

## **Occupational Health, Safety and Wellbeing**

# **Health Surveillance**

**V4 November 2018**



## 1. Introduction

The Highland Council is committed to a proactive approach to managing occupational health and safety. A programmed approach to health surveillance will help to meet this commitment as well as protecting the health of employees and evidencing compliance with statutory requirements.

Health surveillance is any activity which involves obtaining information about employees' health and which helps protect employees from health risks at work. This may include self-checks, examination by a qualified person or a clinical examination by an occupational health physician.

The objectives of ongoing health surveillance are to:

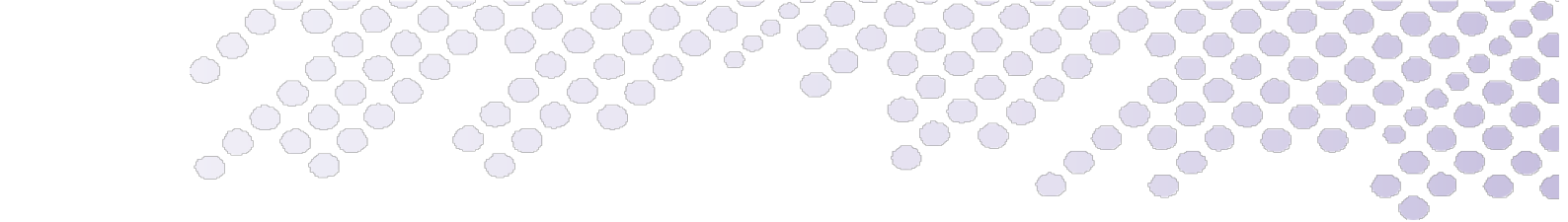
- Enable early identification and diagnosis of work related conditions in individuals so that additional control measures can be put in place to prevent deterioration and promote recovery
- Check whether general measures put in place to prevent work related ill-health are adequate
- Create an opportunity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

## 2. Legislation and Council Guidance

Health and safety regulations requires periodic medicals for workers who are exposed to certain defined hazards, such as asbestos, or to certain processes such as working with vibrating equipment. There is a mandatory requirement for identified staff to attend health surveillance clinics.

- Management of Health and Safety at Work Regulations 1999 (as amended)
- The Reporting Of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- Control of Substances Hazardous to Health Regulations 2002 (as amended)
- Control of Noise Regulations 2005
- Ionising Regulations 1999
- Control of Vibration at Work Regulations 2005
- Control of Asbestos at Work Regulations 2002
- Diving at Work Regulations 1997





This document should be read in conjunction with:

- Council Policy on Health, Safety and Wellbeing
- Policy and Guidance on Risk Assessment
- Occupational Health Guidance

### **3. Scope**

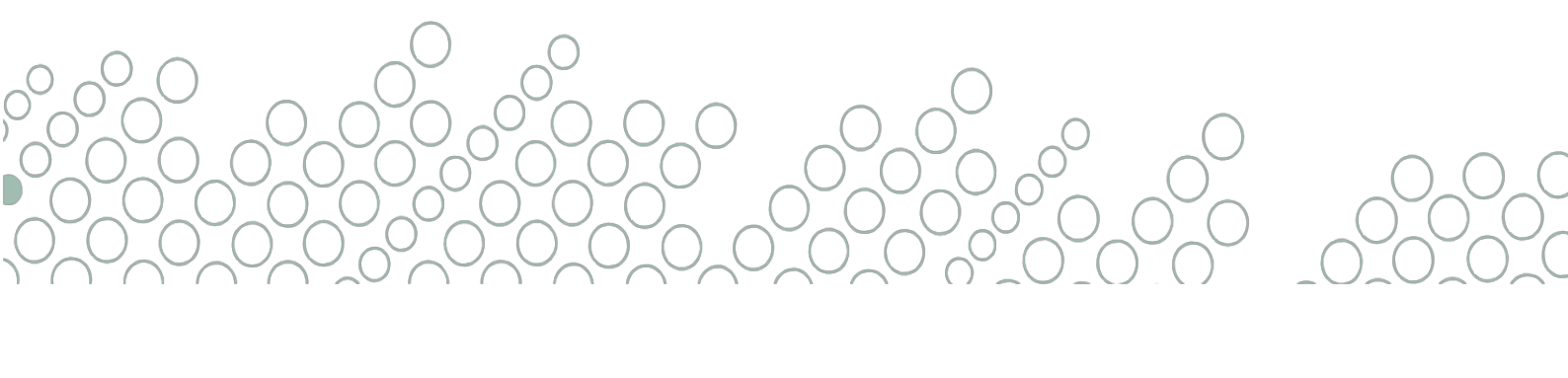
This guidance will apply to all Highland Council employees who are identified, by the employing Service, either through their job title, risk assessment or occupational health advice as having the potential to be exposed to health risks due to the nature of the substances or processes they are/may be exposed to in the workplace.

Agency and temporary staff exposed to such health risks should also be included in the health surveillance programme.

### **4. Responsibilities**

General health and safety responsibilities are stated in the Council's Policy on Health, Safety and Wellbeing at Work. Specific responsibilities with regard to health surveillance are detailed below.

Line Managers/supervisors are responsible for:

- identifying hazards which could require health surveillance
  - identifying potentially affected staff groups and notifying these to occupational health (see section 7)
  - ensuring that risk assessments take account of health surveillance requirements
  - informing staff of the requirement for health surveillance and stressing the importance of attending these statutory programmes
  - ensuring the delivery of the health surveillance programme, including the release of staff to attend appointments
  - liaising with Occupational Health to programme appointments to fit the needs of the Service.
  - investigating the reasons why employees failed to attend appointments
  - reporting to the HSE, as required
  - informing occupational health and the health, safety and wellbeing team of any event which results in the accidental release of, or exposure to, substances hazardous to health
  - maintaining adequate and up to date records, and
  - rescheduling missed appointments in a timely manner.
- 



Occupational health is responsible for:

- advising on which elements of health surveillance are relevant to managers
- the delivery of the health surveillance programme
- communicating the outcome of health surveillance to employees (verbally) and line managers (in writing)
- advising managers on the adequacy of control measures
- advising managers when employees fail to attend health surveillance appointments
- maintaining health surveillance records in accordance with current legislation

