hse.gov.uk/radiation).

## 2.13. **Non-Ionising Radiation**

Non-ionising radiation is the term used to describe the part of the electromagnetic spectrum covering two main regions: optical radiation (ultraviolet, visible and infrared) and electromagnetic fields (power frequencies, microwaves and radio frequencies). People working outside may be affected by long term conditions e.g. skin cancer, due to exposure to ultraviolet radiation (sunlight). Further information and guidance can be found at: [www.hse.gov.uk/radiation/nonionising](http://www.hse.gov.uk/radiation/nonionising).

## 2.14. **Stress**

Work related stress can arise where work demands exceed the person's capacity and capability to cope. It is a significant cause of illness and disease. There is a known link with high levels of sickness absence, staff turnover, and as an indicator of organisational



underperformance - including human error. Factors that can contribute to stress include: excessive working hours, demands of the role, level of control and support, relationships with and behaviours of others, role clarity and organisational or role change. Further guidance can be found in the Stress Management Standards guidance published by the HSE: [www.hse.gov.uk/stress](http://www.hse.gov.uk/stress).

#### 2.15. **Temperature and Heat/Cold Stress**

Temperatures in the workplace are covered by the Workplace (Health, Safety and Welfare) Regulations. There is a duty that employers provide a “reasonable” temperature in the workplace. The Approved Code of Practice suggests a minimum temperature in workrooms should normally be at least 16 degrees Celsius – or 13 degrees Celsius, if much of the work indoors involves physical effort. These temperatures are not absolute legal requirements. An employer’s essential duty is to determine what reasonable comfort will be in the particular circumstances. Ports should consider relevant control measures where they have low temperature environments such as cold stores and refrigerated containers. Further information and guidance can be found at: [www.hse.gov.uk/temperature](http://www.hse.gov.uk/temperature).

#### 2.16. **Vibration**

Regular exposure to vibration transmitted into hands and arms from equipment, such as handheld power tools, may cause injury. Whole Body Vibration, shocks and jolts from driving certain types of vehicles can cause severe back pain. Further information and guidance can be found at: [www.hse.gov.uk/vibration](http://www.hse.gov.uk/vibration). and [www.hse.gov.uk/ports/msd](http://www.hse.gov.uk/ports/msd).

### 3. ***DUTY TO PROVIDE MEDICAL SCREENING/SURVEILLANCE***

- 3.1. Some legislation places a duty on employers to take specific health action including screening and surveillance. Employers should be aware of any such legislation, ensure compliance and consider screening and surveillance requirements in their risk assessment process. Further information and guidance can be found at: [www.hse.gov.uk/coshh/basics/surveillance](http://www.hse.gov.uk/coshh/basics/surveillance).
- 3.2. In some instances (such as with Ionising Radiation, Lead or Asbestos risk) the use of an ‘appointed doctor’, registered with the Health and Safety Executive will be part of an employer’s arrangements.
- 3.3. Regulations with duties relating to medical surveillance include but are not limited to:
  - Control of Artificial Optical Radiation at Work Regulations (Regulation 6)
  - Control of Asbestos Regulations (Regulation 22)
  - Control of Lead at Work Regulations (Regulation 10)
  - Control of Noise at Work Regulations (Regulation 9)
  - Control of Substances Hazardous to Health Regulations (as amended) (Regulation 11)
  - Control of Vibration at Work Regulations (Regulation 7)



- Ionising Radiation Regulations (Regulation 24)
- Management of Health and Safety at Work Regulations (Regulation 6)
- Work in Compressed Air Regulations (Regulation 10)

