

# Health Surveillance

## Employer's Pack



# What is health surveillance?

Health surveillance is about putting systematic, regular and appropriate procedures in place to detect early signs of work-related ill health among those employees who are exposed to certain health risks, and **acting on the results**.

To comply with the law, this means selecting from a range of specific techniques involving:

- 1 A 'responsible person'** looking for a clear reaction when someone is working with something that could harm their health; for example, checking for skin problems on the hands where solvents are being used, or checking answers on simple periodic questionnaires about symptoms.
- 2 A 'qualified person'** asking employees about symptoms of ill health, or inspecting or examining individuals for signs and symptoms of ill health. A qualified person is normally a doctor or nurse who is qualified in occupational health matters or who has undergone specific training, for example, a nurse administering a hearing test.
- 3 'Medical surveillance'** by a nurse or doctor, which can include clinical examinations, for example, to look for a reaction from exposure to some chemicals.
- 4 'Biological and biological effect monitoring'** to measure and assess the take-up of, or the effects of, exposure to substances such as lead or other chemicals, by testing blood, urine or lung function.

Other elements of health surveillance include:

**Self-checks by employees** to look for and report any signs of work-related ill health. However, self-checks on their own are not sufficient to comply with regulations. They will help you meet your duties only where they are part of a programme in which health records are kept and employees are:

- trained about what signs of disease or illness to look for and when and how to do so
- told when and how to report any signs or symptoms to a responsible person or occupational health professional
- also subject to periodic checks by someone else such as a responsible person.

**Baseline health assessment** carried out when a person takes up or changes job. This can be considered to be part of health surveillance only where it establishes baseline information that can be compared with the later results from surveillance. Always determine the need for such an assessment, and the way you carry it out, on the basis of its relevance to the job in question.

**Giving information** to employees and their representatives and referring employees to an occupational health professional where extra checking/advice is needed.

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# What should I expect from an occupational health provider?

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## Guidance for employers

There are now standards of performance for occupational health services.

These standards, Safe Effective Quality Occupational Health and Safety (SEQOHS), have been developed by the Faculty of Occupational Medicine in partnership with a multidisciplinary, multi-agency stakeholder group.

The Faculty, in conjunction with the stakeholder partners, is encouraging all occupational health services in both the NHS and private sector to familiarise themselves with the standards, and to work towards complying with them.

The Faculty has developed an accreditation system to underpin the standards, the purpose of which is to define the standards and minimum requirements that will apply to occupational health services that participate in the UK voluntary accreditation scheme, and to provide occupational health services with a framework for quality assurance.

They are organised in six categories:

- ▶ business probity
- ▶ information governance
- ▶ people
- ▶ facilities and equipment
- ▶ relationships with purchasers
- ▶ relationships with workers

Where there are no occupational health facilities in-house, employers will need to use an external contractor.

You may be able to find out about occupational health services through your trade association, or through local business support organisations. Healthy Working Lives can provide you with the details of occupational health providers in your local area. Contact Healthy Working Lives on **0800 019 2211**.

## What should you expect from an occupational health service provider?

A suitable occupational health provider will be able to show that they have the training and experience required. They should be able to advise you on a suitable health surveillance programme for your employees and provide direction throughout the programme to:

- ▶ set up the programme for you
- ▶ provide suitably qualified and experienced staff to undertake the work
- ▶ provide you with reports on your employees' fitness to continue working with skin/respiratory irritants/sensitisers, noise or vibration.

Choose a provider who understands the aims of health surveillance and its procedures, who can advise you on the significance of the results. Make sure that you are clear about what to expect from your provider.

The pricing structure should also be competitive, and it may be a more cost-effective option for you to ask for a sessional price rather than per item of service. You should also shop around and compare prices.

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Some medical surveillance has to be undertaken by Health and Safety Executive (HSE) medical inspectors or, more usually, by doctors appointed by the HSE; for example, where workers are exposed to lead; asbestos; ionising radiation; working in compressed air; or working with certain chemicals. An appointed doctor has a contractual responsibility to the employer of the person under surveillance, as well as to the HSE. In practice, this usually means confirming whether an employee remains fit to work with the agent or substance in question and keeping records. They should also feed back non-clinical information to enable employers to check that their normal control measures are working.

### **Qualifications of an occupational health provider**

The Diploma in Occupational Medicine (DOccMed) indicates that the holder, usually a general practitioner, has a basic level of competence across the whole field of occupational medicine and understands the practical and ethical considerations that apply at work.