Health and safety advisers are responsible for:

- assisting Services implement this policy and guidance, and
- advising managers on the adequacy of control measures

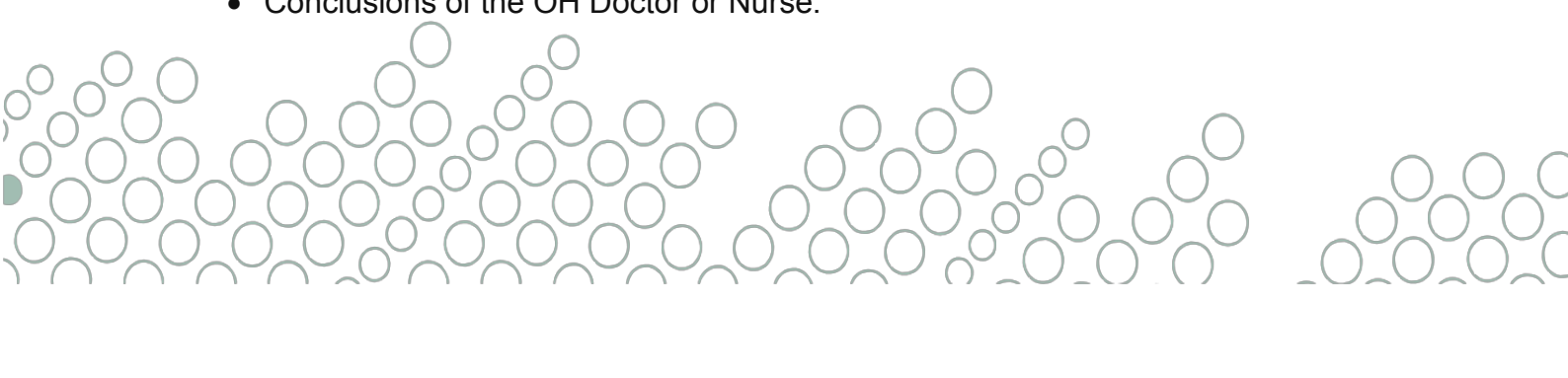
Employees are responsible for:

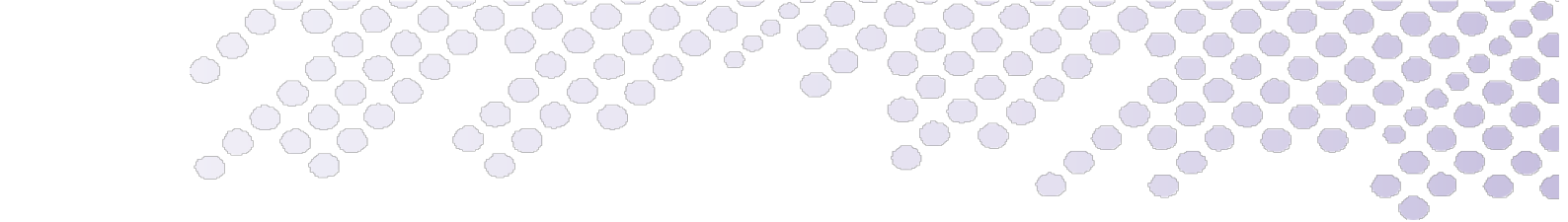
- participating in identified personal monitoring, as instructed
- attending specified health surveillance appointments
- advising occupational health of any significant health issues
- reporting to Line Managers or Supervisors any significant, relevant changes to their health in those intervals between health surveillance sessions

## **5. Health Surveillance Records**

A competent health surveillance programme requires the keeping and maintaining of a health record for each individual screened.

This record should contain the following information:

- Surname
  - Forename(s)
  - Gender
  - Date of birth
  - Permanent address and postcode
  - NI number
  - Historical record of jobs within this employment which involve exposure to identified substances requiring health surveillance
  - Results of health surveillance and the date carried out – these results should only relate to employee fitness for work and will include, where appropriate:
    - A record of the decisions of the OH Doctor or Nurse
    - Conclusions of the OH Doctor or Nurse.
- 



Health surveillance records should not include confidential clinical data and should preferably be stored separately from the employee's medical record file. These records will be kept in a secure and confidential format for 40 years after the individual's employment ceases.

Health surveillance records can only be viewed by:

- The employee
- Occupational health staff
- Human Resources staff
- Manager
- Health and Safety Executive
- Employee's representative (with the employee's consent)

## **6. Health Surveillance Process**

Once employee groups have been identified the Line Manager should ensure that details are forwarded to Occupational Health. (There is no requirement to complete an OH referral form.) For those staff appointed to a new role a pre-employment questionnaire will be used to carry out the health checks within one week of commencing employment.

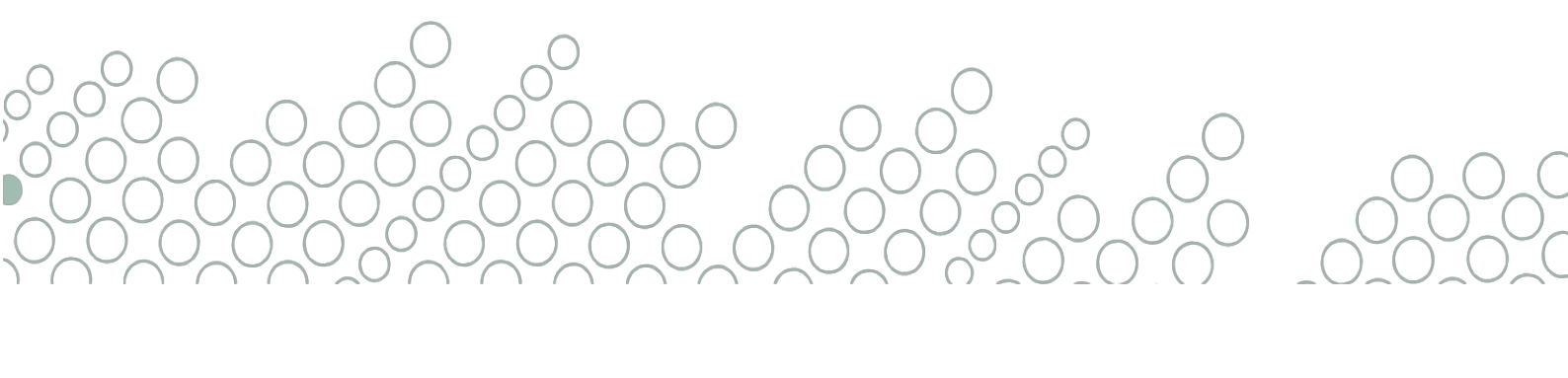
Line Managers should liaise with Occupational Health for health surveillance clinics to be set up. Line Managers should ensure that employees are informed in advance of health surveillance appointments and ensure that they are given time off work to attend. Where possible, health surveillance clinics will be run at the employees' workplace.