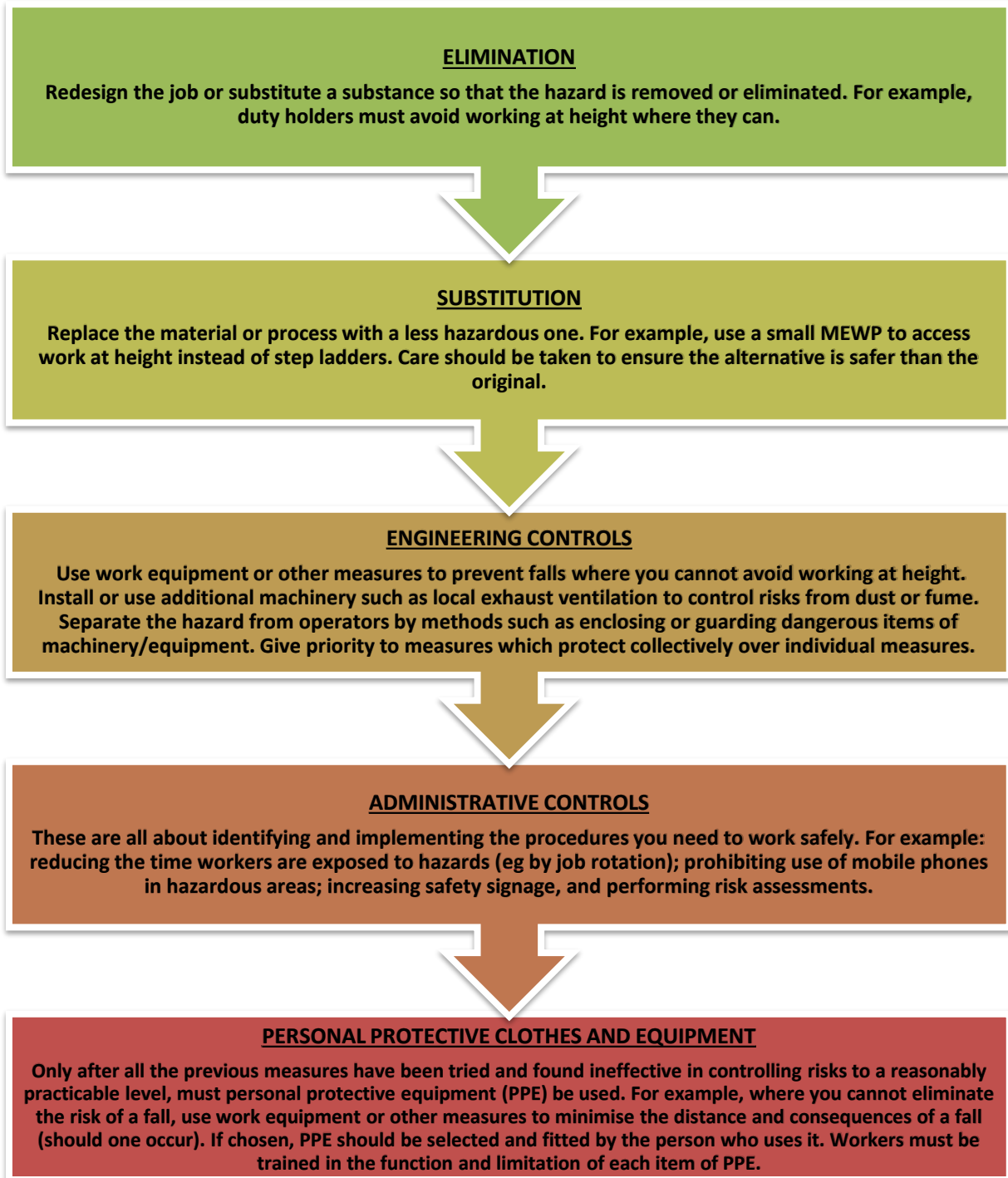
## 4. *RISK ASSESSMENT*

- 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 (MPE'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 below. The diagram opposite sets out an ideal order to follow when planning to reduce risk.
- 4.3. Risk assessments must be reviewed:
- regularly
  - immediately after any incident
  - when there are significant changes to the operation
- 4.4. Most accidents and near misses can be avoided if the risks from the work are suitably and sufficiently assessed and appropriate control measures adopted.
- 4.5. 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 consider changes such as tidal changes, weather, trim, list, load/cargo and vessel dynamics.
- 4.6. Planning and work execution are discussed in HS(G) 177, Managing Health and Safety in Dockwork: [www.hse.gov.uk/pubns/books/hsg177](http://www.hse.gov.uk/pubns/books/hsg177).
- 4.7. 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:
- loading, unloading, stowing, unstowing, pouring, trimming, classifying, sizing, stacking, unstacking
  - composing and decomposing unit loads
  - services in relation to cargo or goods such as tallying, weighing, measuring, cubing, checking, receiving, guarding, delivering, sampling and sealing, lashing and unlashng



- 4.8. 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.
- 4.9. 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.