Associates of the Faculty of Occupational Medicine hold a higher qualification (AFOM) and are usually in training to become specialists.

Specialists will be members of the Faculty (MFOM) or Fellows of the Faculty (FFOM) who should be able to deal with the full range and complexity of workplace problems.

Nurses should be registered with the NMC (Nursing and Midwifery Council) in the first instance. They may have a degree, diploma or certificate in occupational health.

Specialist nurse practitioners in Occupational Health Nursing have achieved a BSc degree in Public Health Nursing with an additional specialist occupational health nursing qualification that allows them to be registered with the NMC (separately from other nursing qualifications).

You should ask nursing staff for their qualifications with the NMC (see list of professional institutions below)

Any occupational health professional involved in hand-arm vibration syndrome (HAVS) health surveillance should have gained an FOM (Faculty of Occupational Medicine) approved qualification in the subject or an equivalent level of competence, and should have more than general training in OH or Occupational Medicine, i.e. a Diploma or Degree in OH or DipOccMed, AFOM or MFOM. They should also subsequently maintain up-to-date knowledge of HAVS.

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### What do I have to do with the results of health surveillance?

Use the results to ensure that your employees are being protected. You will need to:

- keep records of the health surveillance and fitness-for-work advice provided for each employee (but not the confidential medical records which are kept by the medical professional). A health and safety inspector can ask to see the health records as part of their checks that you are complying with the regulations
- make employees' records available to them
- act upon any recommendations made by the occupational health provider about employees
- use the results to review and, if necessary, revise your risk assessment and your plans to control risks.

Analysing the results of your health surveillance for groups of workers can give you an insight into how well your programme to control risks is working.

### Retention of health records

As a general rule, keep individual health records for those employees for as long as they are under health surveillance. Some regulations – Control of Substances Hazardous to Health (COSHH) and those for lead, asbestos, ionising radiation and compressed air – state that records should be retained for much longer (up to 50 years) as ill health effects might not emerge until a long time after exposure.

It is also good practice to offer individual employees a copy of their health records when they leave your employment.

# When is health surveillance appropriate?

## Employer's Guide

Don't think of health surveillance in isolation – it is one element of the overall management of health risks. Before introducing health surveillance:

- find out what the health hazards are
- identify those employees who might be at risk from being exposed to the hazards
- decide what to do to make sure your employees' health is not harmed.

To do this, try and get rid of the risk altogether. Where this cannot be done, see whether the risk can be reduced or controlled to such a level that it will not be harmful to health. This will not always be possible, so you will need to take further steps, such as providing personal protective equipment (PPE) and introducing health surveillance.

Health surveillance is required where you answer 'yes' to all of the following:

- ✿ Is the work known to damage health in some particular way?
- ✿ Are there valid ways to detect the disease or condition? \*
- ✿ Is it reasonably likely that damage to health may occur under the particular conditions at work?
- ✿ Is surveillance likely to benefit the employee?

\*(Valid techniques are those that are precise enough to detect something wrong that could be caused by exposure to a particular health risk; and which are safe and practicable in a workplace setting.)

Health surveillance is only worthwhile where it can reliably show that damage to health is starting to happen or becoming likely. For example, these criteria would be met in the following circumstances:

- ✿ High noise levels are known to cause hearing loss.
- ✿ A valid technique – hearing tests – can detect the effect of noise on the hearing of individuals who work in noisy conditions.
- ✿ Hearing tests will benefit employees by identifying those at risk so that measures can be taken to protect them and improve working conditions.

### Assessing the need for health surveillance

Other factors to consider in assessing whether health surveillance might be appropriate include:

- ✿ if you know of previous cases of work-related ill health in your workplace
- ✿ where you rely on PPE, for example gloves or respirators, as an exposure control measure – even with the closest supervision, there is no guarantee that PPE will be effective at all times
- ✿ where there is evidence of ill health in jobs found in your industry – such information could come from insurance claims; manufacturer's and supplier's data; the Health and Safety Executive and other guidance; and from industry experience.

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Ask yourself whether any of your employees are exposed to the following:

- ❖ Hazardous substances such as chemicals, solvents, fumes, dusts, gases and vapours, aerosols, biological agents (microorganisms). If so, health surveillance may be needed under the Control of Substances Hazardous to Health Regulations (COSHH, 2002).
- ❖ Asbestos, lead, work in compressed air. If so, medical examinations may be required under specific regulations.
- ❖ Noise, hand-arm vibration. If so, health surveillance may be required under the Management of Health and Safety at Work Regulations 1992.
- ❖ Manual handling, work that may give rise to stress-related diseases, work-related upper limb disorders, whole-body vibration, hot and cold working. The duty to provide health surveillance is unlikely to apply at present. Nevertheless, use other procedures, for example symptom reporting by employees and checking sickness absence records, to ensure that you pick up possible ill health among your employees as early as possible, so you can meet your duties under the HSW Act.