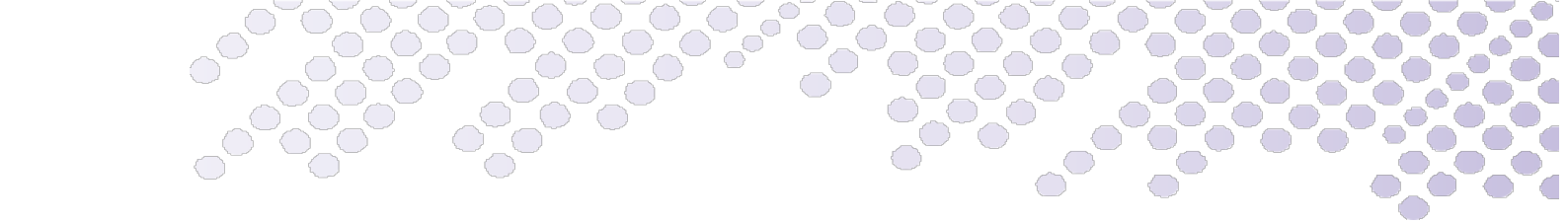
Following their health surveillance appointment, the employee will be informed of their results, any implications arising from these results and the timescale for future surveillance.

The Line Manager will receive a summary of the results which should be reviewed and where necessary individual or group actions put in place to ensure:

- Arrangements for future health surveillance
- Arrangements, where required, to transfer the employee to alternative employment
- The introduction, where required, of reasonable adjustments
- The reassessment of control measures to prevent recurrence of ill health
- Appropriate reporting under RIDDOR

Examples of results paperwork are included in Appendix 1. Line Managers should review results and immediately follow up with Occupational Health any unsatisfactory





results to ensure recommended controls are understood and follow up dates agreed. It is the manager's responsibility to contact OH to arrange follow up appointments as required.

### **6.1 Failure to attend health surveillance**

Occupational Health will inform the referring manager on the same day if an employee fails to attend a health surveillance appointment. The OHSW Manager should also be informed on the same day.

It will be the responsibility of the referring manager to investigate the reasons for the non-attendance and make arrangements to have the appointment rescheduled.

### **6.2 Updated reports**

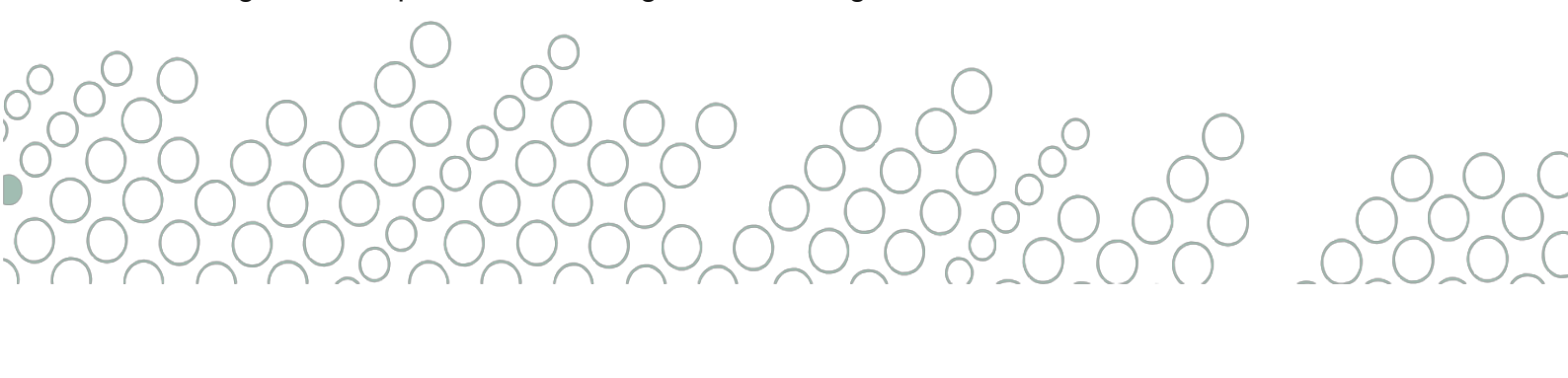
Following the rescheduled appointment, OH must update the initial group report and resend it to the referring manager and OHSW.

## **7. Identification of Substances and Processes**

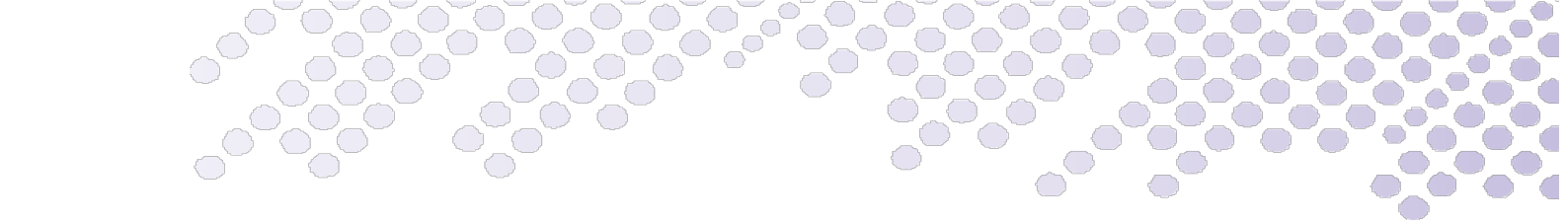
This section lists various substances and processes where mandatory health surveillance is required. Where Services are involved with work which includes exposure to anything in this section then a health surveillance programme must be put in place, along with suitable information, instruction, training and supervision to the workforce. Unless specified otherwise, health surveillance should be undertaken on an annual basis.