**HIERACHY OF CONTROLS**



Reference: HSE Leadership and Worker Involvement Toolkit. Available at [www.hse.gov.uk/construction/lwit/assets/downloads/hierarchy-risk-controls](http://www.hse.gov.uk/construction/lwit/assets/downloads/hierarchy-risk-controls)



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 ship.

4.11. In addition to meeting any duties such as those listed above, the employer should also use the risk assessment to determine if any additional health action (including surveillance and medical assessment of fitness for the role) is required. Such risk assessments should be discussed with an occupational health professional, where appropriate.

## 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.

See HSE pages: Consulting and involving your workers [www.hse.gov.uk/involvement](http://www.hse.gov.uk/involvement).

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. MEDICAL FITNESS

- 6.1. An 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.
- 6.2. Medical fitness standards will be required for safety critical roles. A definitive list of safety critical roles does not exist. 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
- 6.3. Some jobs in the port industry involve activities that can place workers at risk. Unless the person has full, unimpaired control of their physical and mental capabilities. These jobs are called 'safety critical' and the people who do them are 'safety-critical workers'.
- 6.4. Safety critical workers can include but are not limited to; drivers, crane operators, maintenance staff, personnel working in the vicinity of plant and equipment
- 6.5. The term 'medical fitness' is taken to mean an individual's category of fitness, such as:
- Medically fit to perform a role with no restrictions
  - Medically fit to perform a role with restrictions
  - Be medically unfit for that particular role
- 6.6. The employer should determine the appropriate level of medical fitness required, taking into account existing relevant fitness standards. The employer should satisfy itself that the person meets those standards either through existing records or further medical screening and or examination.

See also ***SIP013 Guidance on management of non-permanent employees:***

### 6.7. **Fitness to Drive and Operate Equipment**

- 6.7.1. Employers must ensure that drivers and operators are physically and mentally fit to drive or operate machinery. Are competent to do the work; and understand that they have a legal duty to be fit to drive.
- 6.7.2. Employers should always judge a person's fitness for operating a vehicle individually. The aim is to match the requirements of the driving task with the fitness and abilities of the driver
- 6.7.3. Where the employer has determined that a driving role is 'Safety critical'. A standard equivalent to holding an ordinary UK driving licence (Group 1) is likely to be appropriate. In some cases, however, a more stringent standard may be required. Some examples include but are not limited to; moving highly toxic or explosive materials; working in particularly demanding environments; working at night; working alone or operating large or heavy vehicles. Here medical standards equivalent to Group 2 may be appropriate.





6.7.4. The use of Group 1 and/or Group 2 DVLA standards is not a legal requirement but may help you to identify an appropriate regime in consultation with the relevant health professional expertise.

6.8. Assessing fitness individually should help ensure that people with disabilities are not disadvantaged. Some people with disabilities have developed compensatory skills. Reasonable adjustment to work equipment may enable a disabled person to operate workplace transport safely. Reasonable adjustment should take into account the person's capability in an emergency as well as for normal operations. Further information and guidance can be found at:

- [www.hse.gov.uk/workplacetransport/personnel/medicalfitness](http://www.hse.gov.uk/workplacetransport/personnel/medicalfitness).
- [www.hse.gov.uk/workplacetransport/personnel/recruitment](http://www.hse.gov.uk/workplacetransport/personnel/recruitment)
- [www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals](http://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals)

See also 'Safe Driver' in ACOP L148

## 7. OCCUPATIONAL HEALTH FACTORS

### 7.1. Drugs and Alcohol

7.1.1. Port employees are unlikely to be exposed to drugs or alcohol as part of their work. Drug, alcohol and other substance misuse may affect safety performance, damage health, cause absenteeism and reduce productivity. Employees should make their employer aware if they are using prescription medication that may affect their ability to work safely. Initially, this information can be submitted as part of the pre-employment medical screening. Employers should ensure that employees are aware of this continuous duty to inform should personal circumstances change. Any such details provided, remain subject to medical confidentiality. An assessment of the individual's fitness for work by an appropriate health professional is advised should these circumstances arise. Employers can use the Society of Occupational Medicine (SOM), to find occupational health professionals for assessment of employees as required or for specific advice

