



HEALTH SURVEILLANCE GUIDANCE NOTE

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

Health surveillance is a system of ongoing health checks where information is gathered about an employee's health to help to protect or limit the adverse effects experienced by employees as a result of their work activities. Health surveillance involves putting in place systematic, regular, and specific procedures to detect any work-related ill health where it has been identified staff may be exposed to certain health risks, and acting on the results.

Health Surveillance can take many forms and includes;

- Simple methods such as introducing checks for skin damage from chemicals;
- Technical methods such as hearing tests for exposure to noise from work processes;
- Medical examinations for particular work, including working with asbestos.

Typical health surveillance approaches for the most common types of work related ill health can be found in Appendix 1.

Legal Requirements for 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)

Health Surveillance should not be confused with activities to monitor health where effects from work are suspected but cannot be established. Also the requirement to provide health surveillance is separate from workplace wellbeing checks, such as the promotion of healthy lifestyles and fitness to work examinations which may focus on fitness to drive, operate machinery or night shift worker assessments.

The University has appointed an Occupational Health Service provider to deliver the appropriate health surveillance programmes in order to assist Heads of Department to meet their statutory obligations as outlined in the University's Health and Safety Policy. The aim of Health Surveillance is the prevention of work related ill health amongst University employees.

By implementing a robust programme of health surveillance the University is ensuring;

- Employees are protected from illness caused by exposure to health risks as a result of their work, by detecting adverse health effects at an early stage.
- Effective management of health risks by completing a regular check on how well existing control measures are working and periodically assessing whether further measures are required.

- Compliance with following regulations:
 - Management of Health and Safety at Work Regulations 1999,
 - The Control of Substances Hazardous to Health Regulations 2002,
 - The Control of Asbestos at Work Regulations 2012
 - The Ionising Radiation Regulations 1999
 - The Control of Noise at Work Regulations 2005 and
 - The Control of Vibration at Work Regulations 2005.
- Employees are able to raise concerns about how work affects their health.
- That health and safety messages are routinely reinforced to staff who work in safety critical roles.

Managing Work Related Health Risks

Set out below is an example of a typical management process to identify and establish appropriate Health Surveillance for employees.

STEP 1 The first stage of any health surveillance programme is to identify the health hazards in relation to a particular role or work activity, including a consideration of the routes, extent and duration of exposure. This can be achieved through the University's standard risk assessment process and each department is responsible for completing this process for all work activities that pose a significant hazard, in line with the University's Health and Safety policy. Health Surveillance is not a substitute for the risk assessment process.

STEP 2 If a health hazard has been identified, cannot be adequately controlled by the department and there is a reasonable likelihood that a disease or health effect may occur under the corresponding work conditions then further steps need to be taken to protect those identified within the risk assessment. This may apply to individuals or groups of employees.

At this point, health surveillance should be established.

Those staff involved (or via the Head of Department) should indicate that Health Surveillance is required by contacting their respective HR Manager. The HR Manager should then act as the liaison between the department and the Occupational Health Service provider.

STEP 3 In response to the information detailed within the risk assessment, the Occupational Health Service provider should advise on the most appropriate form of health surveillance required. It should then be agreed, depending on the number of employees involved whether a site visit or attendance at an external appointment is preferable to facilitate the required testing method or examination.

STEP 4 Records of Health Surveillance shall be maintained by the Occupational Health Service provider. Following the results of the particular surveillance or examination, further adjustments or changes may be recommended with regards to work processes or individual work routines. This may include further training, additional or improved personal protective equipment or changes to work activities. Managers or Heads of Department shall be notified of such recommendations by the HR Manager and further advice can be sought to help implement the recommendations from the Legal Services and Health and Safety Assistant.