### **7.1 Substances Hazardous to Health (COSHH)**

Where a COSHH risk assessment indicates that health surveillance is required for ensuring the maintenance of adequate control of exposure of employees to substances hazardous to health and /or for protecting the health of the employee who has significant exposure to:

- Respiratory sensitisers including significant exposure to
    - Small laboratory animals
    - Wood dust
    - Agricultural and horticultural grains and dusts
    - Natural rubber latex
    - Allergenic small molecules (isocyanates, formaldehyde, glutaraldehyde etc.)
  - Significant exposure to substances and chemical agents with serious long term effects at low levels of exposure or where there is significant risk from skin exposure
    - Chronic toxins
    - Toxic pesticides
  - Significant exposure to carcinogens and mutagens
- 



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- Significant risk from biological agents
  - Exposure to substances where Schedule 6 of COSHH Regulations specifically applies.

## **7.2 Noise**

Statutory health surveillance is required for the protection of the hearing of workers exposed to high levels of noise as required by the Noise at Work Regulations 2005, i.e.:

- all employees working in defined hearing protection zones or regularly exposed to an averaged exposure over 85 dBA
- those employees regularly exposed to between 80 and 85 dBA identified as being sensitive to noise induced hearing loss

In line with HSE's recommendations, that audio testing will be undertaken every 3 years.

## **7.3 Ionising radiation**

Statutory health surveillance is required for employees designated as classified persons, i.e. those employees who are likely to receive an effective dose in excess of 6mSv per year or an equivalent dose which exceeds three-tenths of any relevant dose limit.

(Non-statutory health surveillance may be considered for employees working with significant quantities of unsealed sources where biological monitoring may be appropriate.)

## **7.4 Non-ionising radiation**

Statutory health surveillance is required where a significant risk exists from the presence of non-ionising radiation:

- Class 3R, 3B and 4 Lasers
- High power magnetic fields

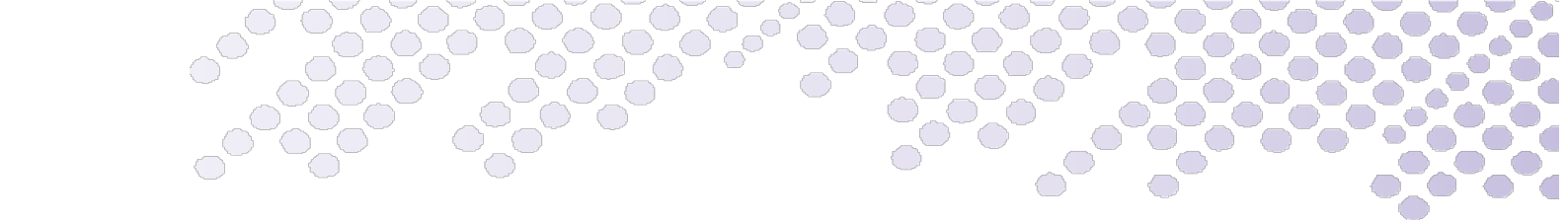
## **7.5 Asbestos**

Statutory health surveillance is required for workers exposed to asbestos at a level requiring surveillance under the Control of Asbestos at Work Regulations 2002.

Non-statutory asbestos surveillance – surveillance appropriate to workers who are not currently exposed at levels requiring surveillance, but may have been so exposed in the past.

## **7.6 Hand-arm vibration syndrome**





Statutory health surveillance is required for employees exposed to levels of hand-arm vibration as indicated in the Vibration at Work Regulations, such as:

- Hand held vibrating tools (grinders, jack hammers)
- Chain saws
- Pneumatic drills

Effective health surveillance will help to detect the mild symptoms and prevent employees from developing more advanced stages of hand-arm vibration syndrome. It will also identify individuals who may be at particular risk, such as people with blood circulatory diseases e.g. Raynaud's disease and carpal tunnel syndrome.

Employees exposed in excess of 100 points will be required to complete a health surveillance assessment on an annual basis.

Health surveillance for HAVS involves working through a number of stages and adopting a tiered approach.

#### Tier 1 – Initial screening questionnaire

A questionnaire is issued to employees moving into jobs involving exposure to vibration. (Appendix 2)

#### Tier 2 – Annual screening questionnaire

A questionnaire will be issued annually to those employees exposed to vibration risks to check whether they need to be referred for a Tier 3 HAVS assessment. (Appendix 2)

#### Tier 3 – HAVS assessment

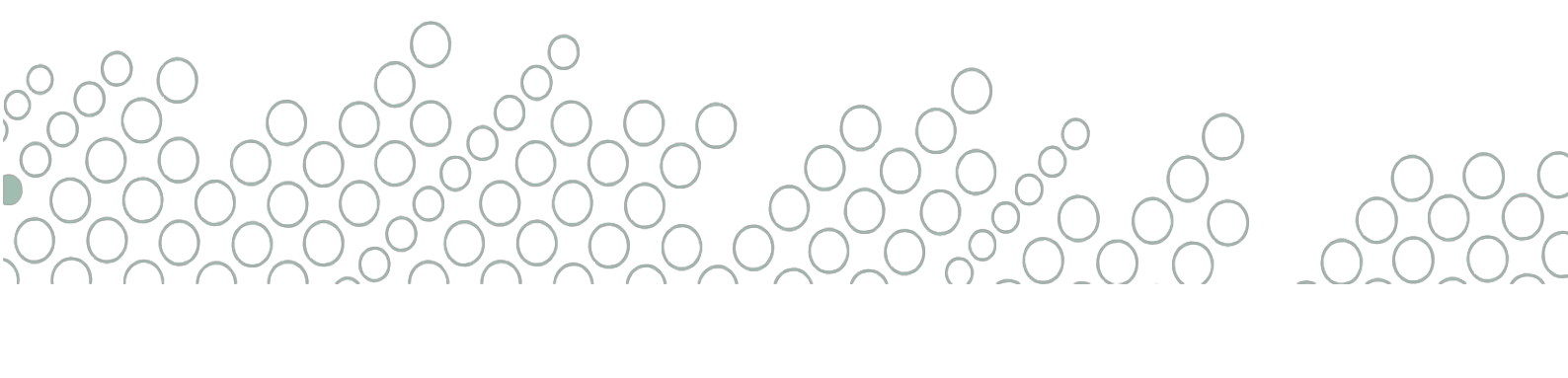
An occupational health nurse will carry out a HAVS health assessment where the screening questionnaires have identified symptoms. If the assessment shows the employee has HAVS they will be referred to Tier 4.

