OCCUPATIONAL HEALTH SURVEILLANCE POLICY

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<th>Date Approved by Patient Safety, Quality and Risk Group:</th>
<th>Version</th>
<th>Issue Date</th>
<th>Review Date</th>
<th>Executive Lead</th>
<th>Information Asset Owner</th>
<th>Author</th>
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<td>Executive Director of Personnel &amp; Development</td>
<td>Head of Personnel</td>
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**Procedure/Policy Number**: RM0034

**Procedure/Policy type**: Occupational Health Clinical Policy

**Date Equality impact assessment completed**: 31/05/2012
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## DOCUMENT INFORMATION AND AMENDMENT RECORD

Document Number: RM0034_V04

Document Title: Occupational Health Surveillance Policy

Executive Lead: Ian Frame

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1. INTRODUCTION

1.1 South Tyneside NHS Foundation Trust regards its responsibility for the health, safety and well being of employees as a matter of great importance and will seek to ensure that everything that is reasonably practicable is done to prevent personal harm in the workplace.

1.2 The Trust will also seek to ensure that in accordance with the Health and Safety at Work etc Act 1974 that employees will be afforded a healthy working environment and they will be provided with sufficient training, instruction, supervision and information to enable them to contribute positively to their own safety and health at work and to avoid hazards and control risks.

1.3 The Trust will ensure that safe systems of work are set and followed and there are safe arrangements for the use, handling, storage and transport of articles, materials and substances.

1.4 The Management of Health and Safety at Work Regulations 1999 places a specific responsibility on the Trust to assess all risks to their employees and to ensure appropriate controls are put in place. This includes health protection and specifically under these regulations, health surveillance.

1.5 The Trust recognises its duty to make arrangements for health protection and surveillance to be conducted and employers are required to co-operate, act responsibly and to follow safe systems of work which will prevent ill health to themselves and anyone they come into contact with whilst carrying out their job.

2. EQUALITY AND DIVERSITY

The Trust is committed to promoting human rights and providing equality of opportunity; not only in its employment practices, but also in the way it commissions and provides services. The Trust also values and respects the diversity of its employees and the communities it serves. In applying this policy, the Trust will have due regard for the need to:

- Promote human rights
- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

This policy aims to be accessible to everyone regardless of age, disability (physical, mental or learning), gender (including transgender) race, sexual orientation, religion/belief or any other factor which may result in unfair treatment or inequalities in health or employment.
3. PURPOSE OF THE POLICY

3.1 Some of the work activities undertaken by Trust employees will require health surveillance. The types of health risks that Trust employees may be exposed to can be seen in Appendix 1.

Health Surveillance is a process that systematically identifies the early signs of work-related ill health in employees exposed to specific health risks. In order for health surveillance to be carried out there needs to be a valid technique to identify specific health effects. Certain procedures can then be put into place in order to achieve this. These may include:

- Simple methods such as looking for skin damage on hands
- Technical checks on employees such as hearing tests
- Biomedical tests to identify substances in urine or blood
- Specific medical examinations carried out by an appropriately qualified clinician

3.2 Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002 the Trust has a responsibility to risk assess health hazards in the workplace, identify who is at risk and take measures to control the risk. Once this is established health surveillance should be considered.

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

4. SCOPE

4.1 This policy applies to all staff working within areas of the Trust where health surveillance is indicated to identify early health effects from possible residual risks to health.

4.2 Locums, students, trainees and volunteers etc should be included in health surveillance programmes if they are exposed to the same health risks as directly employed staff during their time with the Trust. This does not include sub-contractors where the risks are generated through their own work. In these cases the primary employer is responsible.

4.3 The starting point of any health surveillance is carrying out a risk assessment. Every Ward/Department should have employees trained in basic risk assessment technique.

4.4 Once a risk assessment has been completed and health risks have been identified, measures should be taken to eliminate or control these risks. Where residual risks remain, further steps need to be taken, one of which is the possibility of health surveillance. It is important that health surveillance is not a substitute for controlling any health risks at work but a means of monitoring that control measures in place are suitable and effective.
If the above steps have been completed and risks still remain, specialist advice should be sought from the Health and Safety and Occupational Health Teams.

4.4 The Health and Safety Department in conjunction with Occupational Health colleagues will determine whether health surveillance is necessary where specialist advice is requested by the manager and how this will be undertaken. Common examples of health surveillance can be seen in Appendix 3.

5. DUTIES

5.1 Trust Responsibilities

The Trust has a duty to ensure that:

- Safe systems of work exist which will minimise health risks.

- Adequate and suitable risk assessments are carried out in accordance with the Management of Health and Safety at Work Regulations 1999 and The COSHH Regulations 2002 etc, thereafter ensuring the most appropriate means of reducing risks to the lowest level possible.

- Employees are provided with adequate health and safety training, information and instruction to maintain their health and safety at work.

- All appropriate person’s are involved to ensure the health, safety and well being of its staff.

