

Liverpool Hope University Health Surveillance Guidance Note

Purpose

Under the requirements of the Management of Health and Safety at Work Regulations 1999, the University is responsible for ensuring a robust system of health surveillance to protect people at work and in environments that may expose them to risks to health.

Health surveillance is a system of health checks designed to gather information about an employee's health to protect them and minimise any adverse effects arising from their work activities. It involves systematic, regular, and targeted procedures to identify early signs of work-related ill health where staff may be exposed to specific risks so that appropriate action can be taken based on findings.

Scope

This guidance applies to all University employees, contractors and agency staff engaged by the University where their work is under University control and gives rise to health risks requiring surveillance. There may also be risk-based instances where health surveillance applies to students.

Key Principles

- Health surveillance is risk-based: it is only required where a suitable method exists to detect an effect and where the risk assessment indicates a reasonable likelihood of the health effect occurring despite controls.
- Health surveillance does not replace risk assessment and control.
- Confidentiality and data protection is key. Occupational health (OH) holds and manages medical records, and data processing follows Data Protection law and NHS/IGA retention guidance.
- The University must follow advice and guidance set out in the OH report.
- Health surveillance outcomes must trigger timely action: improved controls, workplace changes, referral, or removal from risk where necessary.

Legal and Guidance Framework

This guidance is issued under the obligations in the Management of Health and Safety at Work Regulations 1999 and relevant specific regulations including COSHH, Control of Asbestos Regulations, Control of Noise at Work Regulations, Control of Vibration at Work Regulations, Ionising Radiation Regulations and the HSE's health surveillance guidance. The University also follows sector-specific guidance such as HEOPS health surveillance guidance for higher education.

Health Surveillance

Health Surveillance is a particular legal requirement when working with the following hazards;

- Noise;
- Vibration;
- Solvents, fumes and dusts;
- Biological agents;
- Animals;
- Asbestos;
- Ionising Radiation (X-ray, physical radionuclide sources)

Responsibilities

Vice-Chancellor / Senior Executive Management

- Ensure the University meets statutory obligations and provide adequate resources.

Directors and Heads of School/Line Managers

- Complete departmental risk assessments and identify where health surveillance may be required.
- Notify H&S and People Services when surveillance is required; implement remedial actions recommended by OH.
- Ensure staff and students under their control are informed and given safety training.

People Services/HR Managers

- Act as the operational liaison between Departments and the OH provider.
- Ensure inclusion criteria, scheduling, record transfer/retention, and follow-up actions are carried out.

Occupational Health Provider

- Provide expert advice on appropriate surveillance methods, carry out or coordinate surveillance, keep medical records, provide confidential advice to individuals, and recommend workplace actions.

Employees, Students

- Cooperate with surveillance where required, provide accurate information, and report symptoms promptly.

Process — From risk assessment to action

1. **Risk assessment** - identify hazards, routes and magnitude of exposure and whether controls reduce risk sufficiently. If residual risk remains and there is a suitable surveillance technique, proceed.
2. **Decision and notification** - Manager notifies People Services, in turn notify OH.
3. **OH assessment and plan** - OH advises on type, frequency and delivery method (on-site, clinic, questionnaire, PFTs, audiometry, skin checks) and agrees scheduling.
4. **Baseline / pre-placement** - where appropriate, establish baseline records prior to exposure.
5. **Surveillance delivery** — questionnaires, clinical assessment, audiometry, pulmonary function tests (PFTs), skin assessment, HAVS screening, biological monitoring or serology where appropriate.
6. **Record-keeping and confidentiality** — OH retains confidential medical records; managers receive only fitness-for-work and recommended workplace actions, not clinical details.
7. **Action and follow-up** — implement OH recommendations promptly; repeat assessments as advised.
8. **Reporting and RIDDOR** — OH and managers must consider RIDDOR reporting if a notifiable occupational disease is confirmed.
9. **Audit and review** — surveillance programmes must be reviewed periodically (minimum every 3 years or earlier after an incident or change in activity).

Typical surveillance — recommended practice and intervals (risk-based)

The examples below are intended as guidance; The University OH provider will define precise intervals based on exposure, risk and clinical findings.

Noise

- Baseline audiometry for employees likely to be exposed above the exposure action value, repeat at 1 year, then at least every 3 years if audiogram stable. Increase frequency if deterioration or high exposure.
- Combine with regular workplace noise monitoring and hearing protection training.

Hand-Arm Vibration (HAVS)

- Baseline questionnaire and advice prior to regular exposure.
- Annual screening questionnaire for those at risk; clinical review/assessment where symptoms or positive responses arise.

- Where diagnosed, immediate review of controls, adjustment of duties, and consideration of RIDDOR reporting.

Respiratory sensitisers / asthma-causing substances

- Baseline respiratory questionnaire and PFT where exposures or agents warrant it.
- Repeat frequency determined by risk (often annually for higher-risk agents) and whenever symptoms occur.

Skin sensitisation / occupational dermatitis

- Baseline skin questionnaire; annual screening where risk exists or if prior cases reported.
- Regular skin checks by competent person or OH where significant exposure or multiple past cases.

Biological agents and animal contact

- Pre-placement immunisation review and vaccination where indicated (e.g., tetanus, hepatitis B, other).
- Post-exposure and periodic surveillance where required by risk assessment or specific guidance (e.g., work with hazard group organisms, animal handlers).

Asbestos and ionising radiation

- Follow specific statutory requirements and local procedures for surveillance where required (medical surveillance where appointed under asbestos regulations or IRR requirements).

Actions following adverse findings

- OH will advise on adjustments, restrictions, redeployment, removal from exposure, increased surveillance, and referral for further clinical investigation.
- Managers must act promptly to implement recommendations and document action.
- Where preventive actions are insufficient and risk to health remains, stop the activity until controls are improved.

Training and Communication

- Managers and supervisors will receive training to recognise early symptoms, implement control measures and escalate to OH.
- Staff will be informed about surveillance purpose, process and how to report symptoms.

Quality Assurance, Monitoring and Audit

- Annual review of surveillance programmes coordinated by HR and OH with aggregated management reporting to Health & Safety Committee.
- Periodic audit of attendance, action implementation and outcomes.

Policy Review

- This guidance will be subject to formal review every 3 years or following legislative change, serious incident, or change in university risk profile.

Health Records and Confidentiality

All health information that forms part of an employee's paper or electronic occupational health records needs to be stored and maintained under strict arrangements to restrict access and preserve medical confidentiality, even beyond termination of employment. Access is best limited to health professionals and written confidentiality agreements need to be obtained for any essential access granted to administrative or other personnel working under the direction of a health professional.

Where health surveillance is performed for statutory reasons, retention of records for 40 years after the relevant exposure has ceased is the requirement in the UK.

The maintenance of good medical records is also important to ensure that medical and workplace exposure evidence is available for the investigation of future claims of occupational illness or injury.

Eddie Fahy,

University Health and Safety Advisor

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