#### Tier 4 – Formal diagnosis

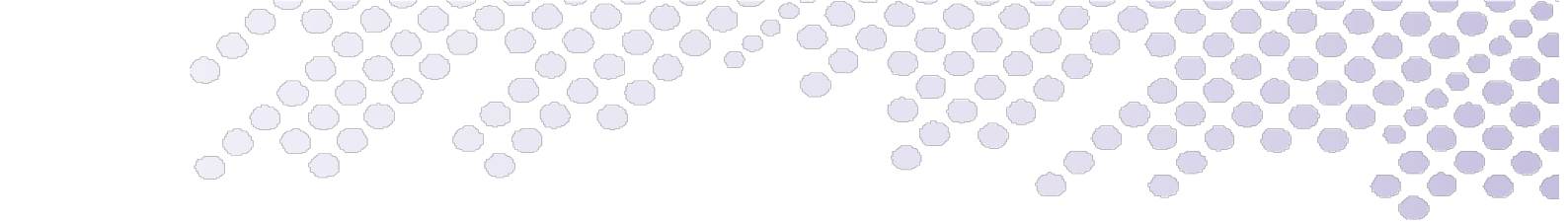
An occupational health doctor will carry out a formal diagnosis and advise managers of the employees' fitness to work.

#### Tier 5 – Further assessment

This is optional and involves further testing for HAVS which can help the Doctor assess fitness for work.







Where an employee has been formally diagnosed with HAVs or carpal tunnel syndrome it must be ensured that arrangements are put in place to reduce and manage the risks of further exposure. This would include:

- carrying out a comprehensive review of the risk assessment to ensure that risk control measures are suitable and sufficient
- review of the work tasks carried out by the employee to reduce their overall exposure
- communicating with the employee to ensure they understand their diagnosis and giving clear instruction and training on how to reduce any future risks.

### **7.7 Ad-hoc exposure incidents**

Where required, e.g. following accidental and ad-hoc exposure incidents occurring at work, occupational health will advise on the health surveillance requirements. This will include the necessary clinical investigations and medical follow-up as deemed necessary.

### **7.8 Fitness for work**

Where specific fitness standards are required to enable the work to be carried out safely without risk to the employee and/or others, health surveillance is required under various regulations for:

#### **7.8.1 Vehicle drivers**

Surveillance will be carried out on all persons operating fork lift trucks and agricultural machinery.

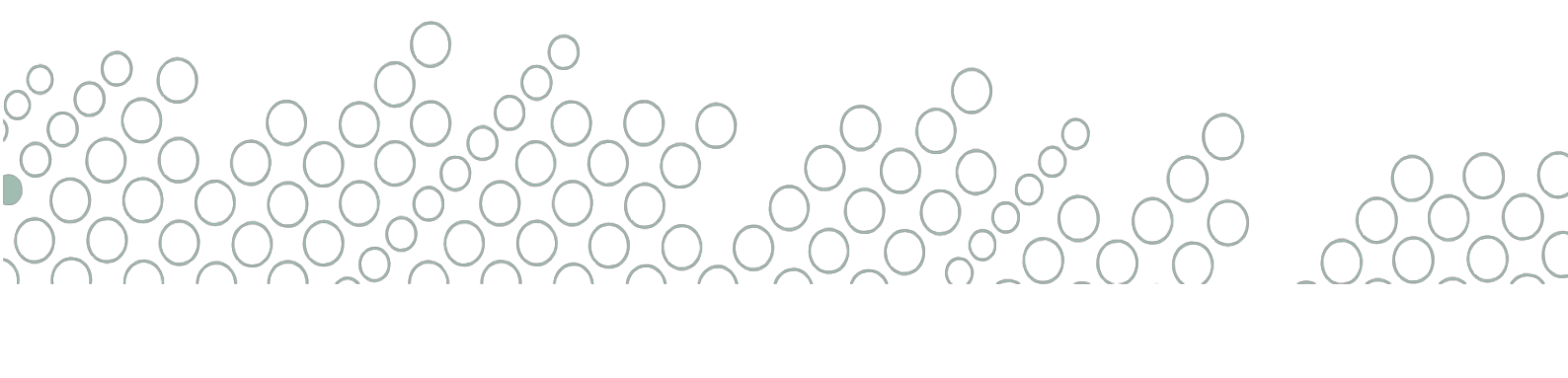
Statutory health surveillance will be carried out on persons requiring a Group 2 licence (PSV, LGV and HGV drivers) as required under the legislation.

Frequency:

Group 2 licence

- on entry to service, then
- At age 40, then
- 5 yearly, then
- Annually after age 65

Fork lift trucks

- on entry to service, then
  - At age 45, then
  - 5 yearly, then
  - Annually after age 65
- 



## **7.8.2 Sea-going workers**

ML5 certification is required for those working on vessels operating under the MCA Small Commercial Vessels or Large Yacht Codes of Practice in Area Categories 2, 3, 4, 5 or 6 (i.e. up to 60 miles from shore)

ENG1 certification may be required for those working in vessels going beyond these areas. ENG surveillance is required every 2 years.

### **7.8.2.1 Divers**

Professional divers must be fit to the requirements of the Diving at Work Regulations 1997 (DWR). This examination must be carried out by an appointed medical officer. Occasional SCUBA divers must be fit to the standards of the UKSport Diving Medical Guidelines.

