Health Surveillance Policy

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Contents

1. Scope

Occupational health surveillance is a scheme of repeated health checks which are used to identify ill health caused by work. It is mandatory for employees engaging in work that is known to present a risk of causing an identifiable adverse occupational health condition. The requirement for health surveillance is identified during risk assessment and on reports of work-related illness or absenteeism ascribed to work.

Employee health surveillance is mandated by certain risk specific Regulations, such as those dealing with Noise, Vibration, Ionising Radiations, Control of Lead, Biological Agents, Asbestos and some hazardous or carcinogenic substances covered by Control of Substances Hazardous to Health Regulations, 2012 (COSHH). Relatively commonplace activities such as display screen work, working involving noise and vibration, and manual handling contain provisions for health surveillance.

Health surveillance should also be considered where a health condition in an employee might place other people at risk, typically food handlers, transport drivers and shift workers.

The objectives of health surveillance are:

- Protecting the health of employees by early detection of adverse changes or disease;
- Collecting data for detecting or evaluating risks to health.
- Evaluating the effectiveness of existing control measures and identifying where any further action may be necessary.

Health surveillance is required when:

- there is a disease associated with the substance in use/work activity (eg Asthma, Dermatitis, Cancers);
- it is possible to detect the disease or adverse change and reduce the risk of further harm;
- the conditions in the workplace make it likely that the disease will appear.

Health surveillance is not required where existing controls eliminate the exposure to health risks.

2. Roles and responsibilities

2.1 Heads of Schools and Professional Service Directors

Deans, Heads of Schools and Directors of Professional Service Departments are responsible for:

- Ensuring that health surveillance requirements are identified in risk assessments.
- Ensuring that job related risks are documented in the Risk Assessment forms at the end of job descriptions (template JDs are published in the Recruitment and selection guidance section of the staff zone).
- Ensuring that work activities and premises are assessed and designed so far as reasonably practicable so that they will not lead to ill health;
- Ensuring that their staff are advised of the risks and are provided with appropriate training to eliminate/control the risks;

- Explaining to relevant staff why it is important that they attend health surveillance appointments and encouraging them to attend
- Ensuring that staff requiring health surveillance are able to attend the health surveillance appointments.
- Ensuring that adequate and up to date records are maintained of:
    - Risk assessments undertaken
    - Staff identified as needing health surveillance
    - Staff attending health surveillance appointments
    - Actions taking as a result of health surveillance reports

While some or all of these duties can be delegated, the responsibility rests with the Head of the School or Department.

2.2 Managers

Managers are responsible for:

- Ensuring that all staff absences including all sickness absences are recorded on the HR system, seeking advice from HR where necessary on how to do this. The aim of this is to identify if the cause of sickness absence is work related and whether any rehabilitation medical care or medical surveillance is warranted. See Sickness absence policy and procedure for more details.
- Ensuring that all incidents of work-related ill condition are recorded on the Incident Reporting System to be investigated by the H&S team.
- Ensuring all relevant risk assessment have been completed for activities in their area of responsibilities.
- Ensuring that their staff are advised of the risks and are provided with appropriate training.
- Ensuring that staff requiring health surveillance attend their health surveillance appointments.

2.3 Human Resources

Our OH service is managed by the Human Resources team who act as the liaison point between managers and the OH service, providing advice and guidance.
Human Resources are responsible for ensuring that an appropriate Occupational Health provider is in place who can carry out the health surveillance needs of the University.

2.4 H&S Team

The Health and Safety Team provides advice on work activities and assists in identifying a need for health surveillance. This includes collaborating with HR to review relevant Job Descriptions to ensure that risks included are reflected

The Health and Safety team also monitors the compliance with this Policy during regular Health and Safety audits.

2.5 Employees

The employees concerned are legally obliged to co-operate with the employer in operating health surveillance programmes. However, they have a right to be consulted and given opportunity to comment. Employees are also responsible for:

- advising their line manager of any significant health issues[1].
- Reporting any significant changes in their health that have occurred in intervals between health surveillance sessions, to the Occupational Health (via HR).
- Co-operate with health surveillance programmes and other risk reduction measures for the protection of their health and attend appointments offered to them for this purpose.

3. Health Surveillance

3.1 Assessing Exposure

Health surveillance is a control measure to help manage any residual risk to a worker's health after control measures have been put in place.

In a teaching or academic research environment the quantity of a hazardous substance used, the proportion of work time spent working with it, and the total duration of use are likely to be far smaller than is typical in an industrial setting. Exposure to trace quantities of many toxic or irritant substances will cause harm only if occurs sufficiently frequently and/or for prolonged periods of time.

Use of standard safety controls such as safety cabinets, personal protective equipment, and adherence to good laboratory/workshop practice may be sufficient to conclude that the level of exposure is so well controlled that there is no significant likelihood of an adverse health effect.

However, health surveillance may be appropriate if very small or infrequent exposure to a hazardous substance can pose risk to health, such as might occur with potent respiratory sensitizers, recognised carcinogens, or highly active biological agents such as cytotoxic drugs or neurotoxins.

In most situations, a project-specific exposure risk assessment, taking into account issues such as the maximum amount of substance in use, frequency of use, the duration of use, as well as consideration of the engineering and procedural controls in place will be necessary to determine whether health surveillance will be required.

A list of Hazardous Substances which may require health surveillance can be found in Appendix A:

Other activities requiring Health Surveillance include Driving of University vehicles and shift work, subject to risk assessment.

For each of the worker, conducting any of the activities for which there could be a

[1] The manager might wish to ask HR to record this.

need for health surveillance, a job hazard evaluation form (supplied by the HR) must be completed by the line manager. HR forwards the completed hazards evaluation forms to the University's Occupational Health Service who will provide an appropriate Health Surveillance Programme.