Health surveillance is not required where you are sure that there is no exposure or where the exposures that do take place are so rare, short and slight that there is only minimal risk of the employee being harmed.

However, some substances may cause very serious illness such as cancers, and for these there is often no level of exposure that can be regarded as completely safe. In these cases, health surveillance will almost always be required.

In assessing the need for health surveillance, remember that:

- health surveillance is not a substitute for preventing or controlling harmful exposure to hazards, but a further way of seeking to protect employee's health
- you should carry out health surveillance systematically and regularly
- simply carrying out health surveillance procedures is not enough; it is essential that you act on the results.

### **Why carry out health surveillance?**

Health surveillance has many benefits, it can:

- provide information so you can detect harmful health effects at an early stage, thereby protecting employees and confirming whether they are still fit to do their jobs
- check that control measures are working well by giving feedback on risk assessments, suggesting where further action might be needed and what it might be

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- provide data, by means of health records, to detect and evaluate health risks
  - provide an opportunity to train and instruct employees further in safe and healthy working practices, for example, how to use personal protective equipment (PPE) properly
  - give employees the chance to raise any concerns about the effect of their work on their health.

# Other health monitoring procedures

## The most common examples of legal duties are:

- ✿ Pre-placement and annual medical examinations to assess an individual's fitness for work, for example, under the Ionising Radiations Regulations 1985 or the Diving at Work Regulations 1997.
- ✿ Health screening to meet legal requirements, such as making eyesight testing available under the Health and Safety (Display Screen Equipment) Regulations 1992, or an assessment of someone's fitness to drive or operate cranes within dock premises (Docks Regulations 1988).
- ✿ Fitness for work health assessments offered to night workers under the Working Time Regulations 1998.

You should also remember that under Section 2 of the Health and Safety at Work etc. Act 1974, you have a general duty to ensure, so far as is reasonably practicable, the health, safety and welfare of all your employees.

## The most common examples with no legal duty are:

- ✿ General, non-statutory pre-employment health enquiries to check an individual's health status and medical history prior to commencement.
- ✿ Pre-employment health screening and the use of pre-employment health questionnaires: Equality Act 2010, England Scotland and Wales

Section 60 of the Act states 'Health questionnaires should be designed to ensure that they only elicit information that is both relevant and necessary, this implies that they should be designed by health professionals. It also implies that they should be interpreted by those who are qualified to draw meaningful conclusions from the information supplied'.

### Section 60: 'Enquiries about disability and health'

Employers are not allowed to ask about the health of the applicant before a job offer has been made, this can; however be an unconditional or conditional offer. It will allow questions (at any time)

- to establish if the employer needs to make reasonable adjustments for interview or competency assessment
- diversity monitoring
- if the job is only open to disabled applicants

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- for the purpose of establishing whether the job applicant will be able to carry out a function that is intrinsic to the work concerned. This relates to functional capacity, e.g. physical fitness, eyesight, hearing, not to questions about health (e.g. the army, fire, police before the interview stage)

Questionnaires should be designed for the **specific job role**. So if an organisation employs multiple job roles then questionnaires should be relevant to the job function. Only jobs where there are clear, explicit health criteria should result in pre-employment screening.

- ✿ Sickness absence management can be a useful source of assessing risk when more formal health surveillance procedures are not appropriate. Looking at collective sickness records could help you identify where there is a general problem affecting workers' health. Individual sickness records might indicate whether work is affecting an individual's health.
- ✿ Lifestyle health promotion and education: these activities are usually part of a benefits package, one purpose of which may be to reduce sickness absence levels.

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# Health surveillance policy (example)

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Health surveillance is carried out to look for health conditions that can arise as a result of work. The purposes of health surveillance are:

- ▶ to enable early identification and diagnosis of work-related conditions in individuals, so that additional measures can be put in place to prevent ill health/deterioration and promote recovery
- ▶ to check whether general measures put in place to prevent work-related ill health are suitable and adequate
- ▶ to create an opportunity for training and education of employees regarding the risk of specific work-related conditions
- ▶ to create an opportunity for individuals to discuss concerns about work-related ill health.