7.1.2. It is recommended that employers have a drug and alcohol policy. There is information to support the introduction of a policy available from sources such as the Faculty of Occupational Medicine (FOM), Chartered Institute of Personnel and Development (CIPD) and British Medical Association (BMA). The view of employees and trade unions should be taken into account. Further information and guidance can be found at: [www.hse.gov.uk/alcoholdrugs](http://www.hse.gov.uk/alcoholdrugs).

### 7.2. New and Expectant Mothers

7.2.1. A specific workplace risk assessment must be undertaken for new and expectant mothers. This assessment should consider the risks in the working



environment, including but not limited to physical working conditions and the use of chemical or biological agents.

- 7.2.2. This assessment should be reviewed periodically throughout the pregnancy and the period following birth. Further information and guidance can be found at: [www.hse.gov.uk/mothers](http://www.hse.gov.uk/mothers)

### 7.3. **First Aid at Work**

- 7.3.1. Employers are responsible for making sure that their employees receive immediate attention if they are taken ill or are injured at work. Accidents and illness can happen at any time and first aid can save lives and prevent minor injuries from becoming major ones. Arrangements will depend on the particular workplace circumstances and the outcomes of a first-aid needs assessment.
- 7.3.2. As a minimum, employers must provide: a suitably stocked first-aid box, an appointed person to take charge of first-aid arrangements and information for all employees giving details of first-aid arrangements.
- 7.3.3. An employer's first aid arrangements will depend on their first-aid needs assessment. Where the needs assessment identifies workplace or workforce issues, or more significant health and safety risks, an employer will need higher levels of provision. This could include a sufficient number of appropriately trained first aiders and additional equipment and facilities.
- 7.3.4. First-aiders must be trained by a competent first aid training provider in first aid at work, emergency first aid at work, or some other appropriate level of training (identified by the needs assessment). Further information and guidance can be found at: [www.hse.gov.uk/firstaid](http://www.hse.gov.uk/firstaid).
- 7.3.5. It is recommended that employers have a system where any first aid treatment can be formally recorded.

### 7.4. **Health Surveillance**

- 7.4.1. Health surveillance is about systematically watching for early signs of work-related ill health in employees exposed to potential health risks. It means putting in place procedures to achieve this including but not limited to simple methods such as; looking for skin damage on hands when using chemicals, technical checks on employees such as hearing tests and medical examinations. This type of health surveillance is not the same as health promotion or a general health check.
- 7.4.2. Health surveillance records should be retained according to the appropriate regulations/legal requirements and must be held for forty-years from the date of last entry. Further information and guidance can be found at: [www.hse.gov.uk/health-surveillance](http://www.hse.gov.uk/health-surveillance).

### 7.5. **Sickness Absence**

- 7.5.1. Employers should put in place policies and procedures to manage sickness absence and return to work.



7.5.2. Arrangements should include but are not limited to:

- 7.5.2.1. Working and communicating with employees and workforce representatives in developing policies and procedures
- 7.5.2.2. Training line managers in managing sickness absence and return to work
- 7.5.2.3. Recording, monitoring and measuring sickness absence and use of that data at an organisational level
- 7.5.2.4. Maintaining contact with absent employees and planning with them for their return to work
- 7.5.2.5. Access to professional or other advice and treatment to help employees
- 7.5.2.6. Controlling risks to employees from work activities, especially those with continuing poor health
- 7.5.2.7. Putting in place reasonable adjustments to enable workers with health issues to continue to work.

Further information and guidance can be found at:  
[www.hse.gov.uk/sicknessabsence](http://www.hse.gov.uk/sicknessabsence).