5.2 Manager's Responsibility

It will be the duty of managers to ensure that:

- Members of their team are trained and competent to carry out suitable and sufficient risk assessments of risks identified within their area of work.

- Safe systems of work exist and are monitored to remove or control the identified risk to health.

- The staff within their team(s) are aware they should report any health problems perceived to arise from or thought to be aggravated by their work. This includes skin problems especially where these affect the hands.

**NOTE:**

Managers are responsible for distributing and returning an annual skin check questionnaire for all staff whose work could expose them to substances hazardous to the health of their skin, see Appendix 4, Skin Health Surveillance Monitoring Questionnaire. A reminder for this assessment will be sent from the occupational health service at the appropriate interval.
- Advice is sought from the Health & Safety or Occupational Health Departments in relation to the need for, frequency of and type of surveillance required where risk assessment indicates this may be appropriate.

- COSHH risk assessments are carried out where new products/substances are introduced into the workplace for the first time with a potential to cause health risks.

- Employees reporting possible health affects as a result of work must be referred to the Occupational Health Department and an incident form should be completed. The Occupational Health team (in conjunction with the Health and Safety team will carry out investigation into the cause and recommend action to prevent recurrence.

5.3 Employees’ Responsibility

It is the duty of every employee to:

- Take reasonable care of their health and safety and that of others who may be affected by their actions.

- Co-operate with the Trust in ensuring a safe system of work.

- Follow Trust policy regarding COSHH and other relevant Regulations.

- Co-operate with the Trusts’ health surveillance requirements including the completion of a skin questionnaire when requested.

- Follow local risk assessments and comply with control measures including the use of personal protective equipment (PPE).

- Report any ill health affects that may be work-related to their line manager and/or Occupational Health Department.

- Comply with any training requirements designed to meet the objectives of this policy.

5.4 Occupational Health Department Responsibility

The Occupational Health department will:

- Maintain a relevant health surveillance programmes as identified under the by regulations and best practice.

- Record health surveillance activity in the employee Occupational Health record which must be kept as described in the relevant Regulations and the Trusts Information Governance policies. Liaise with management and Health and Safety colleagues to clarify and confirm the need for and the type/level of surveillance required.
• Where required, report those cases of ill health effects to the Health and Safety Executive.

• Forward a letter to the employees GP detailing any health effects which have resulted from exposure to substances, together with any actions required.

• Maintain a register of employees requiring health surveillance kept separately from the employee’s occupational health medical records. These records should be retained for 40 years after the date of last entry. These records will consist of the following;

  Surname
  Forenames
  Sex
  Date of Birth
  Permanent Address
  Date started present job
  An occupational history of hazard exposure in their present job
  Conclusions of health surveillance and actions taken

• Participate in the investigation of cases of occupationally acquired ill health that occurs in the workplace.

5.5 Health & Safety Team Responsibility

The Health & Safety Team will:

• Provide training and advice to enable managers to carry out COSHH assessments.
• Provide advice when health surveillance or environmental monitoring is indicated in a COSHH assessment.
• Assist the Occupational Health team when investigating cases of ill health related to the workplace.
• Advise managers on current legislation and best practice.

6. ACTION FOLLOWING DETECTION OF ADVERSE HEALTH EFFECTS OR IDENTIFIABLE DISEASE

6.1 The Occupational Health and Health and Safety Departments will work together to manage cases of occupationally acquired disease.

• When it is confirmed that an employee has developed an adverse health effect or identifiable disease at work the Occupational Health Department will make arrangements for continuing health surveillance.

• The Occupational Health Department will make any recommendations, if appropriate, for example redeployment for the employee into suitable alternative employment within the Trust on a temporary or permanent basis to ensure the individual is not placed at further risk.
The Health and Safety Department will investigate the workplace control measures and where necessary make recommendations to amend or change these to prevent a recurrence of ill health effects or disease.

The Occupational Health Department will report the ill health condition to the GP to make them aware of the work the employee does and the adverse effect, which has resulted from exposure to the substance(s) concerned.

The Health and Safety Department will take forward reporting of any occupationally acquired health issues that meets the criteria for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

7. MONITORING & REPORTING

7.1 The Occupational Health Department will report on a regular basis to the Health & Safety Committee and Health and Wellbeing Matrix Group which will confirm health surveillance outputs and graphical trend analysis, together with any incidences of work related ill health/disease and actions required.

8. DISSEMINATION AND IMPLEMENTATION

This policy will be made available through the Trust Intranet and from line managers on request.

Policies will be signposted to new staff as part of their departmental induction and to current staff during Statutory/Mandatory training.

The policy will be publicised through trust bulletins and at events run by the Health, Safety and Well being Team.