## **7.8.3 Night worker assessments**

Under the Working Time Regulations all employees who undertake at least 3 hours of night work on a regular basis including all shift workers must be offered a medical assessment of their fitness for night work.

## **7.8.4 Confined space respirator workers**

Guidance under the Confined Space Regulations states that workers in confined spaces must be of suitable build, not suffer from claustrophobia and if necessary have the physical capability to wear self-contained breathing apparatus. Health surveillance for confined space entry is required on a 2 yearly basis.

## **7.8.6 Biological monitoring/Biological effect monitoring**

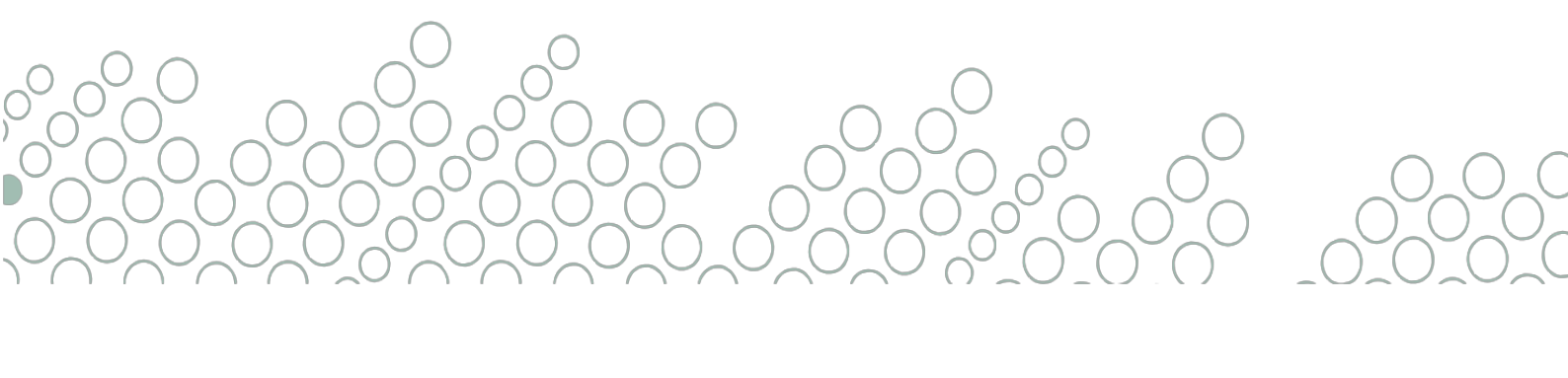
Where there is significant exposure to chronic toxins a method of validated biological monitoring is required to demonstrate that no ill-health effect is present, e.g. Mercury, Benzene, Lead

## **7.9 Vaccinations**

Certain categories of staff who work with vulnerable groups or who may be exposed to blood borne viruses will be offered appropriate vaccinations (where they have been identified by risk assessment) and included in the health surveillance process. Please refer to the Guidance on Prevention of Blood Borne Viruses for more detailed information.

## **8.0 Advice**

Further advice on the above is available from the Occupational Health, Safety and Wellbeing team.





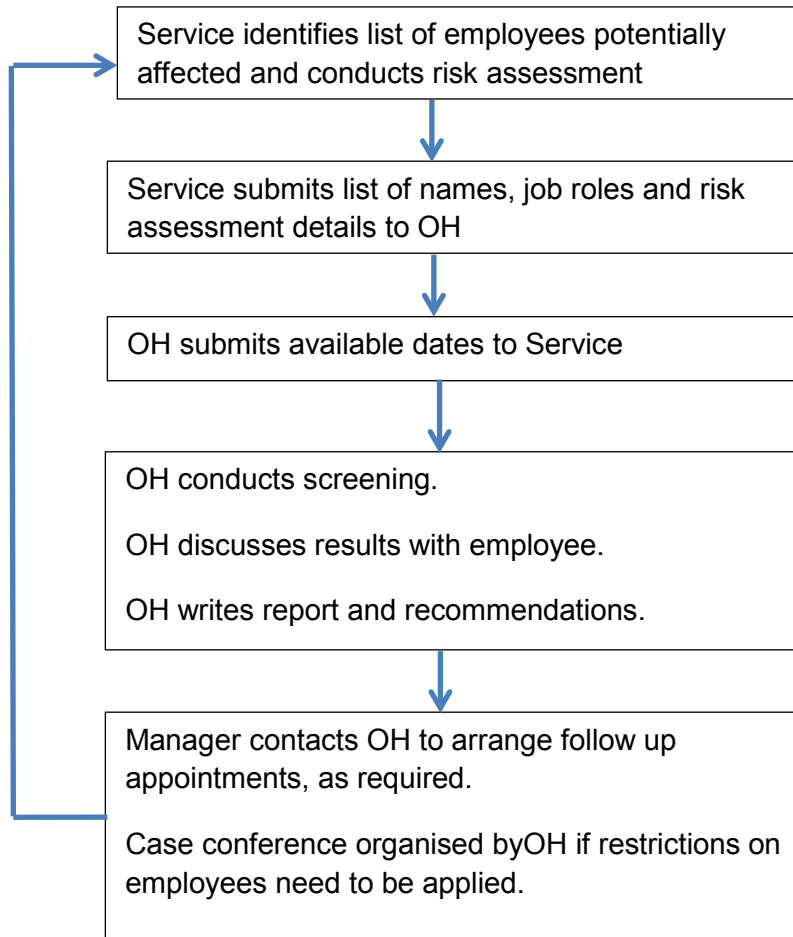
## **9.0 Review**

This guidance will be reviewed by the Health, Safety and Wellbeing Team on an annual basis or as legislation/best practice is updated.



## Health Surveillance Flowchart

**Includes initial screening and repeat screening**





## Information on Spirometry (Respiratory Testing)

Spirometry (lung function test) is an essential diagnostic tool to assess respiratory function. You will be expected to undergo spirometry if your job involves working in dusty environments, exposure to certain chemicals and/or vehicle fumes.

Your first spirometry test undertaken in occupational health will determine your baseline. Future spirometry (usually once a year) will compare your current result with the baseline.