7.6. **Fatigue and Shift Working**

- 7.6.1. Fatigue is described as a decline in mental and/or physical performance resulting from prolonged exertion, sleep loss or disruption of the internal body clock. Poorly designed shift-working and long hours that do not balance the demands of work with time for rest and recovery can be contributors to fatigue, accidents, injuries or ill health.
- 7.6.2. Fatigue can result in slower reactions, reduced ability to process information, memory lapses and absent-mindedness, decreased awareness, lack of attention, underestimation of risk, reduced coordination. Changes to working hours should be risk assessed (HSE fatigue risk index) and affected employees consulted. Relevant control measures should be implemented and monitored by the employer.
- 7.6.3. Key risk factors in shift pattern design include but are not limited to; workload, work activity, shift timing and duration, direction of rotation, number and length of breaks during and between shifts. Other factors such as physical environment, management issues and employee welfare may also contribute to the risk.
- 7.6.4. Sleep disturbances can lead to a 'sleep debt' and fatigue. Night workers are particularly at risk of fatigue because day sleep is often lighter, shorter and more easily disturbed by daytime noise and natural reluctance to sleep during daylight.
- 7.6.5. The legal duty is on employers to manage risks from fatigue, irrespective of individual willingness to work excessive hours or preference for a particular shift pattern. Compliance with the Working Time Regulations alone is



insufficient to manage fatigue risks. Further information and guidance can be found at:

- [www.hse.gov.uk/humanfactors/topics/fatigue](http://www.hse.gov.uk/humanfactors/topics/fatigue)
- Managing shift work - Health and safety guidance HSG256:  
[www.hse.gov.uk/pubns/books/hsg256](http://www.hse.gov.uk/pubns/books/hsg256)

## 8. REPORTING OCCUPATIONAL DISEASES

8.1. Regulation 8 of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) requires employers and self-employed people to report cases of certain diagnosed reportable diseases which are linked with occupational exposure to specified hazards.

8.2. The reportable diseases and associated hazards are:

- **Carpal Tunnel Syndrome:** where the person's work involves regular use of percussive or vibrating tools
- **Cramp of the hand or forearm:** where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm
- **Occupational dermatitis:** where the person's work involves significant or regular exposure to a known skin sensitiser or irritant
- **Hand Arm Vibration Syndrome:** where the person's work involves regular use of percussive or vibrating tools, or holding materials subject to percussive processes, or processes causing vibration
- **Occupational Asthma:** where the person's work involves significant or regular exposure to a known respiratory sensitiser
- **Tendonitis or Tenosynovitis:** in the hand or forearm, where the person's work is physically demanding and involves frequent, repetitive movements

Further information and guidance can be found at: [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor)

## RELEVANT LEGISLATION AND GUIDANCE

Relevant legislation and guidance include 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.

The current versions of other PSS Safety in Ports Guidance documents can be found at: [www.portskillsandsafety.co.uk/resources](http://www.portskillsandsafety.co.uk/resources).

