

# FITNESS TO DRIVE

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# Scope and definition

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- Physical and mental fitness to drive the vehicle or operate the plant
- Applicable to all vehicles and static plant within workplaces

## Is it necessary?

- HSW Act 1974 – ensure AFARP the health and safety of employees and others who may be put at risk from your activities
- MHSW 1999 – Responsibility to manage health and safety effectively
  - Includes requirement for risk assessments

## Is it necessary?

There is no specific legislation requiring medical fitness assessments

It is, however, implicit that if medical fitness is required to provide a safe system of work, management systems should ensure that appropriate fitness standards are attained and maintained

# Existing HSE Guidance

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- Guidance on medical fitness assessment is currently provided in:
  - Safety in working with Lift Trucks (HSG6) 2000
  - Safety in Docks Regs & Guidance 1988  
(medical guidance now out of date)
- Proposed new guidance follows the principles of HSG6

# Will a driving licence suffice?

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Not necessarily

# DVLA

- Responsible for decisions on fitness to drive
- Applicable to public highway only
- Around 35 million licence holders
- Two types of licence
  - Group 1 – car driving licence
  - Group 2 – HGV/PSV

# DVLA Group 1 Licence

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- Initially issued following health declaration
- Onus on individuals to self report significant changes in health to DVLA
- Good evidence of significant under reporting
  - Including eyesight, epilepsy, heart conditions, diabetes, sleep disorders etc

## Group 2 (HGV/PSV) licence

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- Higher medical fitness standard
- Initial medical examination
- Five yearly examination from age 45
- Annual examination from age 65

# DVLA Group 1 & 2 Medical Fitness Standards

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- Published as 'at a glance guide'
  - [www.dvla.gov.uk/at\\_a\\_glance/content](http://www.dvla.gov.uk/at_a_glance/content)
- Updated periodically
- Fundamental review of medical licensing process currently underway

# Setting fitness standards

- Fitness standards based on risk assessment of all aspects of the job (operation, access & egress, risks to others etc)
- Consider using DVLA Group 1&2 standards as benchmarks
- OK to 'mix and match' between the two depending on risk
- Minimal standard normally Group 1
- May need input from suitable health professional for standard setting

# Assessment of fitness using standards

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- Initial assessment of fitness.
  - Suitably worded questionnaire
  - Medical examination and/or ‘on the job’ assessment for critically important tasks eg eyesight and colour vision
  - Mobility may be safety factor in access and egress
- Ongoing management systems to ensure continuing fitness
- Periodic assessments as backup

# Management systems

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- Requirement for self reporting (including use of medicines)
- Reference to sickness absence certificates
- Return to work interviews
- Management supervision

# Disability Discrimination Act (DDA)

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- Unnecessarily high medical fitness standards can be challenged
- If a person fails to meet the required standard, individual assessment should be carried out to:
  - Establish his/her capacity to safely carry out the work
  - Establish whether changes in vehicle or job design may be possible

# Drugs/Alcohol

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- Should be clear policies; understood by, and agreed with workers representatives
- Should be evidence that random testing has been considered

# Summary

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- Set medical fitness standards based on risk assessment
- Initial assessment of fitness
- Ongoing management arrangements to ensure continuing fitness
- Periodic assessments
- Individual assessments if failure to meet standards