3.2 Action following health surveillance

After surveillance has been completed, results should be fed back to local management. The manager will take any recommended action, seeking advice from health and safety and HR as appropriate.

The grouped outcome, whether or not health surveillance identified any hazardous exposure, should be reported, on an anonymised basis, to those in charge of the work and to other individuals or committees responsible for overseeing or monitoring the effectiveness of health and safety controls(e.g. Health and Safety Committee), along with any recommendations on actions required to improve exposure controls or surveillance procedures.

For major surveillance programmes e.g. for laboratory animal allergy, outcomes should be reported to the Health and Safety Committee.

Individual outcomes should be reported to line manager and can be added to the HR file. These reports should not include any clinical information.

Employees are to be given the results of surveillance and medical examinations by the Occupational Health provider. Health surveillance records and medical reports are confidential and may not be disclosed without the agreement of the person to whom they apply. These records will be retained by the Occupational Health provider in line for the period set out in the University's Records Retention Schedule (for at least 40 years).

Individual staff who have developed health conditions should be assessed by a specialist occupational practitioner (accessed through the Occupational Health provider) and advised on the risks from further exposure.

Temporary or permanent redeployment to other work may be necessary to prevent further exposure where this may result in significant harm to health, e.g. if occupational asthma has developed. Confidential medical communications to departments about individuals are different to the Health Surveillance record and are not covered in this guidance.

4. References and further reading

- *EH40/2005 Workplace exposure limits,* HSE: EH40/2005 Workplace exposure limits (hse.gov.uk) *Promoting a positive culture – a guide to health and safety culture* Institution of Occupational Safety and Health: https://www.iosh.com/resources-and-research/resources/
- Occupational health services in higher and further education **HSG257 ISBN** 9780 71766194 7 Occupational health services in higher and further education (heops.org.uk)

- The Control of Substances Hazardous to Health Regulations 2002 – Approved Code of Practice (Sixth Edition)
https://www.hse.gov.uk/pubns/priced/l5.pdf
- HEOPS Health Surveillance Guidance v2 May 2016
http://www.heops.org.uk/uploads/1521730172HEOPS_Health_Surveillance_Guidance_v2_May_2016.pdf

Appendix A:

Hazardous Substances which may require health surveillance[i]

This is a non-exhaustive list of hazardous substances which may require/ mandate requirement for health surveillance.

The requirement for health surveillance must be considered in the course of risk assessments and on reports of work-related illness or absenteeism ascribed to work.

The manager of the activity warranting health surveillance is to consult the Health and Safety Office/ Human Resources.

Substance	Comment
Respiratory sensitizers	Respiratory sensitizers may require health surveillance, as it is often impossible to ensure control to a level at which there is no risk of sensitisation. Specific guidance on surveillance for respiratory sensitizers will be developed
Small laboratory animals	Surveillance likely to be necessary for any recurring work with live animals or handling of waste unless the process is fully contained. Work only with extracted tissue poses no significant risk of sensitisation and does not require surveillance
Sensitizing small molecules	Reactive small molecules such as isocyanates, glutaraldehyde, acid anhydrides are associated with a high level of sensitisation.
Sensitizing macromolecules	Two particular macromolecules used in scientific research – enzymes and penicillin's – are associated with respiratory sensitisation
Skin irritants	Lab chemicals, solvents, cleaning materials and disinfectants can all cause skin irritation. It is unlikely that the level of exposure in scientific research will cause sufficient problems to require health surveillance. For employees working with metalworking fluids: skin surveillance is recommended
Skin sensitizers	Certain skin sensitizers may require health surveillance as sensitisation may occur at low levels of exposure
Sensitizing small molecules	Particularly with halogenated electrophilic agents such as dinitrochlorobenzene and p-nitro benzyl bromide
Sensitizing macromolecules	Sensitivity to latex can cause serious problems and always requires health surveillance

Biological Agents	Ensure employee immunisation for all vaccine preventable work Health surveillance for biological risks (as strictly defined) may not be appropriate. The circumstances where it may be useful could be where the agent causes serious disease with an insidious onset for which there is effective treatment available e.g. M. Tuberculosis. For many infections, a high level of personal vigilance by workers is appropriate so that prompt medical attention is sought if they develop early signs of infection, e.g. for leptospirosis.
Hazard Group 3 and 4 organisms	The maintenance of a Health (Exposure) Record is required by COSHH. Replication competent lentiviruses may require baseline HIV status and symptom surveillance
Genetically modified organisms	Health surveillance may be required where the genetic modification causes an increase in potential pathogenicity.
Chemicals	
Chronic poisons such as cytotoxic agents	Cytotoxic anti-cancer drugs symptom surveillance only for those who directly handle these drugs. If a class 2 safety cabinet is used and gloves etc. no surveillance is required.
Carcinogens (Risk phrase R45, R49) and Mutagens (R46)	A health record only is required
Potent acute toxins	Where exposure may occur, which could cause recognisable symptoms, but which may not result in incapacitating illness, periodic surveillance to detect such exposures may be necessary.
Physical hazards	
Ionising radiation	Under the IR Regulations, medical surveillance is required only if a worker may be exposed to a dose >30% of the relevant dose limit. This is usually determined by a Radiation Protection Adviser
Noise	Required if daily average exposure (Leq) exceeds 85dB(A)
Vibration	Required if daily average exposure (EAV) exceeds 2.5m/s2 A (8)

[i] HEOPS Health Surveillance Guidance v2 May 2016