8. REFERENCES

3. Control of Substances Hazardous to Health 2002; Health and Safety Executive
4. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, HSE; www.hse.gov.uk
5. DERMATITIS: Occupational aspects of management; a national guideline; Royal College of Physicians, 2009
6. Persistent post occupational dermatitis, Sajjachareonpong P; Contact Dermatitis 2004;51(5-6):278
8. Medical aspects of occupational skin disease, Guidance Note MS 24; Health and Safety Executive, 2004
9. Selecting Protective Gloves for work with chemicals; Guidance for employers and health and safety specialists, HSE INDG330, Dec 2000
9. EQUALITY IMPACT ASSESSMENT

In accordance with our equality duties an Equality Impact Assessment has been carried out on this policy. There is no evidence to suggest that the Policy would have an adverse impact in relation to race, disability, gender, age, sexual orientation, religion and belief or infringe individuals' human rights.
Appendix 1

HEALTH RISKS THAT MAY REQUIRE SURVEILLANCE

Possible employee health risks that may require surveillance include:

- Noise or hand arm vibration - if so health surveillance may be needed under the Management of Health and Safety at Work Regulations 1999.

- Solvents, fumes, dusts, biological agents and other substances hazardous to health – if so health surveillance may be needed under the Control of Substances Hazardous to Health Regulations 2002.

The Health and Safety Executive has produced guidance on the above to explain the legal requirements. Information can be obtained from:

Arden House
Regent Centre,
Regent Farm Road,
Gosforth,
Newcastle upon Tyne,
NE3 3JN
Tel: 0845 3450055 or Fax: 0191 2026300

or from the Health, Safety and Well Being Teams
Community (All teams) Tel: 0191 5025050
South Tyneside Hospital, Occupational Health Tel. 0191 4041000 Ext. 2402, Health and Safety, Tel. 4041000, Ext. 2890

Other health risks such as manual handling, work-related upper limb disorders, work that might give rise to stress-related conditions and symptoms from whole body vibration there are no specific legal requirements for health surveillance. This is mainly because valid ways to detect ill health do not exist yet and/or the link between work and the ill health condition is uncertain. In these cases, other methods are used to monitor the health of employees exposed to these risks such as reporting, checking sickness records and risk assessment.
SIMPLE/TECHNICAL METHODS OF SURVEILLANCE

1. Simple Methods of Health Surveillance

Non-technical health surveillance techniques include:

- Simple skin checks
- Simple respiratory surveillance by asking employees to complete a respiratory questionnaire

2. Technical Methods of Health Surveillance

Lung Health

This will involve lung function tests using a Spirometer to assess the capability of the lungs. This will detect any underlying damage of the lungs chiefly occupational asthma although further investigation will be required.

Hearing

This involves audiometric testing of the ears to assess for hearing defects.

Other Examinations, Tests and Assessments

In addition to the above there may be a requirement for medical examinations, urine tests or blood tests depending on the work activities and the employee’s exposure to various substances or hazards e.g. a variety of objective tests to determine blood circulation and the health of the nerves in the hands (Hand Arm Vibration).
EXAMPLES OF HEALTH SURVEILLANCE

The tests below are common examples of health surveillance that may be carried out within the Trust:

Noise

- Hearing tests would be carried out for employees who work with levels of noise above the accepted limit e.g. Estates Department

Vibration (hand/arm)

- This is carried out by an Occupational Health questionnaire and periodic examination if required e.g. employees using percussion tools such as hammer drills etc for extended periods.

COSHH

- There are a variety of surveillance techniques that may be necessary under the COSHH Regulations. This may involve Occupational Health assessment, respiratory function tests, skin surveillance, blood tests or urine tests dependent on the possible types of exposure.

Laser Users

- Those working with Class 3B and Class 4 lasers and IPL may require health surveillance.

Ionising Radiations

- This is a specialist area and is monitored by the Radiation Safety Committee within the Trust.

Biological Agents

Employees undertaking Exposure Prone Procedures (EPPs) that are non responders to hepatitis B vaccine will undergo annual markers for the virus.
Skin Health Surveillance
Monitoring Questionnaire

This questionnaire **must** be completed annually or at other intervals as advised by the Occupational Health Service to comply with Health and Safety Law

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<td>Please ensure the completed form is returned to the occupational health department.</td>
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<td><strong>Signature:</strong> ……………………………………………  <strong>Date:</strong> ……………………………………………</td>
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<tr>
<td><strong>Print Name:</strong> ……………………………………………  <strong>Telephone No:</strong> ………………………</td>
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<td><strong>Location/Team:</strong> …………………………………  <strong>DOB:</strong> ……………………………………………</td>
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<td>Please answer the following questions:</td>
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<td><strong>In the last 12 months, or since last inspection, have you had any of the following:</strong></td>
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<td>1 Persistent problems affecting the skin on fingers, hands or forearms?</td>
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<td>2 Persistent problems affecting your nose and eyes?</td>
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<td>3 Persistent problems affecting your breathing?</td>
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<td>4 Have you had any significant symptoms that you attribute to use of gloves?</td>
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I understand that if I develop skin problems to my hands or forearms in the intervening period following completion of this questionnaire, I must report this to my manager immediately.

**Signed:**  
**Date:**