- Asbestos: [www.hse.gov.uk/asbestos](http://www.hse.gov.uk/asbestos)
- Asthma: [www.hse.gov.uk/asthma](http://www.hse.gov.uk/asthma)  
[www.hse.gov.uk/asthma/employers](http://www.hse.gov.uk/asthma/employers)
- Back pain: [www.hse.gov.uk/msd/backpain](http://www.hse.gov.uk/msd/backpain)
- Cancer: [www.hse.gov.uk/cancer](http://www.hse.gov.uk/cancer)
- Chronic Obstructive Pulmonary Disorder (COPD):  
[www.hse.gov.uk/copd](http://www.hse.gov.uk/copd)
- COSHH: [www.hse.gov.uk/coshh](http://www.hse.gov.uk/coshh)
- Data Protection: [ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr](http://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr)
- Disability: [www.hse.gov.uk/disability](http://www.hse.gov.uk/disability)  
[www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG\\_4001068](http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068)
- Drugs and Alcohol: [www.hse.gov.uk/alcoholdrugs](http://www.hse.gov.uk/alcoholdrugs)
- DVLA Medical Standards of Fitness to Drive:  
[www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals](http://www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals)
- Employment Legislation: [www.legislation.gov.uk/ukpga/1996/18/contents](http://www.legislation.gov.uk/ukpga/1996/18/contents)
- Ergonomics and Human Factors: [www.hse.gov.uk/humanfactors](http://www.hse.gov.uk/humanfactors)
- Fatigue and Shift Working: [www.hse.gov.uk/humanfactors/topics/fatigue](http://www.hse.gov.uk/humanfactors/topics/fatigue)  
[www.hse.gov.uk/research/rrhtm/rr446](http://www.hse.gov.uk/research/rrhtm/rr446)
- First Aid at Work: [www.hse.gov.uk/firstaid](http://www.hse.gov.uk/firstaid)
- Fitness/Medical Standards to Drive/Operate Equipment:  
[www.hse.gov.uk/workplacetransport/personnel/recruitment](http://www.hse.gov.uk/workplacetransport/personnel/recruitment)  
[www.hse.gov.uk/workplacetransport/personnel/medicalfitness](http://www.hse.gov.uk/workplacetransport/personnel/medicalfitness)
- Health Surveillance: [www.hse.gov.uk/coshh/basics/surveillance](http://www.hse.gov.uk/coshh/basics/surveillance)
- Health and Safety at Work Act 1974: [www.hse.gov.uk/legislation/hswa](http://www.hse.gov.uk/legislation/hswa)
- Infections at Work: [www.hse.gov.uk/biosafety/infection](http://www.hse.gov.uk/biosafety/infection)
- International Labour Organization's (ILO) Code of Practice on Safety and Health in Ports (ILO 152):  
[www.ilo.org/safework/info/standards-and-instruments/codes/WCMS\\_107615/lang—en](http://www.ilo.org/safework/info/standards-and-instruments/codes/WCMS_107615/lang—en)

- Legionnaires' Disease: [www.hse.gov.uk/legionnaires](http://www.hse.gov.uk/legionnaires)
- Leptospirosis: [www.gov.uk/guidance/leptospirosis](http://www.gov.uk/guidance/leptospirosis)
- Managing shift work: Health and safety guidance HSG256:  
[www.hse.gov.uk/pubns/books/hsg256](http://www.hse.gov.uk/pubns/books/hsg256)
- Musculoskeletal Disorders: [www.hse.gov.uk/msd](http://www.hse.gov.uk/msd)
- New and Expectant Mothers: [www.hse.gov.uk/mothers](http://www.hse.gov.uk/mothers)
- Noise at Work: [www.hse.gov.uk/noise](http://www.hse.gov.uk/noise)  
[www.hse.gov.uk/noise/healthsurveillance](http://www.hse.gov.uk/noise/healthsurveillance)  
[www.hse.gov.uk/pubns/books/l108](http://www.hse.gov.uk/pubns/books/l108)
- Radiation [www.hse.gov.uk/radiation](http://www.hse.gov.uk/radiation)
- Respiratory Disease: [www.hse.gov.uk/aboutus/occupational-disease/respiratory-disease](http://www.hse.gov.uk/aboutus/occupational-disease/respiratory-disease)
- RIDDOR web site: [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor)
- Risk Assessment: [www.hse.gov.uk/risk](http://www.hse.gov.uk/risk)
- Sickness Absence/Return to Work: [www.hse.gov.uk/sicknessabsence](http://www.hse.gov.uk/sicknessabsence)
- Skin at Work: [www.hse.gov.uk/skin](http://www.hse.gov.uk/skin)
- Stress: [www.hse.gov.uk/stress](http://www.hse.gov.uk/stress)
- Temperature and Heat/Cold Stress: [www.hse.gov.uk/temperature](http://www.hse.gov.uk/temperature)
- Upper limb disorders in the workplace (HSG60)  
[www.hse.gov.uk/pubns/books/hsg60](http://www.hse.gov.uk/pubns/books/hsg60)
- Vibration: [www.hse.gov.uk/vibration](http://www.hse.gov.uk/vibration)  
[www.hse.gov.uk/vibration/hav/advicetoemployers/healthsurveillance](http://www.hse.gov.uk/vibration/hav/advicetoemployers/healthsurveillance)





Raising Standards in UK Ports

**FURTHER INFORMATION**

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