

Common Pre-employment Mistakes



In the rush to employ a new staff member it's very easy for a company to make mistakes. Besides obvious errors such as forgetting to ask for hearing tests, drug tests or other physical examinations, there are two other errors we see commonly. These are, firstly, mistakenly believing an immigration medical for someone new to New Zealand (NZ) is as good as a pre-employment medical and, secondly, failing to understand the implications of moving a contractor to a permanent member of staff.

Immigration medical examinations are designed to select people who are as healthy as possible to live and sometimes work in NZ. The examining doctor is asked to determine whether they feel the candidate is likely to be an undue burden on the NZ health system. This does mean, however some people with chronic diseases can be given entry into NZ. This might include people with asthma, for example, or even those with poor hearing and poor eyesight. It's very important to realise therefore an immigration medical is not a substitute for a pre-employment medical examination.

An example may be someone with asthma who applies for a job in a spray-painting factory, having recently completed immigration medical. This person would not automatically be suitable for such a job. Another example could be a candidate with poor eyesight or even colour vision deficiencies who is employed in a role where eyesight should be sharp and colour vision is required. Again, if they have passed an immigration medical this does not necessarily mean they are suitable for employment in all roles. It is important that pre-employment

medical examinations are still carried out regardless of an immigration medical.

We also see employers moving a long-term contractor to a permanent role as an employee. This is again an area which is fraught with problems. Unfortunately when we are asked to perform a pre-employment examination for the employer, we quite often find medical conditions which make it unsafe for the person to be in the role. They are often surprised at this as they have been employed as a contractor for a number of months.

It's important for employers to understand clearly they have a responsibility to ensure the health and safety of not only their own staff but also their contractors. It's our advice that contractors for many positions (in particular safety critical) should undergo a pre-employment medical examination as rigorous as for somebody joining the permanent staff of the company.

Understanding these two potential areas of concern, the employer can easily solve the problem by requiring a pre-employment examination for all staff and contractors.

Case example: *David (not his real name) was taken on as a contractor by a scaffolding company. He was required to work at heights, often in bad weather including wind and rain. After working as a contractor for three months the company decided to employ David on a full-time basis. He was sent for a pre-employment medical at this stage. The doctor found out David had a medical condition which made him prone to sudden and severe attacks of vertigo (dizziness). It was just pure luck he had not had an attack during the time he worked as a contractor.*

Unfortunately, the doctor was not able to approve David medically for the role. Understandably, this created quite a bit of concern - not only for David - but a huge headache for the company. They had invested a great deal of time and money in training him while he worked as a contractor. Unfortunately all of this investment and time was lost because David was medically unsuitable for the role.

If you need some advice on your pre-employment medicals, please contact us....

WELCOME TO OUR AUTUMN NEWSLETTER



Dr Simon Ryder-Lewis

Welcome to our autumn newsletter! We always aim to keep you up to date with the latest developments in Occupational Health and Safety. If you have any questions about the articles here, or if we can help with any issues you have at work, please give us a call.

Our Services

- Individual Work Site Assessment
 - Walk through surveys
 - Hazard identification and management
 - Noise, lighting and air quality (dust) monitoring
 - OOS hazard identification and management
 - Health and Safety Compliance
- Pre-employment Medical exams
- UKOOA / OGUK exams
- Training for Staff and Management
 - Use of personal protective equipment
 - Stress and fatigue
 - Understanding the HSE Act
 - Influenza pandemic planning
 - Manual handling
- Health Monitoring
 - Work site clinics
 - Absenteeism management
 - Accident investigation
 - Hearing and respiratory testing
 - Injury management and rehabilitation
 - Gradual return to work programmes
 - Influenza vaccinations
 - Drug and alcohol testing
 - Occupational vaccinations
 - Travel medicine
- Healthy Workforce Programme
- Independent Medical Opinions

How often should you do Periodic Safety-Critical Medicals?

The decision to perform periodic medical examinations for safety critical workers depends on a number of factors including biological, medical and even economic considerations.

There is no agreed definition of “safety critical” tasks. However in this context, we take it to mean a role where, if something goes wrong, there is significant risk of harm to the public or other workers. Examples might include drivers and pilots. People sometimes assume if someone has a license, for example for driving, then they must be fit for duty. The two do not necessarily follow. If it has been some years since the person sat their license or had a medical for their license, it does not automatically follow that a few years later they are still fit. This highlights the importance of pre-placement and then periodic examinations.

Safety critical work involves a complex and finely balanced interaction between sensory input (such as vision and hearing), decision-making, physical actions such as pressing the brake on a vehicle and the interaction between the machine and the environment. The frequency with which safety critical workers should have a medical examination is open to debate. Often, within various industries, there are differing standards. In our view anyone in a safety critical role should have a medical examination with a doctor.

There isn't a lot of good research around showing us how often these medicals should occur and the standard seems to be between one and five years, depending on the industry. It does however make sense that an older worker should have a more frequent examination. We advocate examinations at pre-employment or pre-placement, periodically during employment and what is called a “triggered assessment”. A triggered assessment is an “as required” assessment and may follow an accident or a near miss, for example.



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With ageing there are various declines in the human body. These include decreased muscle mass, decreased vision, possible cognitive decline and chronic diseases including sleep apnoea, diabetes or even heart disease. With regard to heart disease, the risk seems to rise quite rapidly after about age 50.

There are a number of other chronic illnesses which seem to increase in risk after 50 as well. Sleep apnoea (briefly stopping breathing while snoring, resulting in a poor night's sleep and excessive sleepiness the next day) is much more common in those aged over 45. Type 2 diabetes is more common in the older age group as well. The Australian Rail Standard is perhaps a good benchmark to use as a base for the frequency of medical examinations in safety critical workers. They advocate a five yearly exam to age 50, two yearly to age 60 and then annually after age 60. There is some good research to show that this is an effective frequency.

If you would like to discuss how this could impact on your business, please contact us.

The general health information in this publication has been researched using reliable sources and is believed to be correct. However individual situations differ and no liability of any kind is undertaken to any person in respect of the information produced. Decisions on your own or others personal health and medical care must be made in consultation with your doctor. These materials are not intended to be legal advice.