

# Electricity Industry Occupational Health Advisory Group



## Guidance Note 3.4

### Fitness to Work at Heights

The Occupational Health Advisory Group for the Electricity Industry (OHAG) is an independent body of senior occupational physicians. They all have a professional role to provide advice to individual companies in the electricity industry and they meet together three times a year to discuss matters of common interest and to promote good practice in occupational health across the industry. The main route for doing this is by the preparation of guidance notes on topics of interest to the industry. The remit of OHAG and its guidance covers all aspect of the industry from generation, through transmission and distribution to retail and supply.

Until now the promulgation of this OHAG guidance has largely been by means of paper copies of the documents circulating within individual companies in the electricity industry. OHAG recognises that there is a need to make these papers more widely available and is grateful for the support provided by the Energy Networks Association (ENA) in hosting these documents on their website, and the links to them from the websites of the Association of Energy Producers (AEP) and the Energy Retail Association (ERA).

The guidance notes will be of interest to managers, employees and occupational health professionals within the industry. They give general advice which has to be interpreted in the light of local circumstances. Health professional using the guidance retain an individual responsibility to act in accordance with appropriate professional standards and ethics. This guidance is offered in good faith and neither the individual members of OHAG, the companies they support, the ENA, AEP or the ERA can accept any liability for actions taken as a result of using the guidance.



## **Fitness to Work at Heights**

### **1. Introduction**

This guidance has been prepared by the Electricity Industry Occupational Health Advisory Group (OHAG).

In the electricity industry, work at heights includes:

- Climbing poles
- Working from elevated platforms
- Climbing the stairs in chimney stacks
- Climbing and working on scaffolding

It excludes climbing wind turbines whether on or off shore because such work is strenuous and associated with other fitness requirements. There is, therefore, separate OHAG guidance for assessing fitness for work on wind turbines.

### **2. Aim(s) of this document**

This document provides guidance on the medical assessment of those climbing and working at heights as described in the Introduction.

### **3. Relevant Legislation**

Health & Safety at Work Act 1974  
Management of Health & Safety at Work Regulations 1992  
Work at Height Regulations 2007

### **4. Relevant Guidance**

None specific

### **5 Assessment Process**

The initial assessment should be performed when the employee is designated as someone who will need to work at heights (except in the wind energy business). Thus, it could be performed as part of a pre-employment health assessment. Subsequent (periodic) assessments should be performed at intervals. As the likelihood of health (and thereby fitness for work) issues generally increase with age the periodicity of assessments could be determined by age as follows:

- <40 years old      5 yearly
- 40 – 52            3 yearly
- 53 and over        2 yearly

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Alternatively a default recall period (for example 3 yearly) could be established for all employees, but with a more frequent assessment advised on an *individual* basis, dependent on individual health and fitness for work risk factors. In this scenario a recall date would be advised following each assessment.

The need for an additional fitness to work at heights health assessment should be considered after any spell of sickness. Where there is doubt as to whether fitness may have changed, the employee should be referred to Occupational Health.

The assessment would normally be performed by an Occupational Health Nurse with referral to an Occupational Physician where positive findings (either on the health questionnaire or on examination) are found.

## **Health Assessment**

### **a) Vision**

Visual acuity must be adequate for safe work and will normally be 6/6 (+/- correction in both eyes together). Where vision is impaired, an individual risk assessment should consider fitness for the task. Visual fields should be full in both eyes. Monocular vision is generally not acceptable, but where there is good adjustment to a long standing impairment, work at heights may be permissible. Some activities, such as live line work requiring the manipulation of a hydraulic platform in close proximity to an overhead line, requires a high degree of stereoscopic vision. Vision may be tested using Snellen's chart or Keystone apparatus. Spectacles or contact lenses may be worn for correction. The wearing of spectacles or contact lenses may pose a hazard to safe working if they could become dislodged during work. This hazard should be assessed by a suitable risk assessment for the specific work involved.

### **b) Hearing**

As the employee must be able to hear voice communication with or without a hearing aid, a standardised whisper test is recommended (see reference).

### **c) Cardiovascular system**

Any condition that may cause sudden light-headedness or loss of consciousness is a bar to working at heights. Examples are:

- a. Some dysrhythmias
- b. Certain diseases of heart muscle (cardiomyopathy)

Poorly controlled angina or angina symptoms that are likely to be precipitated by moderate exercise including climbing are a contraindication to employment.

### **d) Respiratory system**

Generally, work at heights does not require optimum respiratory function unless considerable exertion is required on the climb. In that situation, severe asthma or chronic bronchitis may be contraindications. Lung function testing is useful for assessing the extent of impairment of lung function.



#### **e) Locomotor system**

A good range of movement in the back, neck and all four limbs is required when climbing or working at heights. Whether muscle weakness in the upper limbs is relevant depends on the particular task. Generally, normal power is required in the legs.

#### **f) Nervous system**

Any disease that causes temporary vertigo, light-headedness or loss of consciousness is a contraindication to work at heights. Seizures may not be a bar if well controlled to the extent that the employee has had their Class 1 driving licence re-instated.

Diseases that cause poor balance or incoordination are contraindications to work at heights.

#### **g) Diabetes**

Provided the individual does not have hypoglycaemic attacks, diabetics may work at heights. However, diabetic control must be reviewed at each health assessment.

#### **h) Mental state**

Severe depression with a risk of suicide, psychotic disorders such as schizophrenia and poorly controlled bipolar affective disorder are contraindications. Clearly, a fear of heights (even if not a phobia) is likely to be a bar to working at heights.

#### **i) Medication**

Any medication must be reviewed and the likelihood of it causing light-headedness or syncope must be considered.

#### **j) Alcohol and substance abuse**

Individuals with a history of alcohol or drug abuse are likely to be unfit for working at heights. Markers of excessive alcohol consumption (including liver function tests, MCV and CDT) may be useful to the assessing occupational physician.

**Reference:** Whispered voice test for screening for hearing impairment in adults and children: Systematic review. *BMJ* 2003; 327:967