Health surveillance will be identified by the chemical/risk assessment, the aim of which is to protect individuals in order to identify any indications of disease or adverse changes related to exposure as early as possible. Steps can then be taken to treat their condition and to advise them about further actions or controls. It also provides early warning of shortcomings in control measures and indicates the need for a review of the assessment. All employees must participate in the health surveillance programme.

**Health surveillance at a glance:**

Hazard	Type of work involved	Surveillance carried out
Noise	- work which exposes the user to noise levels exceeding 85 dBA	- baseline or pre-employment - annually for two years, then three yearly thereafter if no problems arise
Vibration	- work which exposes the user to vibration exceeding 2.5 m/s <sup>2</sup>	- baseline (Tier 1) assessment - annual paper screen up to a maximum of three years then employee must be seen by a suitably qualified person
Respiratory sensitisers/irritants	- potential exposure to known sensitisers or irritants	- low risk – baseline lung function test, followed up annually - high risk – baseline lung function test, followed by further testing at six weeks, twelve weeks, six months and annually thereafter
Skin sensitisers/irritants	- potential exposure to skin sensitisers or irritants, identified by COSHH assessment or data sheets - 'wet work', i.e. involving prolonged submersion in water or the need for frequent handwashing	- annual questionnaire and skin inspection

**We at:**

are committed to protect the health, safety and welfare of all our employees. This policy applies to everyone in the company. The Director is responsible for implementing the policy and ensuring it is reviewed on an annual basis, or sooner if required.

Managers are responsible for ensuring that all employees are aware of the policy, including their responsibilities within it. Managers will be given the necessary training to support and implement this policy and prevent ill health arising from workplace activities within the company or organisation.

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### Management responsibilities

Managers must:

- identify any new risks to health, e.g. chemicals/vibration that may arise as a result of purchases following consultation with the director, also include safety reps, occupational health
- attend training where provided to identify processes/substances that can lead to ill health
- highlight any control measures to occupational health and safety representative staff
- communicate the findings of the risk/chemical assessments to those it may affect
- regularly review the risk/chemical assessments
- inform occupational health of any employee absent with occupational symptoms
- report any cases of occupational disease via RIDDOR
- appropriately manage the outcome of health surveillance as directed by the occupational health specialist.

### Employee responsibilities

Employees must:

- take reasonable care for their own health and safety and that of others who may be affected by what they do or don't do

- cooperate with their employer by complying with the measures identified, and use work equipment correctly – including the use of personal protective equipment (e.g. gloves, LEV)
- follow all safe systems of work in accordance with training or instructions given and not interfere with or misuse anything provided for their health, safety or welfare
- participate in health surveillance programmes.

### Occupational health and safety responsibilities

Occupational health and safety service shall:

- provide specialist advice on occupational ill health/disease
- train and support line managers and responsible person(s) in identifying occupational disease
- support employees who are absent as a result of occupational disease
- advise on rehabilitation and return to work issues relating to occupational ill health/disease
- advise the organisation on RIDDOR-reporting of occupational disease.

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### Level 1 health surveillance

Employees will be identified as requiring Level 1 health surveillance via the chemical/risk assessment. Employees falling into this category will complete a questionnaire completed by the responsible person on an annual basis.

Employees must report any health problems occurring outside this period to their manager. The manager will arrange referral to the occupational health provider and also arrange a review of the chemical/risk assessment to identify the possible cause.

Changes to the task or activity (temporary or permanent) may be introduced to prevent existing/further health problems. Any recommended changes to the employee's work activity may be introduced after consultation with the occupational health service.

### Level 2 health surveillance

Employees will be identified as requiring Level 2 health surveillance via the chemical/risk assessment. Employees falling into this category will attend annual health surveillance provided by the occupational health provider (or as directed by the occupational health provider).

Responsible person checks may be undertaken in between tests and employees must report any health problems occurring outside this period to their manager. The manager will arrange referral to the occupational health provider and also arrange a review of the chemical/risk assessment to identify the possible cause.

Changes to the task or activity (temporary or permanent) as directed by the occupational health provider may be introduced to prevent existing/further health problems. Any recommended changes to the employee's work activity may be introduced after consultation with the occupational health service.

**Signed by Managing Director**

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**Date**

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**Review date**

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Talk to the Healthy Working Lives experts **FREE** on:  
**0800 019 2211**  
**[www.healthyworkinglives.com](http://www.healthyworkinglives.com)**