For further guidance on managing Health Surveillance consult the HSE's Health Surveillance Cycle and Information Pages:

<http://www.hse.gov.uk/health-surveillance/index.htm>

<http://www.hse.gov.uk/health-surveillance/assets/documents/health-surveillance-cycle.pdf>

APPENDIX 1

Hand and Arm Vibration Syndrome (HAVS)

Typical Health Surveillance for Hand-Arm Vibration Syndrome

If employees are regularly exposed to vibration during their work activities, it may cause damage to the nerves, blood vessels, muscles and joints of the hand, wrist and arm which cause symptoms collectively known as Hand-Arm Vibration Syndrome (HAVS). One of the symptoms was formally known as vibration white finger (VWF). Carpal Tunnel Syndrome is another disorder of the hand and arm which has a number of causes but can be associated with exposure to vibration. Some chemical agents are neurotoxic and may also cause neurological symptoms similar to those of HAVS.

It may include some or all of the following symptoms;

- Numbness and tingling in the fingers
- Loss of sense of touch
- Reduced temperature
- Loss of strength in your hands
- Attacks of reduced blood circulation where parts of the fingers become white, red and painful as the blood returns (Vibration White Finger). This occurs mainly when exposed to cold temperatures.
- Joint pains and stiffness in hand and arm

The Control of Vibration at Work Regulations 2005 requires employers to provide suitable health surveillance where the risk assessment indicates a risk to employees' health. Employees likely to be exposed in excess of the daily exposure action value of 2.5 m/s² should be offered suitable health surveillance.

Health surveillance should be introduced for:

- employees who are likely to be **regularly** exposed above the exposure action value;
- employees likely to be **occasionally** exposed above the exposure action value where the risk assessment identifies that the frequency and severity of exposure may pose a risk to health; and
- employees who have a diagnosis of HAVS (even when exposed below the exposure action value).

Typical Health Surveillance for HAVS may include;

Tier 1 Initial or baseline assessment

Self-administered questionnaire including questions regarding employee's medical history. The competent person (Occupational Health Service provider) will request to see those that indicate possible HAVS symptoms for further assessment.

Tier 2 Annual Screening Questionnaire

A routine, self-administered questionnaire should be issued annually to those employees identified as being at risk of HAVS, even if no symptoms have been reported. Depending on the responses generated the Occupational Health Service provider may request employees are referred for a more detailed clinical assessment. This includes a targeted assessment and examination of dexterity and functionality in order to confirm a formal diagnosis of HAVS.

In the absence of reported symptoms there is no requirement for referral for further assessment but the questionnaire should be re-issued to 'at risk' employees every 12 months. In the interim

employees should be encouraged to report any symptoms as soon as possible and not wait until the next screening period.

If, after 3 years, there are no reported symptoms employees should be referred for a consultation with a competent person (via the Occupational Health Service provider) to explore any possible symptoms that employees may have experienced but not appreciated to their full significance.

Tier 3 Assessment by a Qualified/ Competent Person

As outlined above, following a clinical assessment and confirmation of a formal diagnosis of HAVS adjustments to employees work routine should be implemented immediately.

Following formal diagnosis the University is obliged to identify whether the disease is reportable direct to the Health and Safety Executive to fulfil its obligations under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

NOISE

Typical Health Surveillance for Noise at Work

Noise is a physical hazard. Employees may experience Noise Induced Hearing Loss (NIHL) as a result of a single episode or exposure to a very loud noise, or as result of longer term exposure to lesser, but equally damaging, amounts of noise. NIHL is preventable but cannot be reversed.

Departments or specific work areas where there are believed to be higher than normal noise levels should request advice from the Legal Services and Health and Safety Assistant in the first instance to indicate whether noise levels are in excess of the acceptable levels (exposure action values). A specific noise assessment will then be completed to confirm whether employees are exposed to levels of noise likely to cause harm to health. The result of this exercise shall highlight the most appropriate course of health surveillance.

Hearing Assessments

Hearing assessments involve the completion of a questionnaire covering hearing and relevant health history and a hearing test (audiometry). Guidance suggests audiometry is commenced at pre-employment for employees who are identified as being at risk of noise exposure through their normal work activities.

Audiometry testing should then be repeated within 12 months and depending on the results, carried out again within the next three years. If problems are identified, then it may be necessary to carry out audiometry testing more frequently.