To help get the best out of your spirometry test, you should avoid:

- Smoking for at least an hour beforehand
- Eating a large meal before the test
- Vigorous exercise before the test
- Wearing tight clothing

If you use an inhaler you should bring this to your appointment.

The test also requires your height and weight to be measured and your blood pressure to be taken.

When you're ready for the test, you'll be asked to take 2 types of testing;

Test 1.

- inhale fully, so your lungs are completely filled with air
- close your lips tightly around the mouthpiece
- exhale as quickly and forcefully as you can, making sure you empty your lungs fully

Test 2.


- inhale fully, so your lungs are completely filled with air
- close your lips tightly around the mouthpiece
- exhale as long as you can making sure your lungs empty completely.

This will normally need to be repeated at least three times to ensure a reliable result.

The person carrying out the test won't usually be able to give you your results immediately.

The results will need to be looked at by a nurse first.

You may be asked to return to occupational health for a repeat appointment (usually in 3 months) if your blood pressure is high. If it is very high you will be asked to make an appointment with your GP.





## Guidance on Occupational Dermatitis

Dermatitis is a skin condition caused by contact with something that irritates the skin. This is known as **Irritant Contact Dermatitis**. It can happen quickly after contact with a strong irritant, or over a longer period of time from repeated contact with weaker irritants. These irritants can be chemical, biological, mechanical or physical.

Repeated and prolonged contact with water (e.g. more than 20 hand washes or having wet hands for more than 2 hours per shift) can also cause irritant dermatitis.

Contamination of the skin from a 'dirty job' rarely causes irritant dermatitis. It is more commonly caused by the cleansers used to remove the contamination.

Work-related or contact dermatitis is normally due to contact with an external agent. These tend to come into contact with the hands and forearms, so around 95% of work-related skin diseases occur in this area. The majority of the remainder are on the face. Most work-related skin diseases are contact dermatitis.

Dermatitis can also be caused by contact with something that causes an allergic reaction. It usually happens where the irritant touches the skin, but not always. This is known as **Allergic Contact Dermatitis**. This can happen when you develop an allergy to a substance. Once you are 'sensitised', it is likely to be permanent and any future skin contact with that substance will cause allergic contact dermatitis. Often skin sensitisers (substances that can cause allergies) are also irritants.

Common causes of irritant and allergic contact dermatitis:

### **Irritant contact dermatitis**

- Wet work
- Soaps, shampoos and detergents
- Solvents
- Some food (e.g. onions)
- Oils and greases
- Dusts
- Acids and alkalis
- Wet cement

### **Allergic contact dermatitis**

- Adhesives
- Nickel
- Some plants (e.g. chrysanthemums)
- Colophony (products containing pine oil extract)
- Certain wood dusts

**Urticaria** is a different kind of allergy. It occurs within minutes of the material touching the skin. Common causes are certain plants, foods and natural rubber latex gloves. Natural rubber latex gloves should NOT be used at work.

You must provide information to your Line Manager/Supervisor:





- if you have existing skin conditions and a material or substance involved in a work activity is known or is likely to affect this
- where a change in skin condition has arisen and a material or substance involved in a work activity is suspected of causing an adverse change

This will allow consideration of control measures to minimise the risk of a skin condition being triggered or worsened by any exposure.

You should be aware of and use control measures in place for your protection.

Some helpful clues to recognise a work-related cause are:

- if the skin condition is primarily on the hands and face;
- if the condition improves away from work and relapses on return;
- if more than one person is affected in the same work area or handling the same materials

There may be times where PPE causes you to perspire more excessively; e.g. where man-made materials are worn for long periods of time without fresh changes, or where hands and feet become otherwise damp or wet.

If you are likely to be exposed to substances or work in conditions or circumstances that may lead to dermatitis, your skin condition should be assessed by occupational health as soon as possible after starting the work activity.

This allows for a baseline assessment to be made of the current skin condition and future, annual checks will be made as part of the health surveillance programme.

**Contact dermatitis** – what you should be looking for (one or many of these could be visible):

1. Dryness
2. Redness/inflammation
3. Scaling or flaking skin
4. Blisters
5. Weeping skin
6. Cracked skin
7. Swollen skin
8. Itching and pain



If anything you use at work has the signs pictured below on packaging you must:

- Follow manufacturer or supplier instructions on safe use
- **Avoid** direct contact between unprotected hands and substances, products and wet work where this is sensible and practical
- Keep a safe working distance away from substances and products where this is sensible and practical
- Use mild skin cleaning cream that will do the job and using washing facilities with hot and cold water
- Moisturise hands after hand washing
- Using protective clothing, hand protection, protective footwear, etc. (PPE) to prevent contact between skin and any substance or material
- Replace PPE if it becomes worn or damaged
- Remove hand protection gloves without contaminating your hands
- Reduce length of time of exposure to substance or material
- Avoid/ limit wet work
- Regularly check for any signs of skin damage or irritation



Irritant



Corrosive

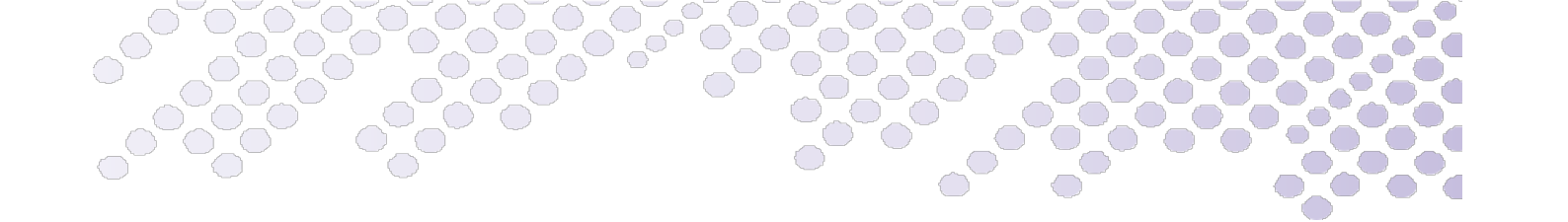


Skin sensitizer

Examples of some of the work activities and exposure to substances that may be involved are listed below:

Employee and work activities	Exposure to Substances or Products
Catering staff	Frequent contact with water, soap, detergents and other cleaning chemicals. Food allergens can also cause skin reactions via handling, so patterns of this activity may also be relevant.
Laboratory staff carrying out testing on materials	Bitumen, cement, adhesives, regular hand washing with water, soap or cleansers Other substances whose chemical or toxic properties in use and production can create risks to health.