Recommendations shall be made by the Occupational Health Service provider based on the testing outcome and may include the following;

- Increased frequency of noise assessments.
- Reduction of noise, either by reducing the noise levels using engineering controls, or by reducing individual's exposure to noise through administrative controls such as job rotation.
- Protection of individuals by;
 - Signposting of noisy areas
 - Provision of training and education
 - Use of Personal Protective Equipment
 - Specific Maintenance programmes for equipment/ machinery contributing to noise levels
 - Ongoing audiometric testing

RESPIRATORY SENSITISERS

Typical Health Surveillance for those working with Hazardous Substances.

Certain work processes at the University may involve working with substances that are identified as respiratory sensitisers under the Control of Substances Hazardous to Health (COSHH) Regulations (2005) and can lead to an allergic sensitisation resulting in occupational asthma.

Through risk assessment, relevant departments shall adopt control measures to reduce exposure and minimise the risk of developing an allergy. The risk assessment will identify if health surveillance is required to then ensure these controls are effective so that any risk to health is identified at an early stage. The development of symptoms of asthma occurs at lower levels than those which will cause sensitisation. Therefore, it is important that symptoms are recognised and reported as soon as possible to prevent asthma developing.

Recognising Symptoms

Employees working with hazardous substances should be encouraged to remain vigilant towards changes in the;

- Lungs, such as wheezing, coughing, chest tightness or shortness of breath
- Nose, such as bouts of sneezing, running nose and itching (rhinitis)
- Eyes, such as itchy, watering and red (conjunctivitis)

Employees who already have asthma or who have a history of allergic reactions may need increased health surveillance or other control measures introduced to ensure symptoms of pre-existing asthma are not aggravated.

A health surveillance programme for respiratory health consists of a series of health questionnaires and pulmonary function tests (PFT). The frequency and level and of the respiratory health surveillance programme will be developed according to the level of risk involved and may involve both health questionnaires and pulmonary function testing. Further advice on these procedures shall be provided by the University's Occupational Health Service provider.

SKIN SENSITISERS

Typical Health Surveillance for those working with Hazardous Substances

As part of the risk assessment process, exposure routes should be a key consideration to assessing the level of risk to employees' health when working with hazardous substances.

Skin is the first line of defence against physical, thermal, chemical and microbiological hazards and prolonged exposure to some substances, even hot water, can challenge the skin's protective mechanism. Where employees work in areas where there is exposure to a variety of substances and environments which can aggravate it, work-related skin diseases such as occupational dermatitis, urticaria and skin cancer can occur. Occupational dermatitis is the most common work-related skin disease and can occur as a result of a single (acute) exposure to a substance or repeated, prolonged exposure (chronic) which causes irritation. Irritants can be chemical, biological, mechanical or physical.

Signs and symptoms of work-related dermatitis include:

- Skin rash
- Itchy
- Swelling
- Flaking and cracking
- Blistering which can weep and form crusts

Under the Control of Substances Hazardous to Health Regulations 2002 (COSHH), the University is required to prevent or, where this is not possible, control exposure to hazardous materials which are known to cause skin diseases or which enter the body through the skin and can cause other health effects.

Suitable Health Surveillance for Occupational Contact Dermatitis

Higher Level Health Surveillance

The use of annual employee screening questionnaires are appropriate to assess the risk to employees where;

- There is a known risk of occupational contact dermatitis either due to the exposure levels or the work area where employees are based;
- There have been previously confirmed cases of occupational contact dermatitis

This should also be supported by a regular programme of skin checks administered either by the University's Occupational Health Service provider or a competent person trained to complete these checks internally.

In addition the University must provide information, instruction and training to those staff believed to be at risk of skin sensitisation to ensure employees are aware of the likely symptoms and how to report such symptoms if they occur between skin checks.

Lower Level Health Surveillance

Where there is/ are

- only an occasional or potential exposure risk to employees or
- control measures that have proved to be adequate and effective at preventing occupational contact dermatitis;

then the use of an annual questionnaire issued to employees along with a suitable programme of training, to highlight likely exposures and symptoms to be vigilant towards would be sufficient to meet the University's Health Surveillance requirements under COSHH.