Roads staff	Bitumen. Asphalt, wet cement, fuels
Building workers	Wet cement, acrylic sealants, bitumen,, concrete silica dusts,
Teachers	Work with wood, resins, solvents, chemicals and detergents. Hand washing regularly as part of their work activities. Some solvents too, can increase the damage caused by other skin sensitisers.
Grounds Staff, grass cutting, strimming	Allergens from plant material. Oils and lubricants used in machinery
Mechanics and drivers of vehicles	Fuels, oils, coolants, lubricants, cleansers and de-greasers
Waste operatives	General waste in the form of foodstuffs. Combination of other miscellaneous materials disposed of, often inappropriately, by the general public.
Use of protective clothing as part of the protective measures involved in a work activity.	Materials, man- made fibres,
Employees who work outdoors and may be exposed to sunlight or to cold or wet weather.	Dampness, perspiration, sunburn or sun sensitivities (photophobia)



8<sup>th</sup> August 2017

**STAFF IN CONFIDENCE/ MEDICAL IN CONFIDENCE/ PRIVATE AND CONFIDENTIAL**

**Doctor Name (if known)**

First line of address

Second line of address

Third line of address

Postcode

Dear **Doctor** (Change if doctor name is known)

**Re: Name, dob**

I write to you as Occupational Health Physician and Medical Advisor to Highland Council. Your patient is either employed or applying for employment with Highland Council and as part of their procedures I would be most grateful if you would complete the enclosed proforma and return to us.

This would require a brief case note review (a consultation with the patient is not required), and then completion of section A or B on the form as appropriate.

Please note this is not a declaration of fitness. No further action is required on your part and the patient will be followed up by Occupational Health.

I am grateful for your consideration and help in this matter.

We look forward to hearing from you.

Kind Regards

**Dr Stuart Scott**  
**Medical Director**  
GMC Number: 2913755

Iqarus  
Forest Grove House  
Foresterhill Road  
Aberdeen  
AB25 2ZP



<b>GP Name:</b>	Telephone:
<b>GP Address:</b>	Fax:
	Email:

**Date:**

Dear Doctor,

I already work for / I have applied to Highland Council for employment which requires me to hold a Large Goods Vehicle (LGV) Category C driving licence/drive company vehicles\*. The medical standards for LGV driving are mandated by law and Company Policy and Occupational Health need to consider any medical history that may have a bearing on my ability to drive. (\*delete as appropriate). Please note that without this information my employment could be at risk.

Would you kindly complete statement A or B below and return this form to my Occupational Health Provider, Iqarus, by email or fax as shown above by \_\_\_\_\_. Please find enclosed with this form a proforma invoice. Please ensure that the report is returned to us with the fully completed invoice, with details of your fee, so that payment can be made as efficiently as possible.

Signed:	Full Name:	<b>DOB:</b>
	Garage: (if applicable)	Employee No: (if applicable)
	Address:	

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**GP SECTION**

Please note that the Occupational Health Provider is only asking for completion of this form based on the medical records held by the GP, rather than a face to face consultation.

**STATEMENT A**

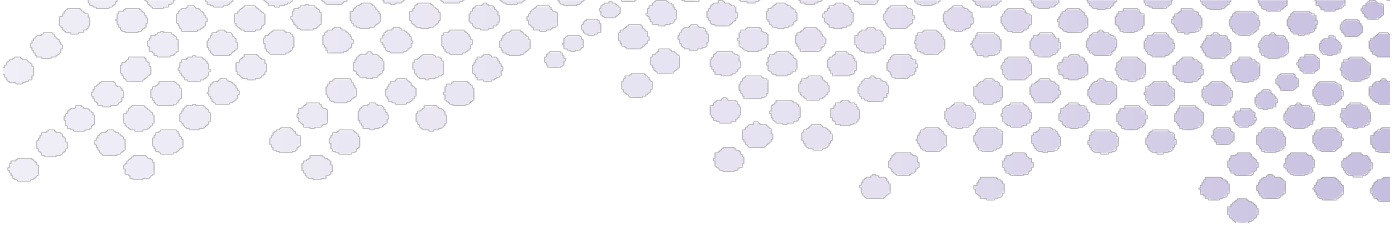
Based on my review of the patient's medical records held by me and not on any medical assessment carried out, I cannot identify anything in the medical records to suggest that he/she would currently be unable to meet the DVLA medical standards for driving:

- Large Goods Vehicles (LGV) (Category C Licence)
- Other company vehicle (DVLA Group1)

**STATEMENT B**

Based on my review of the patient's medical records held by me and not on any medical assessment carried out, I have noted the following issues which may possibly suggest that my patient would not meet the DVLA standards and I therefore recommend further assessment by an OH Physician. This relates to:

- Vision
- Conditions which have or could lead to impaired consciousness or alertness, particularly cardiovascular or neurological
- Diabetic control
- Psychiatric illnesses
- Alcohol dependency and/or other substance abuse
- Blood Pressure
- Symptoms of Fatigue
- Sleep apnoea or other sleeping difficulties
- Medication that might impair safe driving and alertness



- Any other medical condition that could affect safe driving
- Further details are attached

GP additional comments, if appropriate:

Signed:	Name:	GMC No:
Date:	Surgery:	Fee:
Account Name:	Bank Account No:	Sort Code:







Service: \_\_\_\_\_ Section/Team: \_\_\_\_\_

Location: \_\_\_\_\_

Line Manager: \_\_\_\_\_ Tel: \_\_\_\_\_

Employee Name	DOB	Job Title	HAVS*	Audio	Spirometry	Skin	Other**

\* Where HAVS surveillance is required, a copy of the employee's exposure should be sent to OH in advance of the appointment  
\* Do not refer staff for a HAVS assessment if they do not work with vibrating tools/equipment.  
\*\*Please see Guidance on Health Surveillance for further information

